

Instructions For Using Providers SSN with Medicare Claims

1) Doctor Information Screen

DOCTOR INFORMATION

(ID) (First Name) (Last Name) (Cred.)

Doctor ▶SMITH ◀ Name: JOHN Q. ◀ M.D.

Clinic Member Or Referring Dr. of Service: 3

Address Line 1: 101 HOLYROD STRE Phone#: 987-6543

Address Line 2: MORTON WA 98778 Sociality Code:

Address Line 3: 065 ▶PHYSICAL THERAPIST ◀

SocSec#: 333-22-4444 Federal#: 333224444 Anesthesia

UPIN: UPIN# Supervising Dr Min/Unit:10 \$/Unit: 50.00

Dr. NPI: NPI--SMITH Clinic NPI:

	Charges	Payments	Adjsments	Writeoffs	Total AR
Month	139.13	11.00			2447.03
Qtr	1119.73	751.70		20.70	
Year	1119.73	751.70		20.70	

Enter the SSN in the Federal # without dashes

2) Insurance Companies Screen for Medicare

Insurance Companies

Ins Comp Id: ▶MCARE ◀ ProvID

Claim Fmt Id: MCARE Group# Type --Provider Numbers---

Type:1 CLIA#: GROUP# Clinic Referring

Clinic Doctor Provider Numbers

Dr. Id	Name	Pay To	Elec #	Grp #
COU	ROCHARD COUSINEAU	P	Y	
SMITH	JOHN Q. SMITH	P	Y	

Enter a - P - in the Pay To Column to designate Pay to Provider

3) Office Setup Screen

Office Setup

Office Name: A HEALTH CARE CLINIC

Office Name:

Address: 115 BRIDGEPORT

City, St, Zip: TACOMA

Federal Tax#: 91-0912786 CL

Phone: 253 752 8815

Federal Tax#

4) Insurance Companies Screen For ALL Other Insurance Companies except Medicare

Insurance Companies

Ins Comp Id: ▶REGB ◀ ProvID

Claim Fmt Id: PCMB Group# Type --Provider Numbers---

Type:7 CLIA#: REG GRP# Clinic Referring

Clinic Doctor Provider Numbers

Dr. Id	Name	cept Pay	Elec #	Grp #
		Sign To		
COU	ROCHARD COUSINEAU	0		
SMITH	JOHN Q. SMITH	0		

Enter an - O - in the Pay To Column to designate Pay to Organization