Crossover Professional Claim Type 30

TMHP Standardized Medicare Advantage Plan (MAP) Remittance Advice Notice Template

0 ☐ MAP (Part C Medicare) **Note:** *The Crossover Professional Claim Type 30 TMHP Standardized MAP Remittance Advice Notice Template must only be used for MAP claims. Medicare Part A or Medicare Part B only claims must not be submitted with a template.*	
1 Billing Provider NPI/API:	2 Billing Provider TPI:
3 Billing Provider Name:	4 Billing Provider Medicare ID:
5 Medicaid Client Number:	6 Medicare Paid Date:
7 Client Last Name:	8 Client First Name:
9 Medicare ICN:	10 Client Medicare Number:

11 Detail(s) Information

Dtl #	a. Perf Prov TPI b. Perf Prov NPI	c. From DOS	d. To DOS	e. POS	f. Units	g. CPT	h. Mods	i. Charges	j. Allow	k. Ded	l. Coins	m. Blood Ded	n. Paid	o. Reason Code
1														
2														
3														
4														
5														
6														
7														

12 Totals Information	a. Charges	b. Allow	c. Ded	d. Coins	e. Blood Ded	f. Paid	g. Total Pages
							__ of __
13 Medicare Prev Paid							

Important: By submitting this template to TMHP, the provider attests that the information included in the template exactly matches the MAP EOB. If the information on this crossover claim type template does not exactly match the information on the MAP EOB, the claim may be denied or returned.