

**APPENDIX A
REMITTANCE ADVICE**

**INSURER
NAME & ADDRESS
CONTACT #**

**PAYEE/PROVIDER
NAME & ADDRESS**

**INSURED NAME & ADDRESS
PATIENT NAME PATIENT ID #**

**INSURED ID #
PATIENT ACCT #**

SERVICE DATE(S)	SERVICE CODE	CHARGED AMOUNT	ALLOWED AMOUNT	DEDUCT- IBLE	COPAY	COINSUR- ANCE	DISCOUNT	ANSI CODE	PAID

OCI 26-061 (C 09/93)

Ins 3.70 Methods of aggregating creditable coverage for the Health Insurance Risk Sharing Plan. The method of aggregating creditable coverage for purposes of s. 149.10 (2t) (a), Stats. shall comply with 45 CFR 146.113 (a) (3).

History: Cr. Register, September, 1998, No. 513, eff. 10-1-98.