

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 2
DATE: 2025-08-07
EFT #: 899433485
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	OLNEY, KENNETH				HIC 7E54X05FF80	ACNT	7583LMD642		ICN 1825205600210	ASG Y	MOA	MA01 MA18 MA15
1306898036	0722	072225	11	1	G0439		361.00	121.85	0.00	0.00	CO-45	239.15 119.41
											CO-253	2.44
1306898036	0722	072225	11	1	99497	33	132.00	77.66	0.00	0.00	CO-45	54.34 76.11
											CO-253	1.55
1306898036	0722	072225	11	1	99214	25	241.68	120.84	0.00	24.17	CO-45	120.84 94.74
											CO-253	1.93
1306898036	0722	072225	11	1	G2211		25.00	0.00	0.00	0.00	CO-B13	25.00 0.00
1306898036	0722	072225	11	1	G0444	XU	91.00	16.22	0.00	0.00	CO-45	74.78 15.90
											CO-253	0.32
1306898036	0722	072225	11	1	G0442	XU	43.00	16.22	0.00	0.00	CO-45	26.78 15.90
											CO-253	0.32
1306898036	0722	072225	11	1	82043	QW	14.70	5.78	0.00	0.00	CO-45	8.92 5.66
											CO-253	0.12
1306898036	0722	072225	11	1	82570	QW	17.85	5.18	0.00	0.00	CO-45	12.67 5.08
											CO-253	0.10
1306898036	0722	072225	11	1	36415		20.00	9.09	0.00	0.00	CO-45	10.91 8.91
											CO-253	0.18
1306898036	0722	072225	11	1	G0446	XU	65.00	30.94	0.00	0.00	CO-45	34.06 30.32
											CO-253	0.62
1306898036	0722	072225	11	1	G0447	XU	65.00	30.94	0.00	0.00	CO-45	34.06 30.32
											CO-253	0.62
1306898036	0722	072225	11	1	99401	25	65.00	0.00	0.00	0.00	PR-96	65.00 0.00
					REM: N130							
1306898036	0722	072225	11	1	G0136	33	65.00	17.40	0.00	0.00	CO-45	47.60 17.05
											CO-253	0.35
1306898036	0722	072225	11	1	G8510		0.00	0.00	0.00	0.00		0.00
					REM: N620							
1306898036	0722	072225	11	1	G8476		0.00	0.00	0.00	0.00		0.00
					REM: N620							
1306898036	0722	072225	11	1	G8417		0.00	0.00	0.00	0.00		0.00
					REM: N620							
1306898036	0722	072225	11	1	G2211		25.00	15.26	0.00	3.05	CO-45	9.74 11.97
											CO-253	0.24
1306898036	0722	072225	11	1	G9622		0.00	0.00	0.00	0.00		0.00
					REM: N620							
1306898036	0722	072225	11	1	G8427		0.00	0.00	0.00	0.00		0.00
					REM: N620							
1306898036	0722	072225	11	1	1036F		0.00	0.00	0.00	0.00		0.00
					REM: N620							
PT RESP	92.22				CLAIM TOTALS		1231.23	467.38	0.00	27.22		772.64 431.37
ADJ TO TOTAL: PREV PD					INTEREST		0.00					0.00
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)												NET 431.37
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
	1	1231.23	467.38	0.00	27.22	772.64	431.37	0.00	431.37

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.
CO-B13 Previously paid. Payment for this claim / service may have been provided in a previous payment.
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.
N130 Consult plan benefit documents / guidelines for information about restrictions for this service.
N620 Alert: This procedure code is for quality reporting / informational purposes only.



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PR-2 Coinsurance Amount
PR-96 Non-covered charge(s).

