

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

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STE 202
BYRON CENTER, MI 493156929

NPI #: 1982923660
PAGE #: 1 of 2
DATE: 2025-06-04
EFT #: 899251571
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME BURD, MELVIN G					HIC 7RN5R16NE52	ACNT 6524LMD642			ICN 1825141733500	ASG Y	MOA MA01 MA15	
1013940584	0519	051925	11	1	99214 25		219.00	120.84	120.84	0.00	CO-45	98.16 0.00
1013940584	0519	051925	11	1	82043 QW		14.70	5.78	0.00	0.00	CO-45	8.92 5.66
											CO-253	0.12
1013940584	0519	051925	11	1	82570 QW		17.85	5.18	0.00	0.00	CO-45	12.67 5.08
											CO-253	0.10
1013940584	0519	051925	11	1	G2211		25.00	15.26	15.26	0.00	CO-45	9.74 0.00
1013940584	0519	051925	11	1	G0446 XU		65.00	30.94	0.00	0.00	CO-45	34.06 30.32
											CO-253	0.62
1013940584	0519	051925	11	1	2000F		0.00	0.00	0.00	0.00		0.00
						REM: N620						
PT RESP	136.10				CLAIM TOTALS		341.55	178.00	136.10	0.00		164.39 41.06
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET 41.06
STATUS CODE 1: Processed as Primary												
NAME KAMINSKI, JOSHUA P					HIC 8Q76MH3YU71	ACNT 6527LMD642			ICN 1825141733350	ASG Y	MOA MA01 MA15	
1013940584	0519	051925	11	1	99214 25		219.00	120.84	0.00	24.17	CO-45	98.16 94.74
											CO-253	1.93
1013940584	0519	051925	11	1	G0446 XU		65.00	0.00	0.00	0.00	CO-119	65.00 0.00
						REM: M25 N362						
1013940584	0519	051925	11	1	99401 25		65.00	0.00	0.00	0.00	PR-96	65.00 0.00
						REM: N130						
1013940584	0519	051925	11	1	G0447 XU		65.00	30.94	0.00	0.00	CO-45	34.06 30.32
											CO-253	0.62
1013940584	0519	051925	11	1	G2211		25.00	15.26	0.00	3.05	CO-45	9.74 11.97
											CO-253	0.24
1013940584	0519	051925	11	1	2000F		0.00	0.00	0.00	0.00		0.00
						REM: N620						
PT RESP	92.22				CLAIM TOTALS		439.00	167.04	0.00	27.22		274.75 137.03
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET 137.03
STATUS CODE 1: Processed as Primary												
NAME LUYK, DANIEL J					HIC 8RE8QH4AC63	ACNT 6443LMD642			ICN 1825141733340	ASG Y	MOA MA01 MA15	
1013940584	0424	042425	11	1	99214 25		241.68	120.84	0.00	24.17	CO-45	120.84 94.74
											CO-253	1.93
1013940584	0424	042425	11	1	11623 LT		420.00	274.31	0.00	54.86	CO-45	145.69 215.06
											CO-253	4.39
1013940584	0424	042425	11	1	G2211		25.00	0.00	0.00	0.00	CO-234	25.00 0.00
						REM: N20						
1013940584	0424	042425	11	1	G8510		0.00	0.00	0.00	0.00		0.00
						REM: N620						
1013940584	0424	042425	11	1	2000F		0.00	0.00	0.00	0.00		0.00
						REM: N620						
PT RESP	79.03				CLAIM TOTALS		686.68	395.15	0.00	79.03		297.85 309.80
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET 309.80
STATUS CODE 1: Processed as Primary												



REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	SELDERS, JOHN F					HIC 4XY4A12HY87	ACNT 6507LMD642			ICN 1825141733360		ASG Y	MOA	MA01 MA18 MA15
1306898036	0519	051925	11	1	99214	25		219.00	120.84	0.00	24.17	CO-45	98.16	94.74
1306898036	0519	051925	11	1	82043	QW		14.70	5.78	0.00	0.00	CO-253	1.93	
												CO-45	8.92	5.66
												CO-253	0.12	
1306898036	0519	051925	11	1	82570	QW		17.85	5.18	0.00	0.00	CO-45	12.67	5.08
												CO-253	0.10	
1306898036	0519	051925	11	1	G0446	XU		65.00	30.94	0.00	0.00	CO-45	34.06	30.32
												CO-253	0.62	
1306898036	0519	051925	11	1	G2211			25.00	15.26	0.00	3.05	CO-45	9.74	11.97
												CO-253	0.24	
1306898036	0519	051925	11	1	G8420			0.00	0.00	0.00	0.00			0.00
						REM: N620								
1306898036	0519	051925	11	1	2000F			0.00	0.00	0.00	0.00			0.00
						REM: N620								
PT RESP	27.22					CLAIM TOTALS		341.55	178.00	0.00	27.22		166.56	147.77
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING CHARGE		0.00	NET	147.77
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					
	4	1808.78	918.19	136.10	133.47	903.55	635.66	0.00	635.66					

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

CO-119 Benefit maximum for this time period or occurrence has been reached.

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.

M25 The information furnished does not substantiate the need for this level of service. If you believe the service should have been fully covered as billed, or if you did not know and could not reasonably have been expected to know that we would not pay for this level of service, or if you notified the patient in writing in advance that we would not pay for this level of service and he / she agreed in writing to pay, ask us to review your claim within 120 days of the date of this notice. If you do not request a appeal, we will, upon application from the patient, reimburse him / her for the amount you have collected from him / her in excess of any deductible and coinsurance amounts. We will recover the reimbursement from you as an overpayment.

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.

N362 The number of Days or Units of Service exceeds our acceptable maximum.

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

PR-1 Deductible Amount

PR-2 Coinsurance Amount

PR-96 Non-covered charge(s).

