

## FISS Standard Paper Remittance Advice Example

Beginning October 1, 2018, through the transition period:

- The **MID field** (line 32) will show the Medicare ID submitted on the claim
- The **MBI field** (line 66) will show the Medicare Beneficiary Identifier (MBI) when a provider submits a valid and active HICN

1 MEDICARE PART A	2 STREET ADDRESS	3 CITY	4 ST 5 999999999	6 VER# 5010
7 CONTACT NAME	8 PHONE: 000-000-0000 9 EXT:	10 FAX:	11 EXT:	12 EMAIL:
13 NPI#	14 PROVIDER NAME	15 PROVIDER ADDRESS	16 CITY	17 ST 18 999999999
19 PART A	20 PAID DATE: MM/DD/YYYY	21 REMIT#10	22 PAGE	
23 PATIENT NAME	24 PATIENT CNTRL NUMBER	25 RC 26 REM27DRG#	28 DRG OUT AMT 29 COINSURANCE	30 PAT REFUND 31 CONTRACT ADJ
<b>32 MID</b>	33 ICN NUMBER	34 RC 35 REM 36 OUTCD	37 NEW TECH/ECT 38 COVD CHGS	39 ESRD NET ADJ 40 PATIENT RESP
41 FROM DT	42 THRU DT 43 HICG 44TOB	45 RC 46 REM 47 PROF COMP	48 MSP PAYMT 49 NCOVD CHGS	50 INTEREST 51 PROC CD AMT
52 CLM STATUS	53 COST 54 COVDY 55 NCOVDY	56 RC 57 REM 58 DRG AMT	59 DEDUCTIBLES 60 DENIED CHGS	61 PRE PAY ADJ 62 NET REIMB
		63 SEQUESTRATION		
<b>66 MBI</b>		64 PBP REDUCT		
		65 ISLET ADD ON		
SMITH	J	XXXXXXXXXXXXXXXXXXXX	29 N211 057	.00 .00 .00 15743.55
000000000A		XXXXXXXXXXXXXXXXXXXX	16 MA18	.00 .00 .00 .00
10/01/2018	10/31/2018	111	.00	.00 .00 .00 .00
4	1		7857.47	.00 15743.55 .00 .00
1EG4TE5MK72				.00 .00 .00