

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: 2025-03-11
EFT #: 898998346
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME BEMKE, KENNETH G			HIC 3M07QN8AM47		ACNT	4937LMD642	ICN 1825056646620		ASG Y		MOA MA01 MA18 MA15	
1013940584	0219	021925	11	1	99215	25	295.00	169.85	0.00	33.97	CO-45 125.15	133.16
1013940584	0219	021925	11	1	G2211		25.00	0.00	0.00	0.00	CO-253 2.72	0.00
REM: N20							0.00	0.00	0.00	0.00	CO-234 25.00	0.00
1013940584	0219	021925	11	1	2000F		0.00	0.00	0.00	0.00		0.00
REM: N620												
PT RESP		33.97	CLAIM TOTALS				320.00	169.85	0.00	33.97		152.87 133.16
ADJ TO TOTAL: PREV PD							INTEREST		0.00	LATE FILING CHARGE	0.00	NET 133.16
STATUS CODE 19: Processed as Primary, Forwarded to Additional Payer(s)												
CLAIM INFORMATION FORWARDED TO: BLUE CROSS BLUE SHIELD OF MI												

NAME CARTER, RICHARD A			HIC 5DE5EW9VV50		ACNT	4959LMD642	ICN 1825056646560		ASG Y		MOA MA01 MA15	
1306898036	0224	022425	11	1	G0439		361.00	121.85	0.00	0.00	CO-45 239.15	119.41
1306898036	0224	022425	11	1	99497	33	132.00	77.66	0.00	0.00	CO-253 2.44	
1306898036	0224	022425	11	1	G2211		25.00	0.00	0.00	0.00	CO-45 54.34	76.11
REM: N390											CO-253 1.55	
1306898036	0224	022425	11	1	G0442	XU	30.00	16.22	0.00	0.00	CO-234 25.00	0.00
1306898036	0224	022425	11	1	G8510		0.00	0.00	0.00	0.00	CO-45 13.78	15.90
REM: N620											CO-253 0.32	
1306898036	0224	022425	11	1	G9622		0.00	0.00	0.00	0.00		0.00
REM: N620												
PT RESP		0.00	CLAIM TOTALS				548.00	215.73	0.00	0.00		336.58 211.42
ADJ TO TOTAL: PREV PD							INTEREST		0.00	LATE FILING CHARGE	0.00	NET 211.42
STATUS CODE 1: Processed as Primary												

NAME HAMMOND, KIM S			HIC 6MW2DK6GW92		ACNT	4950LMD642	ICN 1825056646670		ASG Y		MOA MA01 MA18 MA15		
1013940584	0224	022425	11	1	99213	25	146.00	85.63	85.63	0.00	CO-45 60.37	0.00	
1013940584	0224	022425	11	1	G2211		25.00	0.00	0.00	0.00	CO-234 25.00	0.00	
REM: N20													
1013940584	0224	022425	11	1	82043	QW	14.70	5.78	0.00	0.00	CO-45 8.92	5.66	
1013940584	0224	022425	11	1	82570	QW	17.85	5.18	0.00	0.00	CO-253 0.12		
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: AMERICAN CONTINENTAL INSU.													

NAME MINER, DIANA J			HIC 6E71H52TH12		ACNT	4970LMD642	ICN 1825056646650		ASG Y		MOA MA01		
1013940584	0927	092724	11	1	90662		90.00	83.49	0.00	0.00	CO-45 6.51	81.82	
1013940584	0927	092724	11	1	G0008		41.00	31.50	0.00	0.00	CO-253 1.67		
PT RESP							0.00	CLAIM TOTALS	131.00	114.99	0.00	0.00	18.31 112.69
ADJ TO TOTAL: PREV PD							INTEREST		0.00	LATE FILING CHARGE	0.00	NET 112.69	
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
	4	1202.55	597.16	85.63	33.97	614.94	468.01	0.00	468.01

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.

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.



WPS GH A - MAC J8 MI PART B
NPI #: 1982923660 TIMOTHY J. TOBOLIC, MD, PLLC
EFT #: 898998346 PAGE #: 2 of 2 DATE: 2025-03-11
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.
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.
PR-1 Deductible Amount
PR-2 Coinsurance Amount

