

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: 2025-06-12
EFT #: 899273765
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	ADAMS, MICHAEL J				HIC	2T55JY5VW61	ACNT	6662LMD642		ICN	1825149661720	ASG	Y
1013940584	0528	052825	11	1	99214	25		241.68	120.84	0.00	24.17	CO-45	120.84
												MA01	MA18
												MA15	
1013940584	0528	052825	11	1	G2211			25.00	15.26	0.00	3.05	CO-253	1.93
												CO-45	9.74
												CO-253	0.24
1013940584	0528	052825	11	1	36415			20.00	9.09	0.00	0.00	CO-45	10.91
												CO-253	0.18
1013940584	0528	052825	11	1	99401			65.00	0.00	0.00	0.00	PR-96	65.00
													0.00
1013940584	0528	052825	11	1	G0446	XU		65.00	0.00	0.00	0.00	CO-119	65.00
													0.00
1013940584	0528	052825	11	1	G0447	XU		65.00	30.94	0.00	0.00	CO-45	34.06
												CO-253	0.62
1013940584	0528	052825	11	1	1036F			0.00	0.00	0.00	0.00		
													0.00
1013940584	0528	052825	11	1	2000F			0.00	0.00	0.00	0.00		
													0.00
PT RESP	92.22				CLAIM	TOTALS		481.68	176.13	0.00	27.22		308.52
ADJ TO TOTAL: PREV PD					INTEREST			0.00				0.00	NET
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)													145.94
CLAIM INFORMATION FORWARDED TO: UNITEDHEALTH GROUP													

NAME	PERMODA, JOSEPH J				HIC	2CP0AX8JC31	ACNT	6638LMD642		ICN	1825149661680	ASG	Y
1013940584	0527	052725	11	1	G0439			361.00	121.85	0.00	0.00	CO-45	239.15
												CO-253	2.44
1013940584	0527	052725	11	1	99397	25		341.00	0.00	0.00	0.00	PR-96	341.00
													0.00
1013940584	0527	052725	11	1	G0136	33		65.00	17.40	0.00	0.00	CO-45	47.60
												CO-253	0.35
1013940584	0527	052725	11	1	G2211			25.00	0.00	0.00	0.00	CO-234	25.00
													0.00
1013940584	0527	052725	11	1	G0447	XU		65.00	30.94	0.00	0.00	CO-45	34.06
												CO-253	0.62
1013940584	0527	052725	11	1	G0442	XU		30.00	16.22	0.00	0.00	CO-45	13.78
												CO-253	0.32
1013940584	0527	052725	11	1	G0444	XU		29.45	16.22	0.00	0.00	CO-45	13.23
												CO-253	0.32
1013940584	0527	052725	11	1	G8510			0.00	0.00	0.00	0.00		
													0.00
1013940584	0527	052725	11	1	G9621			0.00	0.00	0.00	0.00		
													0.00
1013940584	0527	052725	11	1	1036F			0.00	0.00	0.00	0.00		
													0.00
1013940584	0527	052725	11	1	0513F			0.00	0.00	0.00	0.00		
													0.00
1013940584	0527	052725	11	1	G8417			0.00	0.00	0.00	0.00		
													0.00
PT RESP	341.00				CLAIM	TOTALS		916.45	202.63	0.00	0.00		717.87
ADJ TO TOTAL: PREV PD					INTEREST			0.00				0.00	NET
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)													198.58
CLAIM INFORMATION FORWARDED TO: MUTUAL OF OMAHA													

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	2	1398.13	378.76	0.00	27.22	1026.39	344.52	0.00	344.52

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



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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.

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

N390 This service / report cannot be billed separately.

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

PR-2 Coinsurance Amount

PR-96 Non-covered charge(s).

