

UB 04 MEDICARE ATTACHMENT SUMMARY

Please use this form in lieu of attaching the Medicare Explanation of Benefits (EOB) when billing Vermont Medicaid for **Medicare Deductible and/or Coinsurance**.

All the fields on this form must be completed in order to process your claim in a timely manner. If any of the fields are not completed, the claim and attachments will be returned to you for completion.

This attachment MUST NOT be used when submitting claims electronically.

Billing Provider Name: _____
(must match the provider name, as it appears, in form loc. 1 on your UB04 claim form)

Beneficiary (Patient) Name: _____
(must match the beneficiary (patient) name, as it appears, in form loc. 8b on your UB04 claim form)

The amounts below must represent a sum of all the details on the claim that contain deductible or co-insurance or Medicare payment.

1. Medicare Paid Date		
2. Deductible Amount		
3. Co-insurance Amount		
4. Medicare Paid Amount		
5. Medicare ICN		
6. Other Insurance (non-Medicare)—check one	a. Yes	b. No
	<input type="checkbox"/>	<input type="checkbox"/>
	c.Amount	

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 PAID date from the Medicare EOB. IF you have more than one EOB for the same claim, enter the oldest Medicare Paid 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 from the Medicare EOB. IF you have more than one EOB for the same claim, enter the oldest ICN.

- 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.