**DEPARTMENT OF HEALTH SERVICES STATE OF WISCONSIN**

Division of Medicaid Services

F-01234 (04/2018)

**FORWARDHEALTH**

**EXPLANATION OF MEDICAL BENEFITS**

**INSTRUCTIONS:** Type or print clearly. If submitting a multiple page claim, include this form for each detail being billed. Refer to the Explanation of Medical Benefits Instructions, F-01234A, for more information. Providers should submit one completed form per payer.

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| **SECTION I – PAYER INFORMATION** |
| 1. [ ]  Medicare [ ]  Medicare Advantage [ ]  Commercial Insurance       |
| **SECTION II – MEMBER INFORMATION** |
| 2. Name – Member (Last Name, First Name, Middle Initial)      | 3. Member ID      | 4. Relationship to Policyholder      |
| **SECTION III – PRIMARY POLICYHOLDER INFORMATION**  |
| 5. Name – Primary Policyholder (Last Name, First Name, Middle Initial)      | 6. Primary Policy ID      | 7. Policy / Group Number      |
| **SECTION IV – HEADER ADJUDICATION INFORMATION** |
| 8. Date Payer Processed      | 11. Paid / Deny      | 13. Allowed      | 15. Coins PR 2      | 17. Noncovered CO 96      | 19. Blood Deduct PR 66      | 21. ANSI Reason Codes |
| ANSI Rsn Code | Amount |
| 9. From Date of Service      | 12. Billed Amount      | 14. Paid      | 16. Deductible PR 1      | 18. Copay PR 3      | 20. Psych Reduct PR 122      |       |       |
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| 10. To Date of Service      |       |       |
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| **SECTION V – DETAIL ADJUDICATION INFORMATION** |
| Detail No.      | 22. Date Payer Processed      | 25. Paid / Deny      | 27. Proc. Code      | 29. Allowed       | 31. Coins PR 2      | 33. Noncovered CO 96      | 35. Blood Deduct PR 66      | 37. ANSI Reason Codes |
| ANSI Rsn Code | Amount |
| 23. From Date of Service      | 26. Billed Amount      | 28. Revenue Code      | 30. Paid       | 32. Deductible PR 1      | 34. Copay PR 3      | 36. Psych Reduct PR 122      |       |       |
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**EXPLANATION OF MEDICAL BENEFITS** 2 of 2

F-01234 (04/2018)

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| Member ID      |
| **SECTION V – DETAIL ADJUDICATION INFORMATION (Continued)** |
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