## Indiana Health Coverage Programs

## Third-Party Liability (TPL)/Medicare Special Attachment Form

This supplemental form is used to submit other payer information for detail line items on $U B-04$, CMS-1500, and dental paper claims. The information must be provided, in accordance with electronic data interchange (EDI) transaction standards. This form must be attached to any paper claim that includes TPL, including Medicare, and must be submitted to the appropriate address based on claim type.

NOTE: This form is required ONLY if you submit a paper claim form. Electronic claims (837 transactions or Portal transactions) do not require this attachment.

| 1. | Billing Provider <br> NPI | a. | Name | b. |
| :--- | :--- | :--- | :--- | :--- |
| 2. | Member ID | a. | Name | b. |

3. List other payers in order of responsibility. 1-Primary, 2 - Secondary, 3 - Tertiary

| Seq | Health Plan ID | Payer Name and Address | Policy Number | Date Paid |
| :---: | :---: | :---: | :---: | :---: |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |

4. Enter prior payment amounts per claim detail.

| Detail <br> $\#$ | Payer <br> Seq | Deductible <br> PR 1 | Coinsurance <br> PR 2 | Copayment <br> PR 3 | Blood Ded <br> PR 66 | Psych Red <br> PR 122 | Amount <br> Paid | ARC <br> Required if Amount <br> Paid = |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
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