

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES []  
P.O. BOX 30479  
LANSING, MI 48909

REMITTANCE  
ADVICE

TIMOTHY TOBOLIC, MD, PLLC [CV0012104]  
7740 BYRON CENTER AVE SW

TAX ID #: 272620668  
PAGE #: 1 of 3  
DATE: 2025-05-07  
CHECK #: 108610120

BYRON CENTER, MI 493156928

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME MAYS, LINDA S												
1306898036	0404	040425	11	1	G0439	HIC 0031535368 ACNT 5662LMD642	361.00	0.00	0.00	0.00	OA-23	361.00 0.00
						REM: N131 MA125						
1306898036	0404	040425	11	1	99396	25	327.00	112.37	0.00	0.00	CO-45	214.63 112.37
						REM: N442						
1306898036	0404	040425	11	1	G0136	33	34.80	0.00	0.00	0.00	OA-23	34.80 0.00
						REM: N131 MA125						
1306898036	0404	040425	11	1	G2211		25.00	0.00	0.00	0.00	CO-16	25.00 0.00
						REM: N56						
1306898036	0404	040425	11	1	36415		20.00	0.00	0.00	0.00	OA-23	20.00 0.00
						REM: N131 MA125						
1306898036	0404	040425	11	1	82043	QW	14.70	0.00	0.00	0.00	OA-23	14.70 0.00
						REM: N131 MA125						
1306898036	0404	040425	11	1	82570	QW	17.85	0.00	0.00	0.00	OA-23	17.85 0.00
						REM: N131 MA125						
1306898036	0404	040425	11	1	G0447	XU	65.00	0.00	0.00	0.00	OA-23	65.00 0.00
						REM: N131 MA125						
1306898036	0404	040425	11	1	99401	33	65.00	24.50	0.00	0.00	CO-45	40.50 24.50
1306898036	0404	040425	11	1	G9622		0.00	0.00	0.00	0.00		0.00
1306898036	0404	040425	11	1	G9899		0.00	0.00	0.00	0.00		0.00
1306898036	0404	040425	11	1	G8510		0.00	0.00	0.00	0.00		0.00
PT RESP		0.00				CLAIM TOTALS	930.35	136.87	0.00	0.00		793.48 136.87
ADJ TO TOTAL: PREV PD						INTEREST	0.00					NET 136.87
STATUS CODE 2: Processed as Secondary												
NAME PALAZZOLA, JANET T												
1306898036	0409	040925	11	1	99214	25	219.00	0.00	0.00	0.00	CO-204	219.00 0.00
						REM: MA125 N442 N130						
1306898036	0409	040925	11	1	G2211		25.00	0.00	0.00	0.00	CO-204	25.00 0.00
						REM: N130 MA125						
1306898036	0409	040925	11	1	G0447	XU	65.00	0.00	0.00	0.00	CO-204	65.00 0.00
						REM: MA125 N131 N130						
1306898036	0409	040925	11	1	99401	33	65.00	0.00	0.00	0.00	CO-204	65.00 0.00
						REM: N130						
1306898036	0409	040925	11	1	1036F		0.00	0.00	0.00	0.00		0.00
						REM: N130						
1306898036	0409	040925	11	1	2000F		0.00	0.00	0.00	0.00		0.00
						REM: N130						
PT RESP		0.00				CLAIM TOTALS	374.00	0.00	0.00	0.00		374.00 0.00
ADJ TO TOTAL: PREV PD						INTEREST	0.00					NET 0.00
STATUS CODE 4: Denied												
NAME WOZNIAK, WAYNE R												
1306898036	0611	061124	11	1	99214	HIC 1153820282 ACNT 602LMD642	219.00	0.00	0.00	0.00	CO-16	219.00 0.00
						REM: N442 M76						
PT RESP		0.00				CLAIM TOTALS	219.00	0.00	0.00	0.00		219.00 0.00
ADJ TO TOTAL: PREV PD						INTEREST	0.00					NET 0.00
STATUS CODE 4: Denied												



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REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	STERBA, RACHEAL M				HIC	0088293866	ACNT	5890LMD642		ICN	322512610020494000	ASG Y MOA MA114
1306898036	0416	041625	11	1	G0439			361.00	0.00	0.00	CO-24	361.00 0.00
						REM: N131 MA125						
1306898036	0416	041625	11	1	99396	25		327.00	0.00	0.00	CO-24	327.00 0.00
						REM: N442						
1306898036	0416	041625	11	1	96372			45.00	0.00	0.00	CO-24	45.00 0.00
						REM: MA125						
1306898036	0416	041625	11	1	G2211			25.00	0.00	0.00	CO-16	25.00 0.00
						REM: N56						
1306898036	0416	041625	11	1	36415			20.00	0.00	0.00	CO-24	20.00 0.00
						REM: MA125						
1306898036	0416	041625	11	1	G0136	XU		34.80	0.00	0.00	CO-24	34.80 0.00
						REM: MA125						
1306898036	0416	041625	11	1	G0444	XU		91.00	0.00	0.00	CO-24	91.00 0.00
						REM: N131 MA125						
1306898036	0416	041625	11	1	G0442	XU		43.00	0.00	0.00	CO-24	43.00 0.00
						REM: N131 MA125						
1306898036	0416	041625	11	1	2000F			0.00	0.00	0.00		0.00
PT RESP	0.00				CLAIM	TOTALS		946.80	0.00	0.00		946.80 0.00
ADJ TO TOTAL: PREV PD						INTEREST		0.00				0.00
STATUS CODE 4: Denied												

NAME	WOZNIAK, WAYNE R				HIC	1153820282	ACNT	6180LMD642		ICN	312512610060050000	ASG Y MOA
1306898036	0505	050525	11	1	99214	25		219.00	0.00	0.00	CO-16	219.00 0.00
						REM: N442 M76						
1306898036	0505	050525	11	1	G2211			25.00	0.00	0.00	CO-16	25.00 0.00
						REM: N56 N799 N65						
1306898036	0505	050525	11	1	99401	25		65.00	0.00	0.00	CO-16	65.00 0.00
						REM: M76						
1306898036	0505	050525	11	1	G0446	XU		65.00	0.00	0.00	CO-16	65.00 0.00
						REM: N56 N799 N65						
1306898036	0505	050525	11	1	3074F			0.00	0.00	0.00		0.00
						REM: N65						
1306898036	0505	050525	11	1	3078F			0.00	0.00	0.00		0.00
						REM: N65						
1306898036	0505	050525	11	1	4004F			0.00	0.00	0.00		0.00
						REM: N65						
1306898036	0505	050525	11	1	3008F			0.00	0.00	0.00		0.00
						REM: N65						
1306898036	0505	050525	11	1	2001F			0.00	0.00	0.00		0.00
						REM: N65						
1306898036	0505	050525	11	1	2000F			0.00	0.00	0.00		0.00
						REM: N65						
1306898036	0505	050525	11	1	1000F			0.00	0.00	0.00		0.00
						REM: N65						
1306898036	0505	050525	11	1	1159F			0.00	0.00	0.00		0.00
						REM: N65						
1306898036	0505	050525	11	1	1160F			0.00	0.00	0.00		0.00
						REM: N65						
PT RESP	0.00				CLAIM	TOTALS		374.00	0.00	0.00		374.00 0.00
ADJ TO TOTAL: PREV PD						INTEREST		0.00				0.00
STATUS CODE 4: Denied												

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	5	2844.15	136.87	0.00	0.00	2707.28	136.87	0.00	136.87

## 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-204 This service / equipment / drug is not covered under the patient's current benefit plan

CO-24 Payment for charges adjusted. Charges are covered under a capitation agreement / managed care plan.

CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.

M47 Missing / incomplete / invalid internal or document control number.

M76 Missing / incomplete / invalid diagnosis or condition.

MA114 Missing / incomplete / invalid information on where the services were furnished.

MA125 Per legislation governing this program, payment constitutes payment in full.

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

N131 Total payments under multiple contracts cannot exceed the allowance for this service.

N219 Payment based on previous payer's allowed amount.

N442 Payment based on an alternate fee schedule.

N56 Procedure code billed is not correct / valid for the services billed or the date of service billed.

N65 Procedure code or procedure rate count cannot be determined, or was not on file, for the date of service / provider.

N799 Submitted identifier must be an individual identifier, not group identifier.

OA-23 Payment adjusted due to the impact of prior payer(s) adjudication including payments and / or



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