



Medicare-to-Medicaid Crossover Invoice

DO NOT USE THIS FORM FOR HMO COPAY OR THIRD PARTY LIABILITY CLAIM SUBMISSIONS

Instructions:

1. You **must** write **CROSSOVER** at the top of every crossover claim.
2. Use one invoice for each EOB claim.
3. Submit using an HCA-17 with the red and white claim form.

Field Name	Field Explanation
Check One	Depending upon the form to be submitted, check the appropriate box.
SoonerCare Provider ID	Enter the 10-character Oklahoma SoonerCare provider number of the Billing Provider. <i>Required</i>
Member ID	Enter the member's 9-digit SoonerCare identification number. <i>Required</i>
Patient Control Number	Patient's Account Number; enter your internal patient tracking number. The tracking number should be the same as the submitted claim. <i>Optional</i>
Medicare HIC Number	Enter the Patient's Medicare HIC Number; the Medicare HIC Number should be the same number as submitted on the claim. <i>Required</i>
Dates of Service	Enter the From and To Dates of Service as MM/DD/YYYY. <i>Required</i>
Total Billed	Enter the Amount Billed from the Medicare Explanation of Benefits (EOB). <i>Required</i>
Date Paid	Enter the Date Paid as MM/DD/YYYY from the Medicare Explanation of Benefits (EOB). <i>Required</i>
Coinsurance	Enter the Coinsurance Amount from the Medicare Explanation of Benefits (EOB). <i>Required, if applicable</i>
Deductible	Enter Deductible Amount from the Medicare Explanation of Benefits (EOB). <i>Required, if applicable</i>
Blood Deductible	Enter the Blood Deductible from the Medicare Explanation of Benefits (EOB). <i>Required, if applicable</i>
Total Allowed	Enter the Amount Allowed from the Medicare Explanation of Benefits (EOB). <i>Required, if applicable</i>
Amount Paid	Enter the Amount Paid from the Medicare Explanation of Benefits (EOB). <i>Required, if applicable</i>
Provider Signature	Signature of Physician or Supplier; the name of the authorized person, someone designated by the agency or organization. <i>Required</i>
Date	Enter date the claim was signed as MM/DD/YYYY. <i>Required</i>