MAIL TO: Voids and Adjustments
P.O. Box 7080
Tallahassee, FL 32314-7080

CROSSOVER WITH TPL
CLAIM AND/OR ADJUSTMENT FORM

ALL

1 PROVIDER NAME AND ADDRESS

☐ CMS-1500 CROSSOVER

☐ UB-04 CROSSOVER

TYPE OF BILL ________

2 Is this an adjustment or void of a previously paid crossover?

☐ NO ☐ YES ________ ADJUSTMENT ________ VOID

3 RECIPIENT NAME: Last Name | First Name | MI

Medicaid Recipient ID (10 digits)

Medicaid Pay-To-Provider No. (9 digits) or NPI (10 digits)

4 Is this a submission of a crossover claim with third-party payer involvement (not Medicare or Medicaid) where the other payer DENIED your claim?

☐ NO ☐ YES

(If "YES", attach the denial, the claim and the MEDICARE EXPLANATION OF BENEFITS.)

UB04

5 From Date of Service | To Date of Service

Adjustment / Void | For an Adjustment or Void, enter the 13- or 17-digit Control Number

Submitted Charge | Medicare Approved Amount | Medicare Amount Paid | Medicare Cost Ded. Amt.

Third-Party Payment Amt. | Medicare Co-Ins. Amt. | Medicare Blood Ded. Amt. | Pints Not Replaced

FOR ADJUSTMENTS: Please circle the field(s) that have changed or new information in BLACK INK!

CMS

6 From Date of Service | To Date of Service | Procedure Code | Modifier | Units | Submitted Charge

Medicare Approved Amount | Medicare Amount Paid | Medicare Cost Ded. Amt. | Medicare Blood Ded. Amt.

Third-Party Payment Amt. | Medicare Co-Ins. Amt. | Medicare Treating Provider Number

Adjustment / Void | For an Adjustment or Void, enter the 13- or 17-digit Control Number

FOR ADJUSTMENTS: Please circle the field(s) that have changed or new information in BLACK INK!

7 From Date of Service | To Date of Service | Procedure Code | Modifier | Units | Submitted Charge

Medicare Approved Amount | Medicare Amount Paid | Medicare Cost Ded. Amt. | Medicare Blood Ded. Amt.

Third-Party Payment Amt. | Medicare Co-Ins. Amt. | Medicare Treating Provider Number

Adjustment / Void | For an Adjustment or Void, enter the 13- or 17-digit Control Number

Line 7 is for new claims with TPL only.

8 From Date of Service | To Date of Service | Procedure Code | Modifier | Units | Submitted Charge

Medicare Approved Amount | Medicare Amount Paid | Medicare Cost Ded. Amt. | Medicare Blood Ded. Amt.

Third-Party Payment Amt. | Medicare Co-Ins. Amt. | Medicare Treating Provider Number

Adjustment / Void | For an Adjustment or Void, enter the 13- or 17-digit Control Number

Line 8 is for new claims with TPL only.

CLAIM, EOMB AND TPL INFORMATION MUST BE ATTACHED