WPS GHA - MAC J8 MI PART B [] P.O. BOX 8939 MADISON, WI 53708 (866)234-7331

TIMOTHY J. TOBOLIC, MD, PLLC 7740 BYRON CENTER AVE SW STE 202 BYRON CENTER, MI 493156929 NPI #: 1982923660
PAGE #: 1 of 2
DATE: 2025-07-29
NONPAY #: 393723982
TAX ID #: 272620668

REND PROV	SERV	DATE	POS	NOS	PRO	C MODS	3	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AM	ſΤ	PROV P
NAME CARPE	NTER,	DONALD	C	HIC	9NE31	RN6XT76	ACNT	7360LMD642	2	ICN	18251917017	72 ASG	Y MOA	MA01 MA15
1013940584				1	2000F	REM: N	TE 20	0.00	0.00	0.00	0.00			0.0
PT RESP	0.	00			СТ. Д ТМ	TOTALS	1020	0.00	0.00	0.00	0.00		0.00	0.0
ADJ TO TOT					СПИТИ	INTER	PEST	0.00			CHARGE	0.00	NET	0.00
STATUS COD			ed a	s Pri	mary	-111-21		0.00		1 111110	Cimico	0.00	1121	0.00
NAME MCHUG	H. DA	NTEL T		нтс	' 2EF61	E63VE67	ACNT	7489LMD642	2	TCN	18252036577	62 ASG	Y MOA	MA01 MA15
1306898036			11		G8476	2031107	110111	0.00	0.00	0.00		02 1100	1 11011	0.0
	0,10	0,1023		_	00170	REM: N	1620	0.00	0.00	0.00	0.00			0.0
1306898036	0716	071625	11	1	G8417			0.00	0.00	0.00	0.00			0.0
						REM: N	1620							
1306898036	0716	071625	11	1	G9622			0.00	0.00	0.00	0.00			0.0
						REM: N	1620							
1306898036	0716	071625	11	1	G8510			0.00	0.00	0.00	0.00			0.0
						REM: N	1620							
1306898036	0716	071625	11	1	G8427			0.00	0.00	0.00	0.00			0.0
						REM: N	1620							
1306898036	0716	071625	11	1	1036F			0.00	0.00	0.00	0.00			0.0
						REM: N	1620							
1306898036	0716	071625	11	1	2000F			0.00	0.00	0.00	0.00			0.0
						REM: N	1620							
PT RESP	0.				CLAIM	TOTALS		0.00	0.00	0.00			0.00	
ADJ TO TOT						INTER	REST	0.00	LATE	FILING	CHARGE	0.00	NET	0.00
STATUS COD	E 1:	Process	ed a	s Pri	mary									
NAME NOBEL	, RUT	нЕ		HIC	7A181	N93UY49	ACNT	7373LMD642	2	ICN	18251917019	40 ASG	Y MOA	MA01 MA15
1013940584	0710	071025	11	1	99214	25		219.00	120.84	120.84		CO-45	98.16	0.0
1013940584	0710	071025	11	1	G2211			25.00	0.00	0.00	0.00	CO-234	25.00	0.0
						REM: N	120							
1013940584					96127	XU		40.00	4.21	4.21		CO-45	35.79	
1013940584			11	1	73630			70.40	30.72	30.72		CO-45	39.68	
PT RESP	155.				CLAIM	TOTALS		354.40	155.77	155.77			198.63	0.0
ADJ TO TOT			_			INTER	REST	0.00	LATE	FILING	CHARGE	0.00	NET	0.00
STATUS COD	E 1:	Process	ed a	s Pri	mary									
NAME NOBEL	-					N93UY49	ACNT	7373LMD642			18251917019	42 ASG	Y MOA	MA01 MA15
1013940584	0710	071025	11	1	G8510			0.00	0.00	0.00	0.00			0.0
						REM: N	1620							
1013940584	0710	071025	11	1	0513F			0.00	0.00	0.00	0.00			0.0
						REM: N	1620							
1013940584	0710	071025	11	1	2000F			0.00	0.00	0.00	0.00			0.0
						REM: N	1620							
PT RESP	0.				CLAIM	TOTALS		0.00	0.00	0.00			0.00	0.0
ADJ TO TOT						INTER	REST	0.00	LATE	FILING	CHARGE	0.00	NET	0.00
STATUS COD	E 1:	Process	ed a	s Pri	mary									
NAME ROOKU	S, TI	MOTHY J		HIC	3QU81	K78FD36	ACNT	7335LMD642	2	ICN	18251917018	82 ASG	Y MOA	MA01 MA15
1013940584	0709	070925	11	1	2000F			0.00	0.00	0.00	0.00			0.0
						REM: N	1620							
PT RESP	0.	00			CLAIM	TOTALS		0.00	0.00	0.00	0.00		0.00	0.0
ADJ TO TOT	AL: P	REV PD				INTER	REST	0.00	LATE	FILING	CHARGE	0.00	NET	0.00
STATUS COD	E 1:	Process	ed a	s Pri	mary									
TOTALS:	# OF	В	ILLE		ALL	OWED	DED	UCT (	COINS	TOTAL	PROV P	D I	PROV	CHECK
	CLAIM	S.	AMT		Al	MT	AM	T	AMT	RC-AMT	AMT	AI	J AMT	AMT
											_			

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

354.40

5

CO-234 This procedure is not paid separately. Check Remittance Remark Codes for details.

155.77

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

155.77

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

0.00

198.63



0.00

0.00

0.00

WPS GHA - MAC J8 MI PART B REMITTANCE NPI #: 1982923660 TIMOTHY J. TOBOLIC, MD, PLLC ADVICE NONPAY #: 393723982 PAGE #: 2 of 2 DATE: 2025-07-29 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.

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

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

Deductible Amount N620

PR-1

N20

