

WPS GHA - MAC J8 MI PART B []  
P.O. BOX 8939  
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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 2  
DATE: 2025-03-13  
EFT #: 899006280  
TAX ID #: 272620668

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	BURD, MELVIN G					HIC 7RN5R16NE52	ACNT	5022LMD642			ICN 1825058690180	ASG Y	MOA MA01	MA15
1013940584	0226	022625	11	1	99213	25		146.00	85.63	85.63	0.00	CO-45	60.37	0.00
1013940584	0226	022625	11	1	G2211			25.00	0.00	0.00	0.00	CO-234	25.00	0.00
						REM: N20								
1013940584	0226	022625	11	1	82043	QW		14.70	5.78	0.00	0.00	CO-45	8.92	5.66
												CO-253	0.12	
1013940584	0226	022625	11	1	82570	QW		17.85	5.18	0.00	0.00	CO-45	12.67	5.08
												CO-253	0.10	
1013940584	0226	022625	11	1	2000F			0.00	0.00	0.00	0.00			0.00
						REM: N620								
PT RESP	85.63					CLAIM TOTALS		203.55	96.59	85.63	0.00		107.18	10.74
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING CHARGE		0.00	NET	10.74
STATUS CODE 1: Processed as Primary														

NAME	SOTTOVIA, STEVEN T					HIC 6JQ6W19MC62	ACNT	4882LMD642			ICN 1825058690130	ASG Y	MOA MA01	MA15
1306898036	0219	021925	11	1	G0439			361.00	0.00	0.00	0.00	PR-26	361.00	0.00
						REM: N130								
1306898036	0219	021925	11	1	99396	25		327.00	0.00	0.00	0.00	PR-96	327.00	0.00
						REM: N130								
1306898036	0219	021925	11	1	99497	33		132.00	0.00	0.00	0.00	CO-236	132.00	0.00
1306898036	0219	021925	11	1	99406			27.06	0.00	0.00	0.00	CO-236	27.06	0.00
1306898036	0219	021925	11	1	G2211			25.00	0.00	0.00	0.00	CO-234	25.00	0.00
						REM: N390								
1306898036	0219	021925	11	1	G0442	XU		30.00	16.22	0.00	0.00	CO-45	13.78	15.90
												CO-253	0.32	
1306898036	0219	021925	11	1	90715			87.00	0.00	0.00	0.00	PR-96	87.00	0.00
						REM: N115								
						HCPI: L34596	A56900							
1306898036	0219	021925	11	1	90471			41.00	0.00	0.00	0.00	PR-96	41.00	0.00
						REM: N115								
						HCPI: L34596	A56900							
1306898036	0219	021925	11	1	G9622			0.00	0.00	0.00	0.00			0.00
						REM: N620								
1306898036	0219	021925	11	1	G8510			0.00	0.00	0.00	0.00			0.00
						REM: N620								
PT RESP	816.00					CLAIM TOTALS		1030.06	16.22	0.00	0.00		1014.16	15.90
ADJ TO TOTAL: PREV PD						INTEREST		0.00		LATE FILING CHARGE		0.00	NET	15.90
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	1233.61	112.81	85.63	0.00	1121.34	26.64	0.00	26.64

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

- CO-234 This procedure is not paid separately. Check Remittance Remark Codes for details.
- CO-236 This procedure or procedure / modifier combination is not compatible with another procedure or procedure / modifier combination provided on the same day according to the National Correct Coding Initiative.
- 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.
- N115 This decision was based on a local medical review policy (LMRP) or Local Coverage Determination (LCD). An LMRP / LCD provides a guide to assist in determining whether a particular item or service is covered. A copy of this policy is available at <http://www.cms.hhs.gov/mcd>, or if you do not have web access, you may contact the contractor to request a copy of the LMRP / LCD.
- N130 Consult plan benefit documents / guidelines for information about restrictions for this service.
- N20 Service not payable with other service rendered on the same date.
- N390 This service / report cannot be billed separately.
- N620 Alert: This procedure code is for quality reporting / informational purposes only.



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PR-1 Deductible Amount

PR-26 Expenses incurred prior to coverage.

PR-96 Non-covered charge(s).

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