

INSTRUCTIONS FOR COMPLETING THE UB 04 MEDICARE ATTACHMENT

Please complete and attach the Medicare Attachment, instead of attaching a copy of the Medicare EOB, to the UB 04. This attachment form will assist providers in submitting claims successfully for Medicare deductible and/or co-insurance. When submitting claims on the UB 04 for Medicare deductible and/or co-insurance this Medicare attachment must be completed and submitted with the UB 04 claim form.

Please DO NOT staple or paper clip this form to the claim.

Billing provider and Recipient information section must be completed as indicated on the claim.

- Medicare Paid Date-Enter Medicare EOMB date from the Medicare EOB. IF you have more than one EOB for the same claim, enter the oldest Medicare EOMB Date.
- Deductible Amount-enter the sum of all deductible amounts from the Medicare EOB.
- Co-insurance Amount-Enter the co-insurance amount from the Medicare EOB.
- Medicare Paid Amount-Enter the Medicare paid amount from the Medicare EOB. If you have more than one payment for the same claim, combine the payments.
- Medicare ICN-Enter the ICN for the applicable detail from Medicare EOB. If you have more than one EOB for the same claim, enter the ICN from the oldest Medicare EOB.
- Other Insurance-Check yes or no. If checking yes also enter the payment in the amount field. If there is no payment, please attach the other insurance EOB.
- For Mental Health claims, please add the co-insurance amount and the PR-122 line amount together and the sum in the co-insurance field.