

WPS GHA - MAC J8 MI PART B []  
P.O. BOX 8939  
MADISON, WI 53708  
(866)234-7331

REMITTANCE  
ADVISE

TIMOTHY J. TOBOLIC, MD, PLLC  
7740 BYRON CENTER AVE SW  
STE 202  
BYRON CENTER, MI 493156929

NPI #: 1982923660  
PAGE #: 1 of 3  
DATE: 2025-05-08  
EFT #: 899173322  
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	BLACKPORT, PAUL				HIC	2YW9UC8TY35	ACNT	5930LMD642		ICN	1825114689410	ASG	Y
1306898036	0418	041825	11	1	G0439			361.00	121.85	0.00	0.00	CO-45	239.15
												CO-253	2.44
1306898036	0418	041825	11	1	99397	25		341.00	0.00	0.00	0.00	PR-96	341.00
						REM: N130							
1306898036	0418	041825	11	1	99497	33		132.00	77.66	0.00	0.00	CO-45	54.34
												CO-253	1.55
1306898036	0418	041825	11	1	G2211			25.00	0.00	0.00	0.00	CO-234	25.00
						REM: N390							
1306898036	0418	041825	11	1	G0136	33		34.80	17.40	0.00	0.00	CO-45	17.40
												CO-253	0.35
1306898036	0418	041825	11	1	36415			20.00	9.09	0.00	0.00	CO-45	10.91
												CO-253	0.18
1306898036	0418	041825	11	1	G0444	XU		91.00	16.22	0.00	0.00	CO-45	74.78
												CO-253	0.32
1306898036	0418	041825	11	1	G0442	XU		43.00	16.22	0.00	0.00	CO-45	26.78
												CO-253	0.32
1306898036	0418	041825	11	1	G0447	XU		50.00	30.94	0.00	0.00	CO-45	19.06
												CO-253	0.62
1306898036	0418	041825	11	1	G0557			94.10	47.05	47.05	0.00	CO-45	47.05
1306898036	0418	041825	11	1	G0446	XU		30.00	30.00	0.00	0.00	CO-253	0.60
1306898036	0418	041825	11	1	G9622			0.00	0.00	0.00	0.00		
						REM: N620							
1306898036	0418	041825	11	1	1036F			0.00	0.00	0.00	0.00		
						REM: N620							
1306898036	0418	041825	11	1	2000F			0.00	0.00	0.00	0.00		
						REM: N620							
PT RESP	388.05				CLAIM	TOTALS		1221.90	366.43	47.05	0.00		861.85
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)													313.00
CLAIM INFORMATION FORWARDED TO: AMERICAN CONTINENTAL INSU.													

NAME	MINER, EDWARD B				HIC	3RH1KP7NJ12	ACNT	6030LMD642		ICN	1825114689480	ASG	Y
1013940584	0424	042425	11	1	99215	25		295.00	169.85	0.00	33.97	CO-45	125.15
												CO-253	2.72
1013940584	0424	042425	11	1	G2211			25.00	15.26	0.00	3.05	CO-45	9.74
												CO-253	0.24
1013940584	0424	042425	11	1	G0447	XU		65.00	30.94	0.00	0.00	CO-45	34.06
												CO-253	0.62
1013940584	0424	042425	11	1	99401	25		65.00	0.00	0.00	0.00	PR-96	65.00
						REM: N130							
1013940584	0424	042425	11	1	2000F			0.00	0.00	0.00	0.00		
						REM: N620							
PT RESP	102.02				CLAIM	TOTALS		450.00	216.05	0.00	37.02		237.53
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)													175.45
CLAIM INFORMATION FORWARDED TO: UNITEDHEALTH GROUP													



REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME VANDAM, CHERYL						HIC 2PC1PE4PD11	ACNT 6007LMD642			ICN 1825114689440	ASG Y	MOA MA01	N89	MA18
1306898036	0423	042325	11	1	99212	25		87.00	52.53	52.53	0.00	CO-45	34.47	0.00
1306898036	0423	042325	11	1	81003			33.60	0.00	0.00	0.00	CO-B7	33.60	0.00
						REM: N570								
1306898036	0423	042325	11	1	G0447	XU		65.00	30.94	0.00	0.00	CO-45	34.06	30.32
												CO-253	0.62	
1306898036	0423	042325	11	1	99401	25		65.00	0.00	0.00	0.00	PR-96	65.00	0.00
						REM: N130								
1306898036	0423	042325	11	1	G2211			25.00	15.26	15.26	0.00	CO-45	9.74	0.00
1306898036	0423	042325	11	1	1036F			0.00	0.00	0.00	0.00			0.00
						REM: N620								
1306898036	0423	042325	11	1	2000F			0.00	0.00	0.00	0.00			0.00
						REM: N620								
PT RESP	132.79					CLAIM TOTALS		275.60	98.73	67.79	0.00		177.49	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: BLUE CROSS BLUE SHIELD OF MI														

NAME VANDAM, HENRY R						HIC 5PR3EY7XV88	ACNT 6015LMD642			ICN 1825114689460	ASG Y	MOA MA01	MA18	MA15
1306898036	0423	042325	11	1	G0439			361.00	121.85	0.00	0.00	CO-45	239.15	119.41
												CO-253	2.44	
1306898036	0423	042325	11	1	99397	25		341.00	0.00	0.00	0.00	PR-96	341.00	0.00
						REM: N130								
1306898036	0423	042325	11	1	99497	33		132.00	77.66	0.00	0.00	CO-45	54.34	76.11
												CO-253	1.55	
1306898036	0423	042325	11	1	G0557			94.10	47.05	5.60	8.29	CO-45	47.05	32.50
												CO-253	0.66	
1306898036	0423	042325	11	1	G0136	XU		65.00	17.40	0.00	3.48	CO-45	47.60	13.64
												CO-253	0.28	
1306898036	0423	042325	11	1	G2211			25.00	0.00	0.00	0.00	CO-234	25.00	0.00
						REM: N390								
1306898036	0423	042325	11	1	82043	QW		14.70	5.78	0.00	0.00	CO-45	8.92	5.66
												CO-253	0.12	
1306898036	0423	042325	11	1	82570	QW		17.85	5.18	0.00	0.00	CO-45	12.67	5.08
												CO-253	0.10	
1306898036	0423	042325	11	1	G0444	XU		91.00	16.22	0.00	0.00	CO-45	74.78	15.90
												CO-253	0.32	
1306898036	0423	042325	11	1	G0442	XU		43.00	16.22	0.00	0.00	CO-45	26.78	15.90
												CO-253	0.32	
1306898036	0423	042325	11	1	36415			20.00	9.09	0.00	0.00	CO-45	10.91	8.91
												CO-253	0.18	
1306898036	0423	042325	11	1	G0447	XU		65.00	30.94	0.00	0.00	CO-45	34.06	30.32
												CO-253	0.62	
1306898036	0423	042325	11	1	99401	25		65.00	0.00	0.00	0.00	PR-96	65.00	0.00
						REM: N130								
1306898036	0423	042325	11	1	G0446	XU		65.00	30.94	0.00	0.00	CO-45	34.06	30.32
												CO-253	0.62	
1306898036	0423	042325	11	1	G9622			0.00	0.00	0.00	0.00			0.00
						REM: N620								
1306898036	0423	042325	11	1	1036F			0.00	0.00	0.00	0.00			0.00
						REM: N620								
1306898036	0423	042325	11	1	2000F			0.00	0.00	0.00	0.00			0.00
						REM: N620								
PT RESP	423.37					CLAIM TOTALS		1399.65	378.33	5.60	11.77		1028.53	353.75
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING CHARGE		0.00	NET	353.75
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)														
CLAIM INFORMATION FORWARDED TO: BLUE CROSS BLUE SHIELD OF MI														

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	4	3347.15	1059.54	120.44	48.79	2305.40	872.52	0.00	872.52

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

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.

CO-B7 This provider was not certified / eligible to be paid for this procedure / service on this date of service.

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.



WPS GH4 - MAC J8 MI PART B

REMITTANCE

NPI #: 1982923660

TIMOTHY J. TOBOLIC, MD, PLLC

ADVICE

EFT #: 899173322 PAGE #: 3 of 3

DATE: 2025-05-08

N130 Consult plan benefit documents / guidelines for information about restrictions for this service.

N390 This service / report cannot be billed separately.

N570 Missing / incomplete / invalid credentialing data

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

N89 Alert: Payment information for this claim has been forwarded to more than one other payer, but format limitations permit only one of the secondary payers to be identified in this remittance advice.

PR-1 Deductible Amount

PR-2 Coinsurance Amount

PR-96 Non-covered charge(s).

