

WPS GHA - MAC J8 MI PART B []
P.O. BOX 8939
MADISON, WI 53708
(866)234-7331

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: 2025-04-04
EFT #: 899072651
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	BULTENA, JULIE				HIC 4A86W44KP70	ACNT 3204LMD642				ICN 1825080616050	ASG Y	MOA MA01 MA18 MA15
1306898036	1120	112024	11	1	G0439		361.00	0.00	0.00	0.00	PR-26	361.00 0.00
					REM: N130							
1306898036	1120	112024	11	1	99214	25	247.32	123.66	0.00	24.73	CO-45	123.66 96.95
											CO-253	1.98
1306898036	1120	112024	11	1	99497	33	132.00	79.92	0.00	15.98	CO-45	52.08 62.66
											CO-253	1.28
1306898036	1120	112024	11	1	G2211		25.00	0.00	0.00	0.00	CO-234	25.00 0.00
					REM: N20							
1306898036	1120	112024	11	1	36415		15.00	8.83	0.00	0.00	CO-45	6.17 8.65
											CO-253	0.18
1306898036	1120	112024	11	1	G0442	XU	43.00	17.91	0.00	0.00	CO-45	25.09 17.55
											CO-253	0.36
1306898036	1120	112024	11	1	G0444	XU	91.00	17.91	0.00	0.00	CO-45	73.09 17.55
											CO-253	0.36
1306898036	1120	112024	11	1	G8417		0.00	0.00	0.00	0.00		0.00
					REM: N620							
1306898036	1120	112024	11	1	G8510		0.00	0.00	0.00	0.00		0.00
					REM: N620							
1306898036	1120	112024	11	1	G9622		0.00	0.00	0.00	0.00		0.00
					REM: N620							
PT RESP	401.71				CLAIM TOTALS		914.32	248.23	0.00	40.71		670.25 203.36
ADJ TO TOTAL: PREV PD					INTEREST		0.00					0.00 NET 203.36
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)												
CLAIM INFORMATION FORWARDED TO: BLUE CROSS BLUE SHIELD OF MI												

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	914.32	248.23	0.00	40.71	670.25	203.36	0.00	203.36

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES

CO-234 This procedure is not paid separately. Check Remittance Remark Codes for details.

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.

MA15 Alert: Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported.

MA18 Alert: The claim information is also being forwarded to the patient's supplemental insurer. Send any questions regarding supplemental benefits to them.

N130 Consult plan benefit documents / guidelines for information about restrictions for this service.

N20 Service not payable with other service rendered on the same date.

N620 Alert: This procedure code is for quality reporting / informational purposes only.

PR-2 Coinsurance Amount

PR-26 Expenses incurred prior to coverage.

