

Unit Rate

Member Name	
Member ID	Medicaid ID
Member DOB	
Member address	
Statement date(s)	Beg/end
Billed amount	
Service code	0100
Provider Name	
Provider NPI	
Taxonomy	
Provider TI	
Units	1 or greater
Dates of service	Beg/end
Charge	> 0
Bill type	
Status	
Diagnosis	Valid per DOS
Attending	
Add-On Services	No

Medicare Coinsurance

Member Name	
Member ID	Medicaid ID
Member DOB	
Member address	
Statement date(s)	Beg/end
Billed amount	>0
Service code	0101
Provider Name	
Provider NPI	
Taxonomy	
Provider TI	
Units	1 or greater
Dates of service	Beg/end
Charge	
Bill type	see tab
Status	
Diagnosis	Valid per DOS
Attending	