DEPARTMENT OF HEALTH SERVICES
Division of Health Care Access and Accountability
F-01234 (11/14)

STATE OF WISCONSIN

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 Completion Instructions, F-01234A, for more information. Providers should submit one completed form per payer.

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 / HICN	4. Relationship to Policyholder

SECTION III — PRIMARY POLICYHOLDER INFORMATION

5. Name — Primary Policyholder (Last Name, First Name, Middle Initial)	6. Primary Policy ID / HICN	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							

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.	
	23.	26.	28.	30.	32.	34.	36.		
	24.								
Detail No.	22.	25.	27.	29.	31.	33.	35.	37.	
	23.	26.	28.	30.	32.	34.	36.		
	24.								

(Continued)

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.	
	24.							

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.
	23.	26.	28.	30.	32.	34.	36.	
	24.							

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.
	23.	26.	28.	30.	32.	34.	36.	
	24.							

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.
	23.	26.	28.	30.	32.	34.	36.	
	24.							

Detail No.	22.	25.	27.	29.	31.	33.	35.	37.
	23.	26.	28.	30.	32.	34.	36.	
	24.							

Reset Form