

MidlandsChoice[®]

Sample Claim Face Sheet

Patient Name: NAME, LASTNAME
 Member Number: #####

Payer Name
 ATTN GROUPNAME
 PO BOX #####
 PAYER CITY, ST ##### -####
 #####

Employer Group Name: GROUPNAME
 Submitted Policy Number: #####

Claim Number: SSI#####HCFA#####

MCE#: MCE#####
 MCC#: MCC#####

Provider: PROVIDER NAME
 Federal Tax ID#: #####
 NPI:

Group Eligible Tier:
 Repriced Tier:

Original Repriced Date: 12/21/2009
 Corrected Date:
 Previous Print/EDI Date:
 Today's Date: 01/09/2009

<u>Begin Service</u>	<u>End Service</u>	<u>POS Code</u>	<u>Service Code</u>	<u>Mod Codes</u>	<u>Charged Amount</u>	<u>Unit Count</u>	<u>Reimbursement Method</u>	<u>Allowed Amount</u>	<u>Write-off Amount</u>
12/08/2009	12/08/2009	11	31237		410.00	1	B11 SURG	410.00	0.00
12/08/2009	12/08/2009	11	31237	50	410.00	1	B11 SURG MOD 50	257.50	152.50
CLAIM TOTALS					820.00			667.50	152.50

Midlands Choice face sheets indicate how modifier 50 or 51 reductions have been applied during repricing.