Division of Health Care Access and Accountability F-11025 (04/09)

WISCONSIN MEDICAID

RURAL HEALTH CLINIC COMMERCIAL INSURANCE-PRIMARY / MEDICAID-SECONDARY ENCOUNTERS SUBMITTED TO MEDICAID HMOs

Billing Provider Number		Member					Encounter Rate*	Allowable Cost (Lesser of Column 6 or Column 7)	Payments Received	
	Member Name	Identification Number	Date of Service	CPT Code	Copayment Amount	Charge Amount			Commercial Insurance	Wisconsin Medicaid
	1	2	3	4	5	6	7	8	9	10
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^{*} Insert encounter rate from RHC Settlement Determination Form, F-11024, Part B, Line 8.