

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 1
DATE: 2025-03-20
NONPAY #: 393459498
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	DYKSTRA, DEBORAH A		HIC	8XF7XE3XU48	ACNT	5194LMD642			ICN	1825076902022	ASG Y	MOA MA15
1013940584	0311	031125	11	1	99406	33	27.06	0.00	0.00	0.00	CO-16	27.06 0.00
						REM: M20 MA130						
1013940584	0311	031125	11	1	1158F		0.00	0.00	0.00	0.00		0.00
						REM: N517 MA130						
1013940584	0311	031125	11	1	3074F		0.00	0.00	0.00	0.00		0.00
						REM: N517 MA130						
1013940584	0311	031125	11	1	3078F		0.00	0.00	0.00	0.00		0.00
						REM: N517 MA130						
1013940584	0311	031125	11	1	3061F		0.00	0.00	0.00	0.00		0.00
						REM: N517 MA130						
PT RESP	0.00				CLAIM	TOTALS	27.06	0.00	0.00	0.00		27.06 0.00
ADJ TO TOTAL: PREV PD						INTEREST	0.00		LATE FILING CHARGE		0.00	NET 0.00
STATUS CODE 1: Processed as Primary												

NAME	STILEN, MARGIE L		HIC	7YF1R22QC14	ACNT	5286LMD642			ICN	1925076035720	ASG Y	MOA MA01 MA15 N598
1013940584	0314	031425	11	1	99213	25	171.26	0.00	0.00	0.00	CO-22	171.26 0.00
						REM: N598						
1013940584	0314	031425	11	1	G2211		25.00	0.00	0.00	0.00	CO-234	25.00 0.00
						REM: N20						
1013940584	0314	031425	11	1	81003		43.05	0.00	0.00	0.00	CO-22	43.05 0.00
						REM: N598						
1013940584	0314	031425	11	1	82043		14.70	0.00	0.00	0.00	CO-22	14.70 0.00
						REM: N598						
1013940584	0314	031425	11	1	82570		17.85	0.00	0.00	0.00	CO-22	17.85 0.00
						REM: N598						
1013940584	0314	031425	11	1	G8510		0.00	0.00	0.00	0.00		0.00
						REM: N620						
PT RESP	0.00				CLAIM	TOTALS	271.86	0.00	0.00	0.00		271.86 0.00
ADJ TO TOTAL: PREV PD						INTEREST	0.00		LATE FILING CHARGE		0.00	NET 0.00
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
	2	298.92	0.00	0.00	0.00	298.92	0.00	0.00	0.00

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

CO-16 Claim / service lacks information which is needed for adjudication. Check Remittance Remark Codes for details.

CO-22 Payment adjusted because this care may be covered by another payer per coordination of benefits.

CO-234 This procedure is not paid separately. Check Remittance Remark Codes for details.

M20 Missing / incomplete / invalid HCPCS.

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.

MA130 Your claim contains incomplete and / or invalid information, and no appeal rights are afforded because the claim is unprocessable. Please submit a new claim with the complete / correct information.

MA15 Alert: Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported.

N20 Service not payable with other service rendered on the same date.

N517 Resubmit a new claim with the requested information.

N598 Health care policy coverage is primary.

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

