

WPS GHA - MAC J8 MI PART B []
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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 2
DATE: 2025-03-20
EFT #: 899026781
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME DEKLEINE, BETTY L			HIC 5T86XF2JU62		ACNT	5121LMD642	ICN 1825065685580		ASG Y	MOA	MA01	MA15
1013940584	0305	030525	11	1	99214	25	219.00	120.84	120.84	0.00	CO-45	98.16 0.00
1013940584	0305	030525	11	1	36415		20.00	9.09	0.00	0.00	CO-45	10.91 8.91
											CO-253	0.18
1013940584	0305	030525	11	1	G2211		25.00	0.00	0.00	0.00	CO-234	25.00 0.00
						REM: N20						
1013940584	0305	030525	11	1	82043	QW	14.70	5.78	0.00	0.00	CO-45	8.92 5.66
											CO-253	0.12
1013940584	0305	030525	11	1	82570	QW	17.85	5.18	0.00	0.00	CO-45	12.67 5.08
											CO-253	0.10
PT RESP	120.84				CLAIM TOTALS		296.55	140.89	120.84	0.00		156.06 19.65
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET 19.65
STATUS CODE 1: Processed as Primary												

NAME RIDER, JENNIE L			HIC 1GD4CY4QE03		ACNT	5089LMD642	ICN 1825065685530		ASG Y	MOA	MA01	MA18	MA15
1013940584	0304	030425	11	1	99213	25	146.00	85.63	85.63	0.00	CO-45	60.37 0.00	
1013940584	0304	030425	11	1	G2211		25.00	0.00	0.00	0.00	CO-234	25.00 0.00	
						REM: N20							
1013940584	0304	030425	11	1	82043	QW	14.70	5.78	0.00	0.00	CO-45	8.92 5.66	
											CO-253	0.12	
1013940584	0304	030425	11	1	82570	QW	17.85	5.18	0.00	0.00	CO-45	12.67 5.08	
											CO-253	0.10	
1013940584	0304	030425	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 19: Processed as Primary, Forwarded to Additional Payer(s)													
CLAIM INFORMATION FORWARDED TO: BLUE CROSS BLUE SHIELD OF MI													

NAME STUART, AMANDA L			HIC 9UM8AR3AX46		ACNT	2082LMD642	ICN 1825065685510		ASG Y	MOA	MA01	MA15	
1013940584	0910	091024	11	1	G0439		327.00	125.39	0.00	0.00	CO-45	201.61 122.88	
											CO-253	2.51	
1013940584	0910	091024	11	1	99213	25	176.20	0.00	0.00	0.00	CO-97	176.20 0.00	
						REM: M86							
1013940584	0910	091024	11	1	36415		15.00	0.00	0.00	0.00	CO-B13	15.00 0.00	
1013940584	0910	091024	11	1	G0444	XU	29.45	0.00	0.00	0.00	CO-151	29.45 0.00	
						REM: MA01							
1013940584	0910	091024	11	1	G0442	XU	30.00	0.00	0.00	0.00	CO-151	30.00 0.00	
						REM: MA01							
1013940584	0910	091024	11	1	99214	25	248.84	0.00	0.00	0.00	CO-97	248.84 0.00	
						REM: M86							
1013940584	0910	091024	11	1	90656		40.00	0.00	0.00	0.00	CO-B13	40.00 0.00	
1013940584	0910	091024	11	1	90460		31.98	0.00	0.00	0.00	CO-6	31.98 0.00	
						REM: N129							
1013940584	0910	091024	11	1	G9622		0.00	0.00	0.00	0.00			0.00
						REM: N620							
1013940584	0910	091024	11	1	G8510		0.00	0.00	0.00	0.00			0.00
						REM: N620							
1013940584	0910	091024	11	1	2000F		0.00	0.00	0.00	0.00			0.00
						REM: N620							
PT RESP	0.00				CLAIM TOTALS		898.47	125.39	0.00	0.00		775.59 122.88	
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET 122.88	
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
	3	1398.57	362.87	206.47	0.00	1038.83	153.27	0.00	153.27

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES
CO-151 Payment adjusted because the payer deems the information submitted does not support this many services.
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.



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CO-6 The procedure / revenue code is inconsistent with the patient's age.

CO-97 Payment adjusted because the benefit for this service is included in the payment / allowance for another service / procedure that has already been adjudicated

CO-B13 Previously paid. Payment for this claim / service may have been provided in a previous payment.

M86 Service denied because payment already made for same / similar procedure within set time frame.

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.

N129 Not eligible due to the patient's age.

N20 Service not payable with other service rendered on the same date.

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

PR-1 Deductible Amount

