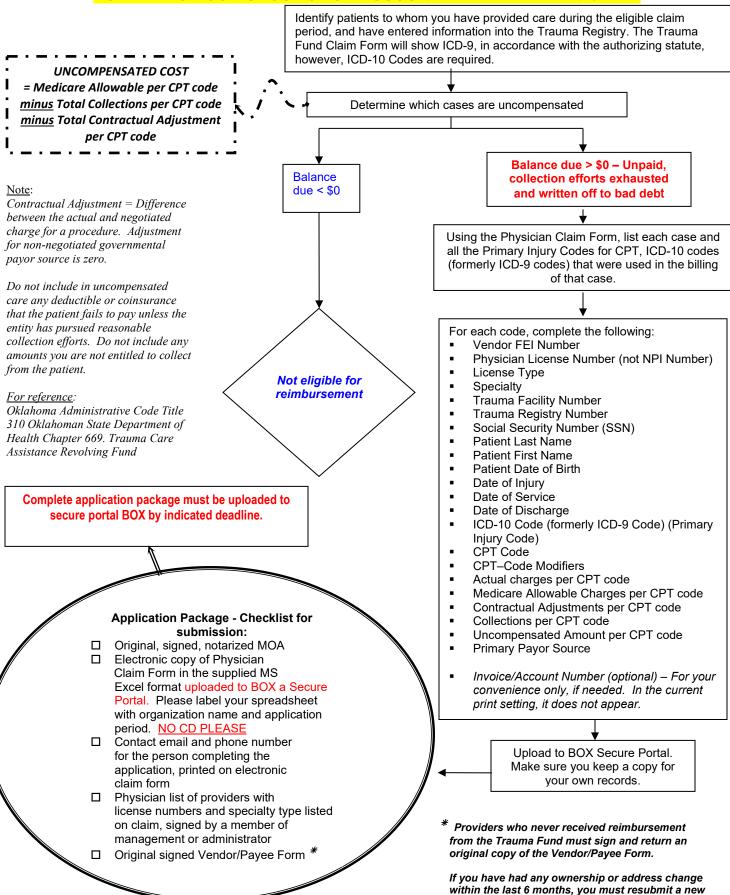
TRAUMA FUND: Recommended Step By Step Guide for PHYSICIAN Application

****PLEASE NOTE: CHANGES: ALL DOCUMENTS IN APPLICATION MUST BE LOADED TO YOUR GROUP'S BOX ACCOUNT BY THE DEADLINE. *****



Vendor/Payee Form to reflect your current status.

PHYSICIAN GUIDEBOOK

Physician Claim Form

- Column A-B: Enter name of person filling out the claim form. Include email and phone number, in case Trauma Fund needs to contact you.
- Column D: Enter Vendor FEI #, digits only
- Column E: Enter Oklahoma License # (not NPI number)
- Column F: Enter License Type (Only DDS/DO/MD accepted. Do not include any other medical licenses, they are automatically denied)
- Column G: Enter Specialty

The following can be retrieved from Trauma Registry:

- Column H: Enter Trauma Facility Number
- Column I: Enter Trauma Registry Number
- Column J: Enter SSN Do not use dashes in the number. If unknown, enter 999999999
- Column K: Enter Patient Last Name
- Column L: Enter Patient First Name
- Column M: Enter Patient DOB
- Column N: Enter Date of Injury
- Column O: Enter Date of Service (Must be within application period)
- Column P: Enter Date of Discharge
- Column Q: Enter ICD-10 Code (Primary Injury Codes)
- Column R: Enter CPT-Code
- Column S: Enter CPT-Code Modifiers

The following can be retrieved from your Business Office:

- Column T: Enter Actual Charges Per CPT-Code
- Column U: Enter Medical Allowable Charges
- Column V: Enter Contractual Adjustment per CPT-Code
- Column W: Enter Collection CPT-Code
- Column X: Enter Uncompensated Per CPT-Code (All zero and negative balances are ineligible for reimbursement)
- Column Y: Enter Primary Payor Source
- Column Z: Enter Physician Invoice/Account No. (This is for entity reference only)
- Column AA: Enter Anesthesia Codes
- Column AB: Enter Anesthesia No of Units
- Column AC: Enter Anesthesia M/C Allowable Rate
- Column AD: Enter Comments (Optional)