

Instructions (Fax 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. 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: Please 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 via Fax or Mail: Please assemble the information for all patients in the Confidential Patient Check List and fax or mail it to us, using the Fax or Mail Return Form. Please include the completed Confidential Patient List, with the appropriate box checked for each patient, in the package. If we do not hear from you, a data collection specialist will contact you to arrange for the collection of these data. If you would prefer to provide the medical billing information over the telephone we can arrange for the collection of these data at your convenience. Please call [FILL APPROPRIATE 800 NUMBER].

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

Please use the check list below as a way to record the outcome of locating each patient record in your files, and include it when faxing or mailing your materials. If you choose to provide the medical billing information over the telephone, you may use this list as a reference tool for recording the outcome of locating each patient record in your files.

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_</u> <u>Records Located</u>	<u>Found Patient,</u> <u>No 2009 Records</u>	<u>Is Not</u> <u>A Patient</u>
1. [FILL NAME]	[FILL DOB]	[FILL M or F]	☐	☐	☐
2. [FILL NAME]	[FILL DOB]	[FILL M or F]	☐	☐	☐