

University of Utah Hospitals and Clinics

Oral Cancer Medicare Billing Form

Fax to 801-587-6318 Attn: Dorothy Matiyasic or Kristin Fox(587-6322)

Patient Information

Name: _____ DOB: _____ Sex: Male/Female

Address: _____ City: _____ ST: _____ ZIP: _____

Phone Number: _____ Social Security Number: _____

Medicare Number include Letter: _____

Secondary Insurance Name: _____ ID# _____

Is patient in a long term care facility? YES or NO

Chemotherapy drug _____

Diagnosis _____

Diagnosis Code _____

Supply Fee first prescription in a 30 day period - 20% of \$24.00

Supply Fee for subsequent prescription in a 30 day period – 20% of \$16.00

Rules and Restrictions

Medicare's deductible for 2008 is \$135.00; until this deductible is met patients will receive bills from Administration. Medicare covers 80%, so the other 20% must either be paid by the patient or can be billed to a secondary insurance. I have listed all of the insurance companies that will crossover from Medicare and I will update this as companies are added: **AARP, Mutual of Omaha, Mutual Protective, Sterling Life, United American, Tri-Care, Bankers Fidelity, Pyramid Life, Standard Life, Blue Shield of Calif., United Teachers, Mail handlers, APWU and Blue Cross.** Patients with other secondary insurance must pay the 20% up front and submit the receipts to the secondary insurance themselves.

By signing this form you agree to be responsible for all fees not covered by Medicare and/or your insurance company.

Patient Signature required _____

Attach Prescription Labels Here