

WPS GHA - MAC J8 MI PART B []
P.O. BOX 8939
MADISON, WI 53708
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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: 2025-04-07
NONPAY #: 393497618
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	DUFON, RENEE J				HIC 8AV7NP2EE57	ACNT 5384LMD642				ICN 1825079712300	ASG Y	MOA MA01 MA18 MA15
1013940584	0319	031925	11	1	G0439		361.00	0.00	0.00	0.00	PR-119	361.00 0.00
					REM: N130							
1013940584	0319	031925	11	1	99497 33		132.00	77.66	77.66	0.00	CO-45	54.34 0.00
1013940584	0319	031925	11	1	99214 25		219.00	120.84	120.84	0.00	CO-45	98.16 0.00
1013940584	0319	031925	11	1	G0442 XU		30.00	0.00	0.00	0.00	CO-119	30.00 0.00
					REM: M25 N362							
1013940584	0319	031925	11	1	G0444 XU		29.45	0.00	0.00	0.00	CO-119	29.45 0.00
					REM: M25 N362							
1013940584	0319	031925	11	1	G0136 33		34.80	0.00	0.00	0.00	CO-16	34.80 0.00
					REM: M51							
1013940584	0319	031925	11	1	G2211		25.00	15.26	15.26	0.00	CO-45	9.74 0.00
1013940584	0319	031925	11	1	G9622		0.00	0.00	0.00	0.00		0.00
					REM: N620							
1013940584	0319	031925	11	1	G8510		0.00	0.00	0.00	0.00		0.00
					REM: N620							
PT RESP	574.76				CLAIM TOTALS		831.25	213.76	213.76	0.00		617.49 0.00
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET 0.00
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)												
CLAIM INFORMATION FORWARDED TO: UNITEDHEALTH GROUP												

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	831.25	213.76	213.76	0.00	617.49	0.00	0.00	0.00

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

CO-119	Benefit maximum for this time period or occurrence has been reached.
CO-16	Claim / service lacks information which is needed for adjudication. Check Remittance Remark Codes for details.
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.
M51	Missing / incomplete / invalid procedure code(s).
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.
N620	Alert: This procedure code is for quality reporting / informational purposes only.
PR-1	Deductible Amount
PR-119	Benefit maximum for this time period or occurrence has been reached.

