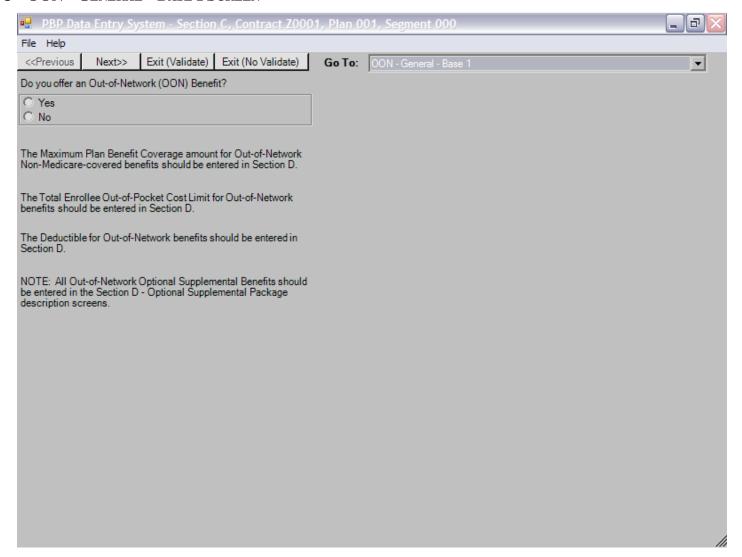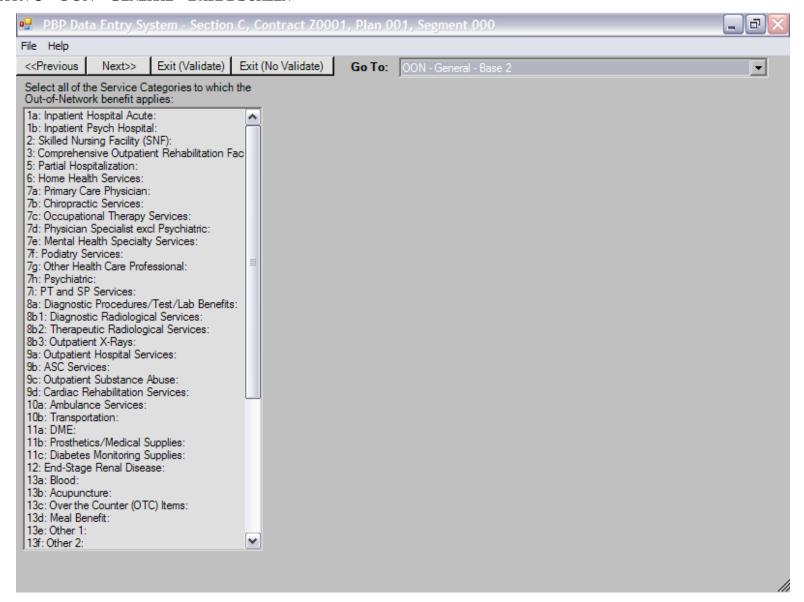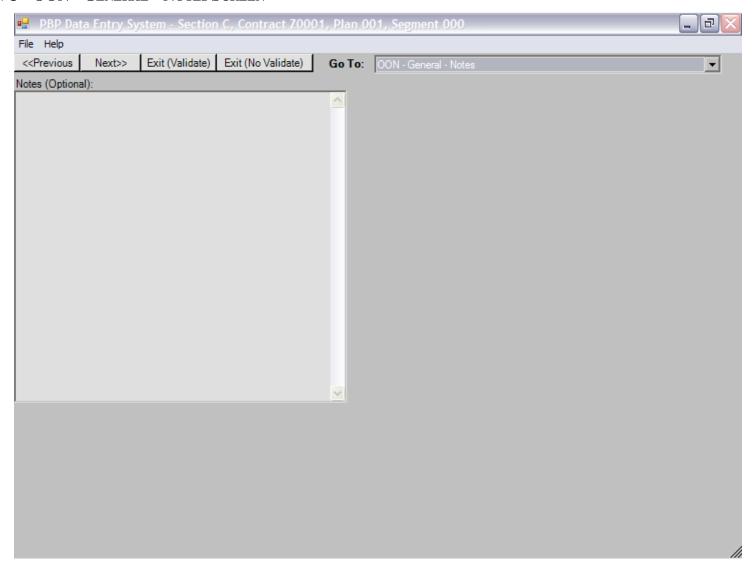## SECTION C – OON – GENERAL – BASE 1 SCREEN

SECTION C – OON – GENERAL – BASE 2 SCREEN

SECTION C – OON – GENERAL – NOTES SCREEN

SECTION C – OON – INPATIENT – BASE 1 SCREEN

SECTION C – OON – INPATIENT – BASE 2 SCREEN

SECTION C – OON – INPATIENT – BASE 3 SCREEN

SECTION C – OON – INPATIENT – BASE 4 SCREEN

SECTION C – OON – SNF – BASE 1 SCREEN

SECTION C – OON – SNF – BASE 2 SCREEN

SECTION C – OON – GROUPS – GROUP SCREEN

SECTION C – OON – GROUPS – BASE 1 SCREEN

SECTION C – OON – GROUPS – BASE 2 SCREEN

SECTION C – POS – GENERAL – BASE 1 SCREEN

SECTION C – POS – GENERAL – BASE 2 SCREEN

SECTION C – POS – GENERAL – BASE 3 SCREEN

SECTION C – POS – GENERAL – NOTES SCREEN

SECTION C – POS – INPATIENT – BASE 1 SCREEN

SECTION C – POS – INPATIENT – BASE 2 SCREEN

SECTION C – POS – INPATIENT – BASE 3 SCREEN

SECTION C – POS – INPATIENT – BASE 4 SCREEN

SECTION C – POS – INPATIENT – BASE 5 SCREEN

SECTION C – POS – SNF – BASE 1 SCREEN

SECTION C – POS – SNF – BASE 2 SCREEN

SECTION C – POS – GROUPS – GROUP SCREEN

SECTION C – POS – GROUPS – BASE 1 SCREEN

SECTION C – POS – GROUPS – BASE 2 SCREEN

SECTION C – V/T – GENERAL –BASE 1 SCREEN

SECTION C – V/T – GENERAL –U.S. – BASE 1 SCREEN

SECTION C – V/T – GENERAL –U.S. – BASE 2 SCREEN

SECTION C – V/T – GENERAL –U.S. – NOTES SCREEN

SECTION C – V/T – INPATIENT – U.S. – BASE 1 SCREEN

SECTION C – V/T – INPATIENT – U.S. – BASE 2 SCREEN

SECTION C – V/T – INPATIENT – U.S. – BASE 3 SCREEN

PBP Data Entry System - Section C, Contract Z0001, Plan 001, Segment 000

File   Help

<<Previous | Next>> | Exit (Validate) | Exit (No Validate) | **Go To:** V/T - Inpatient - US - Base 3

Is there an enrollee Copayment for V/T - US Inpatient Hospital Services?

○ Yes
○ No

Select the type of V/T- US Inpatient Hospital Services Benefit with Copayment:

☐ (1a) Inpatient Hospital - Acute
☐ (1b) Inpatient Psychiatric Hospital

Do you charge the Medicare-defined cost shares for Inpatient Acute Services? (These are the total charges for all services provided to the enrollee in the inpatient facility.)

○ Yes
○ No

Indicate Copayment amount per stay for V/T - US Inpatient Hospital - Acute stay:

Indicate the number of day intervals for the V/T - US Inpatient Hospital - Acute stay:

○ Zero (No Copayment per Day)
○ One
○ Two
○ Three

Indicate the copayment amount and day interval(s) for V/T - US Inpatient Hospital- Acute stay (enter '999' if unlimited days are offered; e.g., 1 to 999):

Copayment Amt Interval 1:   Begin Day Interval 1:   End Day Interval 1:

Copayment Amt Interval 2:   Begin Day Interval 2:   End Day Interval 2:

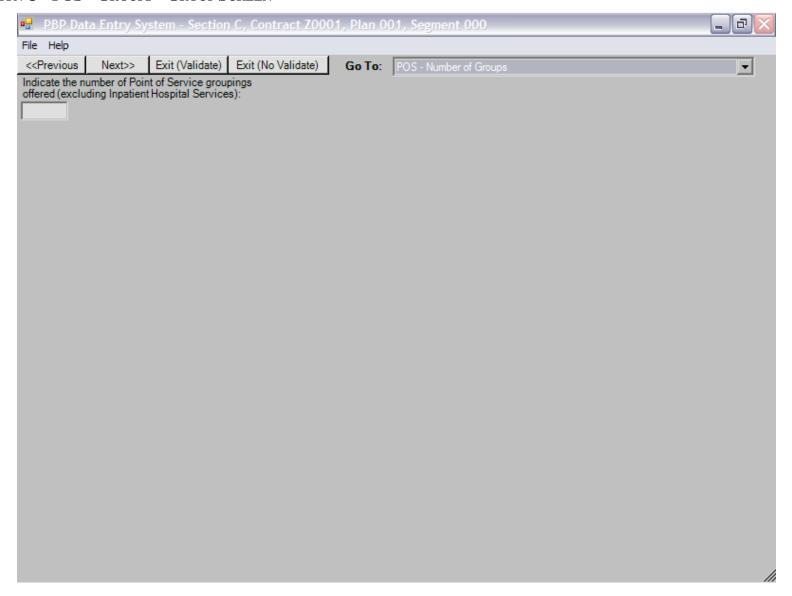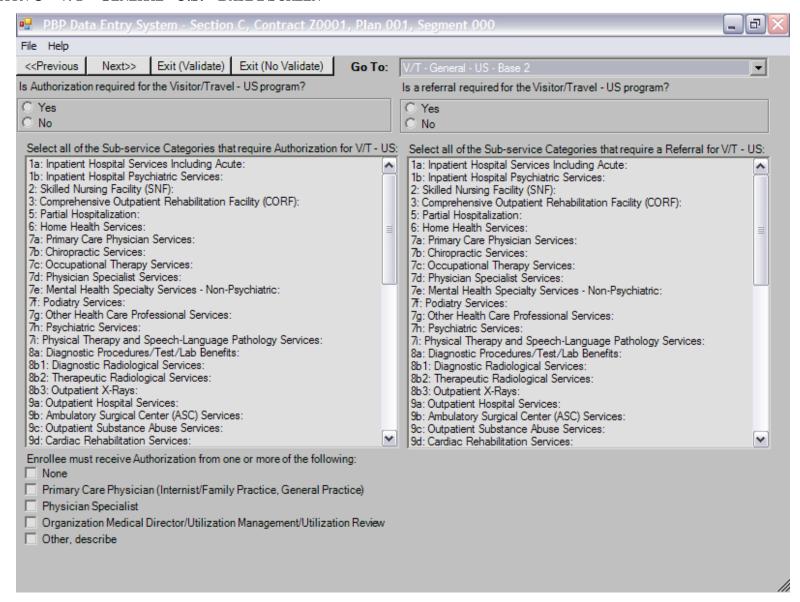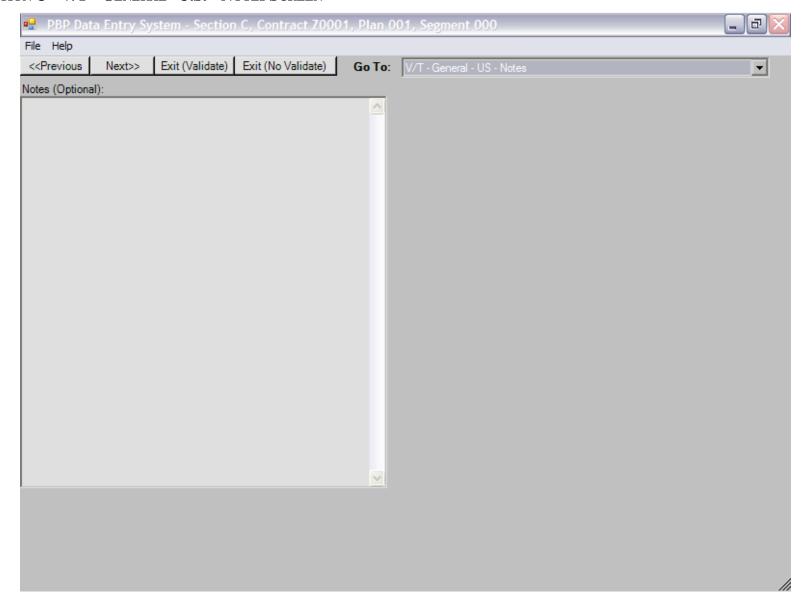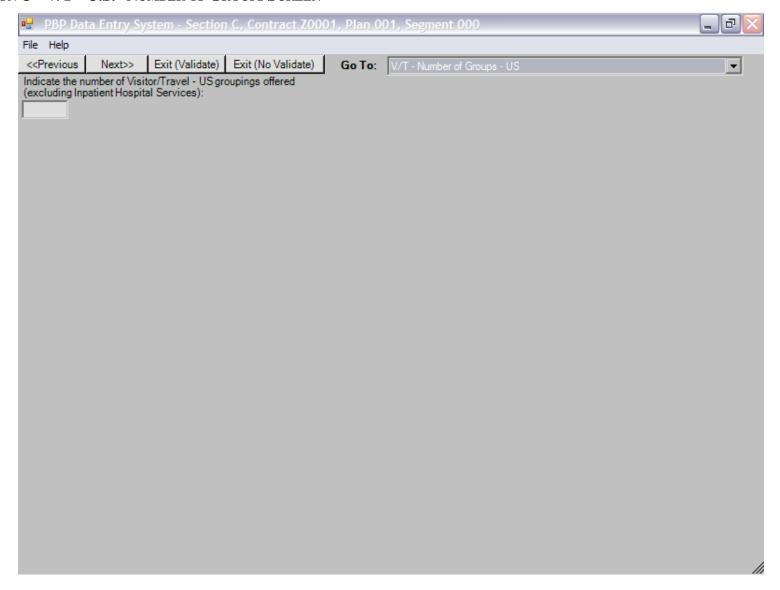Copayment Amt Interval 3:   Begin Day Interval 3:   End Day Interval 3:

SECTION C – V/T – INPATIENT – U.S. – BASE 4 SCREEN

SECTION C – V/T – SNF – U.S. – BASE 1 SCREEN

SECTION C – V/T – SNF – U.S. – BASE 2 SCREEN

SECTION C – V/T – U.S. –NUMBER OF GROUPS SCREEN

SECTION C – V/T – U.S. – GROUPS – BASE 1 SCREEN