

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 2  
DATE: 2025-07-14  
EFT #: 899360683  
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	ULRICH, CHARLES E		HIC	2Q59U90VE17	ACNT	7185LMD642			ICN	1825181907370	ASG Y	MOA	MA01
1013940584	0507	050725	11	1	36415		20.00	9.09	0.00	0.00	CO-45	10.91	8.91
											CO-253	0.18	
PT RESP	0.00				CLAIM TOTALS		20.00	9.09	0.00	0.00		11.09	8.91
ADJ TO TOTAL:	PREV PD				INTEREST		0.00		LATE FILING CHARGE		0.00	NET	8.91
STATUS CODE 1: Processed as Primary													

NAME	ULRICH, CHARLES E		HIC	2Q59U90VE17	ACNT	7186LMD642			ICN	1825181907380	ASG Y	MOA	MA01	MA18	MA15
1013940584	0624	062425	11	1	99214	25	219.00	120.84	120.84	0.00	CO-45	98.16		0.00	
1013940584	0624	062425	11	1	G2211		25.00	15.26	15.26	0.00	CO-45	9.74		0.00	
1013940584	0624	062425	11	1	G0446	XU	61.88	30.94	0.00	0.00	CO-45	30.94		30.32	
											CO-253	0.62			
1013940584	0624	062425	11	1	36415		20.00	9.09	0.00	0.00	CO-45	10.91		8.91	
											CO-253	0.18			
1013940584	0624	062425	11	1	G8420		0.00	0.00	0.00	0.00				0.00	
						REM: N620									
1013940584	0624	062425	11	1	1036F		0.00	0.00	0.00	0.00				0.00	
						REM: N620									
PT RESP	136.10				CLAIM TOTALS		325.88	176.13	136.10	0.00		150.55		39.23	
ADJ TO TOTAL:	PREV PD				INTEREST		0.00		LATE FILING CHARGE		0.00	NET		39.23	
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)															
CLAIM INFORMATION FORWARDED TO: UNITEDHEALTHCARE															

NAME	VANDAM, CHERYL		HIC	2PC1PE4PD11	ACNT	7208LMD642			ICN	1825181907390	ASG Y	MOA	MA01	N89	MA18	MA15
1306898036	0630	063025	11	1	99213	25	146.00	85.63	85.63	0.00	CO-45	60.37		0.00		
1306898036	0630	063025	11	1	G2211		25.00	15.26	15.26	0.00	CO-45	9.74		0.00		
1306898036	0630	063025	11	1	G0447	XU	65.00	30.94	0.00	0.00	CO-45	34.06		30.32		
											CO-253	0.62				
1306898036	0630	063025	11	1	G0446	XU	65.00	0.00	0.00	0.00	CO-119	65.00		0.00		
						REM: M25 N362										
1306898036	0630	063025	11	1	83036	QW	60.90	9.71	0.00	0.00	CO-45	51.19		9.52		
											CO-253	0.19				
1306898036	0630	063025	11	1	0513F		0.00	0.00	0.00	0.00				0.00		
						REM: N620										
1306898036	0630	063025	11	1	G8417		0.00	0.00	0.00	0.00				0.00		
						REM: N620										
1306898036	0630	063025	11	1	G8427		0.00	0.00	0.00	0.00				0.00		
						REM: N620										
1306898036	0630	063025	11	1	1036F		0.00	0.00	0.00	0.00				0.00		
						REM: N620										
PT RESP	100.89				CLAIM TOTALS		361.90	141.54	100.89	0.00		221.17		39.84		
ADJ TO TOTAL:	PREV PD				INTEREST		0.00		LATE FILING CHARGE		0.00	NET		39.84		
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
	3	707.78	326.76	236.99	0.00	382.81	87.98	0.00	87.98

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

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

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



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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.

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.

N89 Alert: Payment information for this claim has been forwarded to more than one other payer, but format limitations permit only one of the secondary payers to be identified in this remittance advice.

PR-1 Deductible Amount

