Medicare-to-Medicaid Crossover Invoice

(As of February 1, 2017, OHCA no longer accepts paper crossover claims.)

Inpatient Only

Please check one: ☐ Medicare only ☐ Medicare supplemental claims ☐ Medicare replacement	
SoonerCare Provider ID:	
Member ID:	Member Name First: Last:
Patient Control Number:	
Medicare HIC Number:	
From DOS:	To DOS:
Total Billed: $	
Date Paid:	
Coinsurance: $	
Deductible: $	
Blood Deductible: $	
Total Allowed: $	
Medicare Remark Code :	
Amount Paid: $	

Provider Signature Date

This form should only be used for appeals with an HCA-17 which requires a red and white claim form.

Important: By submitting this form to OHCA, the provider attests that the information included in the form matches the EOB. If the information on this crossover claim type form does not exactly match the information on the EOB, the claim may be denied or returned.