The Payer Indicator applies to Medicare.
If the information is available, each description will contain information about the payer to whom the claim should be sent.

May 16, 2013 02:49:42PM

DE: NON-MEDICARE CLAIMS REPORT

CLIENT 9999
USERID jevans

CODE	PATIENT NAME	PATIENT CTRL NO	HIC	OTHER PAYER	PAY IND	CLAIM CHARGES	DESCRIPTION
ELGHMO	PATIENT, ONE P	A234567	A123456	PACIFICARE HMO	A	5,987.00	Claims must be billed to this beneficiary's Senior Replacement plan PacifiCare HMO with ID GN1234, effective 081410
ELGMSP	PATIENT, TWO B	A098765	A098765	BC/BS OF TULSA	A	74,072.69	This claim must be billed to the following primary payer: Insurer: BC/BS OF TULSA Effective Date: Policy Number: 5555555A MSP code: D Insurer Type:
etc.							
					TOTAL:	$80,059.69	