**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 | | |  |  |
|  |  |
| 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 | |  |  |
|  |  |
| 24. To Date of Service | |  |  |
|  |  |
| Detail No. | 22. | | 25. | | 27. | 29. | | 31. | | | 33. | | 35. | | 37. | |
|  |  |
| 23. | | 26. | | 28. | 30. | | 32. | | | 34. | | 36. | |  |  |
|  |  |
| 24. | |  |  |
|  |  |
| Detail No. | 22. | | 25. | | 27. | 29. | | 31. | | | 33. | | 35. | | 37. | |
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| 23. | | 26. | | 28. | 30. | | 32. | | | 34. | | 36. | |  |  |
|  |  |
| 24. | |  |  |
|  |  |
| Detail No. | 22. | | 25. | | 27. | 29. | | 31. | | | 33. | | 35. | | 37. | |
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| 23. | | 26. | | 28. | 30. | | 32. | | | 34. | | 36. | |  |  |
|  |  |
| 24. | |  |  |
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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)** | | | | | | | | | |
| Detail No. | 22. | 25. | 27. | 29. | 31. | 33. | 35. | 37. | |
|  |  |
| 23. | 26. | 28. | 30. | 32. | 34. | 36. |  |  |
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| 24. |  |  |
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| Detail No. | 22. | 25. | 27. | 29. | 31. | 33. | 35. | 37. | |
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| 23. | 26. | 28. | 30. | 32. | 34. | 36. |  |  |
|  |  |
| 24. |  |  |
|  |  |
| Detail No. | 22. | 25. | 27. | 29. | 31. | 33. | 35. | 37. | |
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| 23. | 26. | 28. | 30. | 32. | 34. | 36. |  |  |
|  |  |
| 24. |  |  |
|  |  |
| Detail No. | 22. | 25. | 27. | 29. | 31. | 33. | 35. | 37. | |
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| 23. | 26. | 28. | 30. | 32. | 34. | 36. |  |  |
|  |  |
| 24. |  |  |
|  |  |
| Detail No. | 22. | 25. | 27. | 29. | 31. | 33. | 35. | 37. | |
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| 23. | 26. | 28. | 30. | 32. | 34. | 36. |  |  |
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| 24. |  |  |
|  |  |
| Detail No. | 22. | 25. | 27. | 29. | 31. | 33. | 35. | 37. | |
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| 23. | 26. | 28. | 30. | 32. | 34. | 36. |  |  |
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| 24. |  |  |
|  |  |
| Detail No. | 22. | 25. | 27. | 29. | 31. | 33. | 35. | 37. | |
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| 23. | 26. | 28. | 30. | 32. | 34. | 36. |  |  |
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| 24. |  |  |
|  |  |
| Detail No. | 22. | 25. | 27. | 29. | 31. | 33. | 35. | 37. | |
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| 23. | 26. | 28. | 30. | 32. | 34. | 36. |  |  |
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| 24. |  |  |
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