DEPARTMENT OF HEALTH SERVICES Division of Health Care Access and Accountability

F-11026 (04/09)

WISCONSIN MEDICAID RURAL HEALTH CLINIC MEDICAID-PRIMARY ENCOUNTERS SUBMITTED TO MEDICAID HMOS

Billing Provider Number	Member Name	Member Identification Number	Date of Service	CPT Code	Copay Amount	Charge Amount	Payments Received from Providers
	1	2	3	4	5	6	7

*Insert encounter rate from RHC Settlement Determination Form, F-11024, Part B, Line 8.