Any Maine Hospital 100 Hospital Street Any Town ME 123450000 2075555678	Any Maine Hospital 100 Hospital Street Any Town ME 123450000 1100110011-001	33 PAT. CNTL # 12345 b. MED. REC. #	0131
		5 FED. TAX NO. 01-0000001	6 STATEMENT COVERS PERIOD FROM 091311 THROUGH 092311

8 PATIENT NAME a	9 PATIENT ADDRESS a 99 PATIENCE BLVD		
b DOE JOHN	b AUGUSTA	c ME	d 04330

10 BIRTHDATE	11 SEX	12 DATE	ADMISSION 13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	CONDITION CODES 18	19	20	21	22	23	24	25	26	27	28	29 ACCT STATE	30
04081950	M		3	1	1		01													

31 OCCURRENCE CODE	DATE	32 OCCURRENCE CODE	DATE	33 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	35 OCCURRENCE SPAN CODE	FROM	THROUGH	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37

38	39 VALUE CODES CODE	AMOUNT	40 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a	66	1279 29				
b						
c						
d						

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0250	PHARMACY		092111	3	12 00		
0260	IV THERAPY	96360	091311	3	774 00		
0260	IV THERAPY	96361	092111	2	206 00		
0260	IV THERAPY	96367 59	092311	4	760 00		
0280	ONCOLOGY	99214 25	091311	1	227 00		
0300	LABORATORY	85025	092311	13	480 00		
0636	DRUGS NDC CODE	J1100	091311	12	9 48		
0636	DRUGS NDC CODE	J2765	091311	1	23 10		
0636	DRUGS NDC CODE	J3475	092111	2	5 00		
0636	DRUGS NDC CODE	J3475	092311	2	5 00		
	PAGE 1 OF 1	CREATION DATE	120611	TOTALS	2501 58		

50 PAYER NAME	51 HEALTH PLAN ID	52 REL. INFO	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	1100110011
MAINECARE						57 OTHER PRV ID	

58 INSURED'S NAME	59 P.REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
DOE JOHN		12345678A		

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME

66 DX										68
9	20410	V707								

69 ADMIT DX	70 PATIENT REASON DX	71 PPS CODE	72 ECI	73

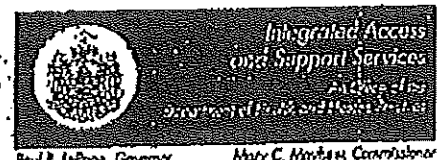
74 PRINCIPAL PROCEDURE CODE	DATE	a. OTHER PROCEDURE CODE	DATE	b. OTHER PROCEDURE CODE	DATE	75
c. OTHER PROCEDURE CODE	DATE	d. OTHER PROCEDURE CODE	DATE	e. OTHER PROCEDURE CODE	DATE	

76 ATTENDING	NPI 0001000100	QUAL 1G	ABC000
LAST JONES		FIRST SAMUEL	
77 OPERATING	NPI 0001000100	QUAL 1G	ABC000
LAST JONES		FIRST SAMUEL	
78 OTHER	NPI	QUAL	
LAST		FIRST	
79 OTHER	NPI	QUAL	
LAST		FIRST	

80 REMARKS	81 CC	
	a	
	b	
	c	
	d	

UB-01 CMS-1450 APPROVED OMB NO. 0938-0997 NUBC

THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.



Paul R. LePage, Governor Mary C. Mayhew, Commissioner

Department of Health and Human Services
Integrated Access and Support Services
396 Griffin Road
11 State House Station
Bangor, Maine 04401-3095
Tel. (207) 561-4333; Fax (207) 561-4493
Toll Free (800) 432-7825; TTY (800) 606-0215

BILLING INFORMATION

DEPT. OF HEALTH & HUMAN SERVICES
FAMILY INDEPENDENCE
396 Griffin Road
Bangor, ME 04401
561-4333 OR 1-800-432-7825
Case Number: 12345678A

DOE, JOHN
47 Brimmer Street
Brewer, ME 04412

Date: December 3, 2011

MaineCare will pay a part of the medical bill listed below if it is allowed under the MaineCare Benefits Manual. You are responsible for part of the bill that MaineCare does not pay.

Patient's Name	: DOE, JOHN
Patient's Number (Program)	: 12345678A
Provider/Services	: ANY MAINE Hospital
Date(s) Services Provided	: September 13, 2011 – September 23, 2011
Total Bill	: $2,624.58
Patient's Responsibility	: $1,279.29

Give this letter to the provider of medical services. Show them your MaineCare Identification Card. This letter tells the provider to bill MaineCare for the rest of the bill. You or your insurance, if you have any, are responsible for the rest of the bill

INSTRUCTIONS TO PROVIDER OF MEDICAL SERVICES

The person named above is eligible for assistance. Please bill the Department of Health and Human Services on your usual invoice for covered services if payment is allowed under the MaineCare Benefits Manual. Bill only for covered services provided on the date(s) indicated above. You will be paid the rates allowed by MaineCare minus credits from patient and insurance, if applicable. Therefore, the payment you get may be less than the amount you bill.

PLEASE ATTACH A COPY OF THIS FORM TO YOUR INVOICE

Department of Health and Human Services

Maine People Living Safe, Healthy and Productive Lives

Paul R. LePage, Governor Mary C. Mayhew, Commissioner

Spend Down Split Billing Form

Form

Spend Down Split Billing: This calculation sheet needs to be attached with the original Spend Down Letter, and accompany each claim being submitted. The breakdown of the member responsibility amount for each claim, needs to equal the total member responsibility on the original Spend Down Letter.

Facility Charges: (UB-04)

		Date of Service:
Provider Name:	Any Maine Hospital	From
Provider NPI:	1100110011	09 / 13 / 11
Member Name:	Doe, John	To
Member ID:	12345678A	09 / 23 / 11

Billed Amount: $2,501.58

Member Responsibility Amount: $1,279.29

Professional Charges: (CMS 1500)

		Date of Service:
Provider Name:	Doctors Medical Office	From
Provider NPI:	1234567800	09 / 13 / 11
Member Name:	Doe, John	To
Member ID:	12345678A	09 / 13 / 11

Billed Amount: $ 123.00

Member Responsibility Amount: -0-

Professional Charges: (CMS 1500)

		Date of Service:
Provider Name:	_____	From
Provider NPI:	_____	_____ / _____ / _____
Member Name:	_____	To
Member ID:	_____	_____ / _____ / _____

Billed Amount: _____

Member Responsibility Amount: _____