# Crossover Outpatient Facility Claim Type 31

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

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| 0 ☐ MAP (Part C Medicare)<br>**Note:** The Crossover Outpatient Facility Claim Type 31 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 Medicare Paid Date: | | | |
| 2 Provider Name: | 3 NPI/API: | 4 TPI: | 5 Medicare ID: |
| 6 Street Address: | | | |
| City: | State: | | ZIP Code: |

| | | | |
|---|---|---|---|
| 7 Bill Type: | 8 From DOS: | 9 Through DOS: | |
| 10 Client Last Name: | | 11 Client First Name: | |
| 12 Medicare Number: | | 13 Medicare ICN: | |
| 14 Total Charges: | 15 Covered Charges: | 16 Non Covered Charges/Reason Code: | |
| 17 Deductible: | 18 Blood Deductible: | 19 Coinsurance: | 20 Paid Amount Medicare: |

21 Detail(s) Information

| a. Rev Cd | b. CPT/Mods | d. From DOS | e. Units | f. Charges | g. Allow | h. Ded | i. Coins | j. Blood Ded | k. Paid | l. Reason Code |
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| 22 Totals Information | a. Charges | b. Allow | c. Ded | d. Coins | e. Blood Ded | f. Paid | g. Total Pages |
|---|---|---|---|---|---|---|---|
| | | | | | | | ___ of ___ |

**Important:** By submitting this template to TMHP, the provider attests that the information included in the form 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.