

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: 2025-06-10  
EFT #: 899265011  
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	LAWSON, NINA M				HIC	4H91UW2UY17	ACNT	6618LMD642		ICN	1925147222020	ASG	Y
1306898036	0523	052325	11	1	G0439			361.00	121.85	0.00	0.00	CO-45	239.15
												CO-253	2.44
1306898036	0523	052325	11	1	G0136	XU		65.00	17.40	17.40	0.00	CO-45	47.60
1306898036	0523	052325	11	1	99497			132.00	77.66	77.66	0.00	CO-45	54.34
1306898036	0523	052325	11	1	99214	25		241.68	120.84	120.84	0.00	CO-45	120.84
1306898036	0523	052325	11	1	G0557			94.10	47.05	41.10	1.19	CO-45	47.05
												CO-253	0.10
1306898036	0523	052325	11	1	G0444	XU		91.00	16.22	0.00	0.00	CO-45	74.78
												CO-253	0.32
1306898036	0523	052325	11	1	G0442	XU		43.00	16.22	0.00	0.00	CO-45	26.78
												CO-253	0.32
1306898036	0523	052325	11	1	36415			20.00	9.09	0.00	0.00	CO-45	10.91
												CO-253	0.18
1306898036	0523	052325	11	1	G2211			25.00	15.26	0.00	3.05	CO-45	9.74
												CO-253	0.24
1306898036	0523	052325	11	1	G8510			0.00	0.00	0.00	0.00		
						REM: N620							
1306898036	0523	052325	11	1	0513F			0.00	0.00	0.00	0.00		
						REM: N620							
1306898036	0523	052325	11	1	2000F			0.00	0.00	0.00	0.00		
						REM: N620							
PT RESP	261.24				CLAIM	TOTALS		1072.78	441.59	257.00	4.24		634.79
ADJ TO TOTAL: PREV PD					INTEREST			0.00		LATE FILING CHARGE		0.00	NET
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)													176.75
CLAIM INFORMATION FORWARDED TO: MUTUAL OF OMAHA													

NAME	PERMODA, JOSEPH J				HIC	2CP0AX8JC31	ACNT	6630LMD642		ICN	1925147222120	ASG	Y
1013940584	0519	051925	11	1	36415			20.00	9.09	0.00	0.00	CO-45	10.91
												CO-253	0.18
PT RESP	0.00				CLAIM	TOTALS		20.00	9.09	0.00	0.00		11.09
ADJ TO TOTAL: PREV PD					INTEREST			0.00		LATE FILING CHARGE		0.00	NET
STATUS CODE 1: Processed as Primary													8.91

TOTALS:	# OF	BILLED	ALLOWED	DEDUCT	COINS	TOTAL	PROV PD	PROV	CHECK
	CLAIMS	AMT	AMT	AMT	AMT	RC-AMT	AMT	ADJ AMT	AMT
	2	1092.78	450.68	257.00	4.24	645.88	185.66	0.00	185.66

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

