



Medicare to Medicaid Crossover Invoice

(As of February 1, 2017 OHCA no longer accepts paper crossover claims.)
Outpatient and HCFA 1500 only

1 Please check one: <input type="checkbox"/> Medicare only <input type="checkbox"/> Medicare supplement claims <input type="checkbox"/> Medicare replacement											
2 SoonerCare Provider ID				3 Member ID							
4 Member Last Name				4a Member First Name							
5 Patient Control Number				6 Medicare HIC Number							
7 Detail(s) Information											
Dtl #	a. From DOS	b. To DOS	c. Procedure Code	d. Charges	e. Allow Amt	f. Ded	g. Coins	h. Blood Ded	i. Paid	j. Paid Date	k. Medicare Reason Code
1											
2											
3											
4											
5											
6											
8 Totals Information				a. Charges	b. Allow	c. Ded	d. Coins	e. Blood Ded	f. Paid	g. Total Pages	

9 Provider Signature _____ 10 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.