



MEDICARE CROSSOVER INVOICE (PROFESSIONAL)

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 ID #
5. Patient Account #	

Section 3 - Provider Information

6. Billing Provider NPI	7. Billing Provider Name
8. Billing Provider Address	
9. Billing Provider Zip	10. Taxonomy Code
11. Rendering Phys NPI	12. Referring Phys NPI

Section 4 - Other Health Insurance Information

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

15. ICD Ver Ind	16. Prim Diag Code	17. Other Diag	18. Other Diag
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Section 6 - Service Information Transferred from Medicare Explanation of Benefits

	19. From Date	20. To Date	21. POS	22. Qty	23. Proc Code & Mods	24. NDC	25. Billed Amt
1							
	26. Allowed Amt	27. Copay	28. Coinsurance		29. Deductible	30. Psych Reduction	31. Medicare Pd
2							
	26. Allowed Amt	27. Copay	28. Coinsurance		29. Deductible	30. Psych Reduction	31. Medicare Pd
3							
	26. Allowed Amt	27. Copay	28. Coinsurance		29. Deductible	30. Psych Reducton	31. Medicare Pd
4							
	26. Allowed Amt	27. Copay	28. Coinsurance		29. Deductible	30. Psych Reduction	31. Medicare Pd
5							
	26. Allowed Amt	27. Copay	28. Coinsurance		29. Deductible	30. Psych Reduction	31. Medicare Pd
						32. Total Billed Amt	

Section 7 - Signature of Physician or Supplier

33. Signature	34. Date
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