

FORWARDHEALTH
EXPLANATION OF MEDICARE BENEFITS FOR DIABETIC SUPPLY CLAIMS

Instructions: Type or print clearly. The information requested on this form is required for claims processing; however, the use of this form is voluntary, and providers may develop their own form when submitting Explanation of Medicare Benefits information. Providers are encouraged to include the informational elements below for members dually enrolled in a Medicare Advantage Plan and Wisconsin Medicaid or BadgerCare Plus.

SECTION I — BILLING PROVIDER INFORMATION

Name — Billing Provider

Address — Billing Provider (Street, City, State, ZIP+4 Code)

SECTION II — EXPLANATION OF MEDICARE BENEFITS INFORMATION

1. Date Paid					2. National Provider Identifier — Rendering Provider				
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3. Date of Service	4. Number of Service	5. National Drug Code or Procedure Code	6. Modifier	7. Billed Amount	8. Allowed Amount	9. Deductible	10. Coinsurance	11. Group / Reason Code Amount	12. Medicare Paid Amount

13. Name — Member (First Name, Middle Initial, Last Name)	14. Health Insurance Claim Number	15. Payment Responsibility — Member
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16. Claim Total

17. Adjustment to Totals	18. Interest
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19. Late Filing Charge	20. Net Total
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21. Is this claim for Coordination of Benefits with Medicare Part B? Yes No