



MEDICARE CROSSOVER INVOICE (INSTITUTIONAL)

Section 1 - Medicare Information

1. Medicare's ICN	2. Medicare Payment Date
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Section 2 - Member Information

3. Member's Name	4. Member's Medicaid ID #
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5. Patient Account #

Section 3 - Provider Information

6. Billing Provider NPI	7. Billing Provider Name
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8. Billing Provider Address

9. Billing Provider Zip	10. Taxonomy Code
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11. Attending Phys NPI	12. Referring Phys NPI
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Section 4 - Other Health Insurance Information

13. Did Other Insurance/TPL Deny Coverage? Yes <input type="checkbox"/>	14. Other Insurance/TPL Amount Paid
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Section 5 - Diagnosis or Nature of Injury or Illness

15. ICD Ver Ind	16. Diag Code	17. Other Diag Code	18. Other Diag Code	19. Other Diag Code	20. Other Diag Code
21. Proc Code	21A. Date	22. Other Proc Code	22A. Date	23. Other Proc Code	23A. Date
24. Other Proc Code	24A. Date	25. Other Proc Code	25A. Date	26. Other Proc Code	26A. Date

Section 6 - Service Information Transferred From Medicare Explanation of Benefits

27. Covered Days	28. TOB	29. From Date	30. To Date	31. Covered Chgs	32. Non-Cov Chgs
33. Blood Deduct	34. Reserved	35. Deductible	36. Coinsurance	37. Copay	38. Medicare Paid

Section 7 - Part B (Bundling)

39. Deductible	40. Coinsurance
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Section 8 - Signature of Physician or Supplier

41. Signature	42. Date
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