

WPS GHA - MAC J8 MI PART B []
P.O. BOX 8939
MADISON, WI 53708
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REMITTANCE
ADVICE

TIMOTHY J. TOBOLIC, MD, PLLC
7740 BYRON CENTER AVE SW
STE 202
BYRON CENTER, MI 493156929

NPI #: 1982923660
PAGE #: 1 of 1
DATE: 2025-05-22
EFT #: 899215686
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME CARTER, RICHARD A					HIC 5DE5EW9VV50	ACNT 6218LMD642				ICN 1825128667210	ASG Y	MOA MA01
1306898036	0506	050625	11	1	36415		20.00	9.09	0.00	0.00	CO-45	10.91
											CO-253	0.18
PT RESP	0.00				CLAIM TOTALS		20.00	9.09	0.00	0.00		11.09
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET
STATUS CODE 1: Processed as Primary												8.91

NAME MAYS, LINDA S					HIC 9KA7DM6WT63	ACNT 6212LMD642				ICN 1825128667180	ASG Y	MOA MA01	MA07	MA15
1306898036	0506	050625	11	1	99214 25		219.00	120.84	0.00	24.17	CO-45	98.16	94.74	
					REM: N782						CO-253	1.93		
1306898036	0506	050625	11	1	G2211		25.00	15.26	0.00	3.05	CO-45	9.74	11.97	
					REM: N782						CO-253	0.24		
1306898036	0506	050625	11	1	82043 QW		14.70	5.78	0.00	0.00	CO-45	8.92	5.66	
											CO-253	0.12		
1306898036	0506	050625	11	1	82570 QW		17.85	5.18	0.00	0.00	CO-45	12.67	5.08	
											CO-253	0.10		
1306898036	0506	050625	11	1	G0446 XU		65.00	30.94	0.00	0.00	CO-45	34.06	30.32	
											CO-253	0.62		
1306898036	0506	050625	11	1	G0447 XU		65.00	30.94	0.00	0.00	CO-45	34.06	30.32	
											CO-253	0.62		
1306898036	0506	050625	11	1	99401 25		65.00	0.00	0.00	0.00	PR-96	65.00	0.00	
					REM: N130									
1306898036	0506	050625	11	1	1036F		0.00	0.00	0.00	0.00			0.00	
					REM: N620									
PT RESP	92.22				CLAIM TOTALS		471.55	208.94	0.00	27.22		266.24	178.09	
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET	178.09	
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)														
CLAIM INFORMATION FORWARDED TO: STATE OF MICHIGAN - MDHHS														

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	2	491.55	218.03	0.00	27.22	277.33	187.00	0.00	187.00

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
CO-253 Sequestration - reduction in federal spending
CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
MA01 Alert: If you do not agree with what we approved for these services, you may appeal our decision. To make sure that we are fair to you, we require another individual that did not process your initial claim to conduct the appeal. However, in order to be eligible for an appeal, you must write to us within 120 days of the date you received this notice, unless you have a good reason for being late.
MA07 Alert: The claim information has also been forwarded to Medicaid for review.
MA15 Alert: Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported.
N130 Consult plan benefit documents / guidelines for information about restrictions for this service.
N620 Alert: This procedure code is for quality reporting / informational purposes only.
N782 Alert: No coinsurance may be collected as patient is a Medicaid/Qualified Medicare Beneficiary. Review your records for any wrongfully collected coinsurance.
PR-2 Coinsurance Amount
PR-96 Non-covered charge(s).

