

Unbilled SUD Services Provided During FY 2018

Please submit to Region 10 by uploading it in MIX no later than 11/15/18.

Provider Agency/Site: _____

Consumer ID	Consumer Name	DOS	SVC Code	SVC Units	Clinician	Primary Insurance	Primary Ins. Allowed* Amt.	Primary Ins. Expect* Amount	PIHP Contract Amount	PIHP Payment Amount	Anticipated Funding Source	Other* (Use space below for further details)
										\$0.00		
										\$0.00		
										\$0.00		
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										\$0.00		
										\$0.00		
										\$0.00		
				0						\$0.00		
										\$0.00		

*Note: Please indicate any other pertinent primary insurance information such as deductible not met, what the deductible may be, etc. in the lines below if the space is not sufficient.

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Revised 3/2018

SAMPLE

Unbilled SUD Services Provided During FY 2018

Provider Agency/Site: Sample Agency Name

Consumer ID	Consumer Name	DOS	SVC Code	SVC Units	Clinician	Primary Insurance	Primary Ins. Allowed* Amt.	Primary Ins. Expect* Amount	PIHP Contract Amount	PIHP Payment Amount	Anticipated Funding Source	Other* (Use space below for further details)
99999	John Doe	5/2/18	90806	1	Joe Clinician	BCBS	\$67.50	\$33.75	\$81.00	\$33.75	B/G	
99999	John Doe	2/15/18	90806	1	Joe Clinician	BCBS	\$67.50	\$0.00	\$81.00	\$67.50	B/G	Deductible not met
333333	Jane Smith	1/20/18	H0001	1	Joe Clinician	M/Care	\$90.00	\$45.00	\$100.00	\$45.00	M/Caid	
444444	John Smith	11/30/18	H0004	4	Joe Clinician	United Hlth	\$75.00	\$20.00	\$70.00	\$50.00	B/G	
										\$0.00		
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										\$0.00		
										\$0.00		
										\$0.00		
										\$0.00		
										\$0.00		
	Total			7						\$196.25		

*Note: Please indicate any other pertinent primary insurance information such as deductible not met, what the deductible may be, etc. in the lines below if the space is not sufficient.
