

# Instructions (Phone Version)

## Medical Provider Component

M E D I C A L   E X P E N D I T U R E   P A N E L   S U R V E Y

OFFICE-BASED

Page X of Y

[FILL PROVIDER ID]

PROVIDER NAME:

### Instructions

Thank you for taking the time to provide this medical billing information. We realize your time is valuable and limited. A data collection specialist will be calling you soon to collect this information over the telephone. If you would like to contact us directly, please call [fill appropriate 800 number].

The patient(s) listed below have given us written authorization to contact you and request information from your records. Copies of the signed authorization forms are attached.

**Step 1: Please Locate Medical Billing Records for Each Patient in Your Records:** For each patient included in the Confidential Patient Checklist, please locate the following information on all services each patient received between January 1, 2009 and December 31, 2009:

- Date(s) of service
- Services provided
- Diagnoses/conditions
- Payments and who made them (private insurance, Medicare, Medicaid, out-of-pocket, etc.)
- Charges for each service provided and total charges

**Step 2: Please Record Outcome on the Confidential Patient Checklist:** You can use the Confidential Patient Check List as a reference tool to record whether you were able to locate the records for each patient on the list. You can indicate whether you were able to locate the 2009 patient records, if you were able to locate the patient but there were no 2009 records, or if the individual is not a patient, by checking the appropriate box next to the patient in the Confidential Patient Checklist.

**Step 3: Please Provide Information to Data Collection Specialist via Telephone:** We will be calling you shortly to collect the information. Should you prefer, you can fax or mail the information using the attached Fax or Mail Return Form. If returning records by fax or mail, please include the completed Confidential Patient List, with the appropriate box checked for each patient, in the package.

# Confidential Patient Check List

## Medical Provider Component

M E D I C A L   E X P E N D I T U R E   P A N E L   S U R V E Y

**OFFICE-BASED**

Page X of Y

[FILL PROVIDER ID]

PROVIDER NAME:

### Confidential Patient Check List

If you provide the medical billing information over the telephone, you may use this list as a reference tool for recording the outcome of locating each client record in your files. If you choose to mail or fax the medical billing information for each client, please include this checklist form with your materials.

**REMINDER:**

**IF RETURNING RECORDS BY FAX OR MAIL,  
PLEASE INCLUDE THIS CHECKLIST FORM.**

If faxing material, please fax to:  
[FILL APPROPRIATE RTI-SSS  
NUMBER: 1-800-XXX-XXXX]

If mailing material, please send to:  
MEPS-Medical Provider Component Director  
One North Commerce Center  
5265 Capital Boulevard  
Raleigh, NC 27616

**CHECK ONE FOR EACH PATIENT:**

<u>Patient Name</u>	<u>Date of Birth</u>	<u>Gender</u>	<u>2009 Patient_ Records Located</u>	<u>Found Patient,_ No 2009 Records</u>	<u>Is Not A Patient</u>
1. [FILL NAME]	[FILL DOB]	[FILL M or F]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. [FILL NAME]	[FILL DOB]	[FILL M or F]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>