

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: 2025-08-14  
EFT #: 899454218  
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME HUIZENGA, LINDA E					HIC 2JD2EE9QG16	ACNT 7703LMD642				ICN 1825212753910	ASG Y	MOA	MA01 MA18
1013940584	0729	072925	11	1	G0439		361.00	121.85	0.00	0.00	CO-45	239.15	119.41
											CO-253	2.44	
1013940584	0729	072925	11	1	99497	33	155.32	77.66	0.00	0.00	CO-45	77.66	76.11
											CO-253	1.55	
1013940584	0729	072925	11	1	99214	25	241.68	120.84	0.00	24.17	CO-45	120.84	94.74
											CO-253	1.93	
1013940584	0729	072925	11	1	G0136	33	65.00	17.40	0.00	0.00	CO-45	47.60	17.05
											CO-253	0.35	
1013940584	0729	072925	11	1	G2211		25.00	15.26	0.00	3.05	CO-45	9.74	11.97
											CO-253	0.24	
1013940584	0729	072925	11	1	82043	QW	14.70	5.78	0.00	0.00	CO-45	8.92	5.66
											CO-253	0.12	
1013940584	0729	072925	11	1	82570	QW	17.85	5.18	0.00	0.00	CO-45	12.67	5.08
											CO-253	0.10	
1013940584	0729	072925	11	1	G0442	XU	30.00	16.22	0.00	0.00	CO-45	13.78	15.90
											CO-253	0.32	
1013940584	0729	072925	11	1	G0444	XU	29.45	16.22	0.00	0.00	CO-45	13.23	15.90
											CO-253	0.32	
1013940584	0729	072925	11	1	0513F		0.00	0.00	0.00	0.00			0.00
					REM: N620								
1013940584	0729	072925	11	1	G8420		0.00	0.00	0.00	0.00			0.00
					REM: N620								
1013940584	0729	072925	11	1	G9622		0.00	0.00	0.00	0.00			0.00
					REM: N620								
PT RESP	27.22				CLAIM TOTALS		940.00	396.41	0.00	27.22		550.96	361.82
ADJ TO TOTAL: PREV PD					INTEREST		0.00				0.00	NET	361.82
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)													
CLAIM INFORMATION FORWARDED TO: MUTUAL OF OMAHA													

NAME MCKENZIE, JAMES D					HIC 6AC8G46MR43	ACNT 7659LMD642				ICN 1825212753960	ASG Y	MOA	MA01 MA18 MA15
1306898036	0725	072525	11	1	G0439		361.00	121.85	0.00	0.00	CO-45	239.15	119.41
											CO-253	2.44	
1306898036	0725	072525	11	1	99497	33	132.00	77.66	0.00	0.00	CO-45	54.34	76.11
											CO-253	1.55	
1306898036	0725	072525	11	1	99214	25	241.68	120.84	120.84	0.00	CO-45	120.84	0.00
1306898036	0725	072525	11	1	82043	QW	14.70	5.78	0.00	0.00	CO-45	8.92	5.66
											CO-253	0.12	
1306898036	0725	072525	11	1	82570	QW	17.85	5.18	0.00	0.00	CO-45	12.67	5.08
											CO-253	0.10	
1306898036	0725	072525	11	200	J1071		6.00	6.00	6.00	0.00			0.00
1306898036	0725	072525	11	1	36415		20.00	9.09	0.00	0.00	CO-45	10.91	8.91
											CO-253	0.18	
1306898036	0725	072525	11	1	G0136	33	65.00	17.40	0.00	0.00	CO-45	47.60	17.05
											CO-253	0.35	
1306898036	0725	072525	11	1	G0444	XU	91.00	16.22	0.00	0.00	CO-45	74.78	15.90
											CO-253	0.32	
1306898036	0725	072525	11	1	G0442	XU	43.00	16.22	0.00	0.00	CO-45	26.78	15.90
											CO-253	0.32	
1306898036	0725	072525	11	1	G2211		25.00	15.26	15.26	0.00	CO-45	9.74	0.00
1306898036	0725	072525	11	1	G0446	XU	65.00	30.94	0.00	0.00	CO-45	34.06	30.32
											CO-253	0.62	
1306898036	0725	072525	11	1	G0557		94.10	47.05	47.05	0.00	CO-45	47.05	0.00
1306898036	0725	072525	11	1	0513F		0.00	0.00	0.00	0.00			0.00
					REM: N620								
1306898036	0725	072525	11	1	2000F		0.00	0.00	0.00	0.00			0.00
					REM: N620								
PT RESP	189.15				CLAIM TOTALS		1176.33	489.49	189.15	0.00		692.84	294.34
ADJ TO TOTAL: PREV PD					INTEREST		0.00				0.00	NET	294.34
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)													
CLAIM INFORMATION FORWARDED TO: PRIORITY HEALTH													



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PAGE #: 2 of 2

REMITTANCE

ADVICE

DATE: 2025-08-14

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	ROMME, JANIS				HIC 3RK9CK4HE39	ACNT 7735LMD642				ICN 1825212754040	ASG Y	MOA MA01
1013940584	0612	061225	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												

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	3	2136.33	894.99	189.15	27.22	1254.89	665.07	0.00	665.07

## 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.

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.

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

PR-1 Deductible Amount

PR-2 Coinsurance Amount

