

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: 2025-04-01
EFT #: 899060095
TAX ID #: 272620668

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME KLINGE, MARJORIE A			HIC	2VU0GG7DG19	ACNT	5323LMD642		ICN	1825077662150	ASG Y	MOA MA01 MA18 MA15
1306898036	0317	031725 11	1	99214 25		219.00	120.84	120.84	0.00	CO-45	98.16 0.00
1306898036	0317	031725 11	1	G0446 XU		61.88	30.94	0.00	0.00	CO-45	30.94 30.32
										CO-253	0.62
1306898036	0317	031725 11	1	G2211		25.00	15.26	15.26	0.00	CO-45	9.74 0.00
1306898036	0317	031725 11	1	2000F		0.00	0.00	0.00	0.00		0.00
PT RESP 136.10						CLAIM TOTALS	305.88	167.04	136.10	0.00	139.46 30.32
ADJ TO TOTAL: PREV PD						INTEREST	0.00	LATE FILING CHARGE	0.00	NET	30.32
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)											
CLAIM INFORMATION FORWARDED TO: UNITEDHEALTH GROUP											

NAME STITZEL, JOHN M			HIC	6XH7CJ9HP46	ACNT	5321LMD642		ICN	1825077662140	ASG Y	MOA MA01 MA18 MA15
1306898036	0317	031725 11	1	99214 25		219.00	120.84	0.00	24.17	CO-45	98.16 94.74
										CO-253	1.93
1306898036	0317	031725 11	1	G0446 XU		61.88	30.94	0.00	0.00	CO-45	30.94 30.32
										CO-253	0.62
1306898036	0317	031725 11	1	G2211		25.00	15.26	0.00	3.05	CO-45	9.74 11.97
										CO-253	0.24
1306898036	0317	031725 11	1	2000F		0.00	0.00	0.00	0.00		0.00
PT RESP 27.22						CLAIM TOTALS	305.88	167.04	0.00	27.22	141.63 137.03
ADJ TO TOTAL: PREV PD						INTEREST	0.00	LATE FILING CHARGE	0.00	NET	137.03
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)											
CLAIM INFORMATION FORWARDED TO: AMERICAN CONTINENTAL INSU.											

NAME VANDERVEEN, PATRICIA A			HIC	9FG6RK1EM53	ACNT	5317LMD642		ICN	1825077662110	ASG Y	MOA MA01 MA18 MA15
1306898036	0317	031725 11	1	G0439		361.00	121.85	0.00	0.00	CO-45	239.15 119.41
										CO-253	2.44
1306898036	0317	031725 11	1	99397 33		341.00	0.00	0.00	0.00	PR-96	341.00 0.00
PT RESP 368.22						CLAIM TOTALS	1214.93	394.54	0.00	27.22	827.72 359.99
ADJ TO TOTAL: PREV PD						INTEREST	0.00	LATE FILING CHARGE	0.00	NET	359.99
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)											
CLAIM INFORMATION FORWARDED TO: LOYAL AMERICAN LIFE INSURANCE CO											

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	3	1826.69	728.62	136.10	54.44	1108.81	527.34	0.00	527.34

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.



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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.	
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).	

