

MAIN STUDY - ROUND 16  
 COMMUNITY COMPONENT  
 ST. CHARGE QUESTIONS (STATEMENT SERIES)

BOX ST1A	IF EXIT INTERVIEW AND PREVIOUS INTERVIEW <u>NOT</u> SKIPPED, GO TO NS. OTHERWISE, IF COMING FROM CTRL/E AND 1 OR MORE CHARGE BUNDLES PREVIOUSLY ENTERED, GO TO ST1a. OTHERWISE, GO TO <b>BOX ST1B</b> .
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BOX ST1B	IF THIS IS A CONTINUING SAMPLE CASE AND THE SP IS CURRENTLY ENROLLED IN ANY OF THE FOLLOWING MEDICARE HMO PLANS, GO TO ST1AHMO. CONTRACT NUMBER = H0543, H1036, H9030, H3931, H0562, H0523, H5050, H0563, H9011, H5005, H2931, H3951.
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ST1ahmo. Now that we have finished talking about medical visits and prescribed medicines, let's talk about (your/SP's) medical costs. We should start by looking at any paperwork or written explanations of what was paid by Medicare or any insurance company.

(Do you/Does SP) usually receive any statements or papers from Medicare or insurance, such as (CURRENT MEDICARE HMO PLAN NAME), that show the charges for medical visits or equipment? Please tell me if (you always receive/SP always receives) statements, sometimes receive(s) statements, or never receive(s) statements.

- MHMOSTMT**
- ALWAYS ..... 1
  - SOMETIMES..... 2
  - NEVER..... 3
  - REFUSED ..... -7
  - DON'T KNOW ..... -8

ST1bhmo. As you know, in this study, we are concerned with the use of care and the costs associated with that care. Beneficiaries typically receive statements from Medicare which give details about the visits the person has had. These details can include whether the person had lab work performed or x-rays, etc. Since many Medicare beneficiaries who belong to managed care plans do not receive statements or paperwork, we plan to contact (your/SP's) managed care plan in order to get some of those details about (your/SP's) use of services.

Is it O.K. with you that we contact (CURRENT MEDICARE HMO PLAN NAME) to obtain a few more details on (your/SP's) use of their services?

- MHMOOKSP**
- YES ..... 1 **BOX ST1C**
  - NO ..... 2 (ST1chmo)

ST1chmo. RECORD THE RESPONDENT'S VERBATIM COMMENTS BELOW.

**MHMOOK1** \_\_\_\_\_  
**MHMOOK2** \_\_\_\_\_  
**MHMOOK3** \_\_\_\_\_

BOX ST1C	IF ST1AHMO = 1, 2, -7 OR -8, GO TO ST1. IF ST1AHMO = 3, GO TO <b>BOX NS1</b> .
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ST1. [Now that we have finished talking about medical visits and prescribed medicines, let's talk about (your/SP's) medical costs. We should start by looking at any paperwork or written explanations of what was paid by Medicare or any insurance company.]

Do you have any statements or paper from Medicare or insurance (that (you/SP) received since the last interview)?

- MCSAVAIL**
- YES ..... 1 (ST2)
  - NO ..... 2 **BOX NS1**
  - REFUSED ..... -7 **BOX NS1**
  - DON'T KNOW ..... -8 **BOX NS1**

ST1a. INTERVIEWER: YOU HAVE ENTERED THE FOLLOWING CLAIM CONTROL NUMBERS FOR THIS ROUND.

MED: XXXXXXXXXXXX MED: XXXXXXXXXXXX MED: XXXXXXXXXXXX  
 INS: XXXXXXXXXXXX INS: XXXXXXXXXXXX INS: XXXXXXXXXXXX  
 ETC.

[PRESS ENTER TO CONTINUE.]

Do you have any other statements or paper from Medicare or insurance (that you received since the last interview)?

- MCSAVAIL**
- YES ..... 1 (ST2)
  - NO ..... 2 **BOX NS1**
  - REFUSED ..... -7 **BOX NS1**
  - DON'T KNOW ..... -8 **BOX NS1**

**BOX ST1** OMITTED.

ST2. MATCH UP MEDICARE AND INSURANCE STATEMENTS BY PROVIDER AND DATE OF SERVICE.  
 [PRESS ENTER TO LEAVE SCREEN.]

ST3. FOR THE (FIRST/NEXT) MEDICAL EVENT OR BUNDLE OF EVENTS TO BE ENTERED, WHAT TYPE OF STATEMENT(S) DO YOU HAVE?

- STATTYPE**      MEDICARE STATEMENT ONLY ..... 1 (ST4)  
                       INSURANCE STATEMENT ONLY ..... 2 (ST6a)  
                       BOTH MEDICARE AND INSURANCE STATEMENTS ..... 3 (ST4)

ST4. ENTER UP TO FIVE MEDICARE CLAIM CONTROL NUMBERS FROM THE MEDICARE STATEMENT. IF NO CLAIM CONTROL NUMBER(S) LISTED, ENTER SHIFT/8.  
 [USE CTRL/L TO LEAVE SCREEN.]  
 [DO NOT ENTER ANY CLAIM CONTROL NUMBERS THROUGH CTRL/K.]

- MEDCLNUM**      MEDICARE CLAIM CONTROL NUMBER: \_\_\_\_\_  
**MEDCLNM2**      MEDICARE CLAIM CONTROL NUMBER: \_\_\_\_\_  
**MEDCLNM3**      MEDICARE CLAIM CONTROL NUMBER: \_\_\_\_\_  
**MEDCLNM4**      MEDICARE CLAIM CONTROL NUMBER: \_\_\_\_\_  
**MEDCLNM5**      MEDICARE CLAIM CONTROL NUMBER: \_\_\_\_\_  
                       DON'T KNOW ..... -8

BOX ST2	IF ST3=1 OR 3 AND FIRST NUMBER ENTERED AT ST4 DOES NOT = -8, GO TO ST5. IF FIRST NUMBER ENTERED AT ST4=-8, GO TO <b>BOX ST4</b> .
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ST5. PLEASE ENTER THE FIRST CLAIM CONTROL NUMBER FROM THE MEDICARE STATEMENT AGAIN.

MEDICARE CLAIM CONTROL NUMBER: \_\_\_\_\_  
**MEDCLNUM**

BOX ST3	CHECK CLAIM NUMBER IN ST5 AGAINST FIRST MEDICARE CLAIM NUMBER IN ST4. IF SAME NUMBER AS FIRST NUMBER IN ST4, GO TO <b>BOX ST4</b> . IF NOT THE SAME NUMBER AS FIRST NUMBER IN ST4, GO TO ST6.
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ST6. YOU HAVE ENTERED THE MEDICARE CLAIM CONTROL NUMBERS DIFFERENTLY.

FIRST TIME: FIRST (MEDICARE CLAIM CONTROL NUMBER)  
 SECOND TIME: FIRST (MEDICARE CLAIM CONTROL NUMBER)

WHICH IS CORRECT?

- WHICHNUM**                      FIRST ..... 1  
   SECOND ..... 2  
   NEITHER ..... 3



BOX ST4A	IF ALL EVENT DATES ARE ORP, GO TO ST50. OTHERWISE, IF BUNDLE INCLUDES AN IP OR IU VISIT, GO TO <b>BOX ST52</b> . ELSE, GO TO ST51.
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ST8. (MEDICARE/INSURANCE) CLAIM CONTROL NUMBER: XXXXXXXXXXXXX  
 SURVEY REFERENCE PERIOD: XX/XX/XX TO XX/XX/XX

WHAT TYPES OF EVENTS ARE INCLUDED IN THIS CHARGE BUNDLE ON THE (MEDICARE/ INSURANCE) STATEMENT?

[CODE ALL THAT APPLY. PRESS CTRL/L TO LEAVE SCREEN.]

**INCDATES** PROVIDER SERVICE DATES ..... 1  
**INCOMS** OTHER MEDICAL EXPENSES ..... 2  
**INCPMS** PRESCRIBED MEDICINES ..... 3

BOX ST5	IF 1 CODED, GO TO ST9. IF 1 NOT CODED AND 2 CODED, GO TO ST17. IF 1 AND 2 NOT CODED AND 3 CODED, GO TO ST19.
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ST9. (MEDICARE/INSURANCE) CLAIM CONTROL NUMBER: XXXXXXXXXXXXXXXX  
 SURVEY REFERENCE PERIOD: XX/XX/XX TO XX/XX/XX

WHICH MEDICAL PROVIDERS ARE IN THIS BUNDLE?

[ENTER ALL PROVIDERS.]

**PROVNAME**  
**COSTPROV**

ST10. (MEDICARE/INSURANCE) CLAIM CONTROL NUMBER: XXXXXXXXXXXXXXXX  
 SURVEY REFERENCE PERIOD: XX/XX/XX TO XX/XX/XX  
 PROVIDER: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

SELECT, CORRECT, ADD DATES IN THIS CHARGE BUNDLE ON THE (MEDICARE/INSURANCE) STATEMENT.

	TYPE	START DATE	STOP DATE	ROUND
X	XXX	XX/XX/XX	XX/XX/XX	R(XX) ORP

TYPE: 1=SEPARATELY BILLING LAB (SBL) 2=SEPARATELY BILLING DOCTOR (SBD) 3=DENTAL (DU)  
 4=HOSPITAL EMERGENCY ROOM (ER) 5=HOSPITAL INPATIENT STAY (IP) 6=HOSPITAL OUTPATIENT VISIT (OP)  
 7=INSTITUTIONAL STAY (IU) 8=HOME HEALTH PROFESSIONALS (HHP) 9=OTHER HOME HEATH (AIDES, HOME MAKERS, ETC.) (OHH) 10=ALL OTHER VISITS TO MEDICAL PROVIDERS (MP)

**XCEVRNDC**  
**RVLINKS**  
**COSTBEGM**           **COSTENDM**  
**COSTBEGD**           **COSTENDD**  
**COSTBEGY**           **COSTENDY**

BOX ST5A	IF HH EVENT ADDED AND INTERVIEW IS TYPE 1, 4, 5, OR 9, GO TO ST10a. IF HH EVENT ADDED AND INTERVIEW IS TYPE 2 OR 3, EVENT GETS CURRENT ROUND DATE AND SKIPS ST10A. OTHERWISE, GO TO <b>BOX ST5B</b> .
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ST10a. WHICH REFERENCE PERIOD IS THIS HOME HEALTH EVENT FOR?

**HHROUND**

Type 1

- (REF. DATE FOR INT. 2 ROUNDS BACK FROM CURRENT ROUND - PREVIOUS INT. REF. DATE)  
(2 ROUNDS BACK FROM CURRENT ROUND) ..... 1
- (PREVIOUS INT. REF. DATE - PREVIOUS INT. DATE) (PREVIOUS ROUND) ..... 2
- (PREVIOUS INT. DATE - TODAY) (CURRENT ROUND) ..... 3

Type 4

- (REF. DATE FOR INT. 2 ROUNDS BACK FROM CURRENT ROUND - PREVIOUS INT. REF. DATE)  
[(2 ROUNDS BACK FROM CURRENT ROUND)/(PREVIOUS ROUND)] ..... 1
- [(2 ROUNDS BACK FROM CURRENT ROUND)/(PREVIOUS ROUND)] - TODAY  
(CURRENT ROUND) ..... 3

Type 5

- (REF. DATE FOR INT. 2 ROUNDS BACK FROM CURRENT ROUND - PREVIOUS INT. REF. DATE)  
(2 ROUNDS BACK FROM CURRENT ROUND) ..... 1
- (PREVIOUS INT. REF. DATE - DISCHARGE DATE)(PREVIOUS ROUND) ..... 2
- (DISCHARGE DATE-TODAY) (CURRENT ROUND) ..... 3

BOX ST5B	IF MULTIPLE PROVIDERS ADDED AT ST9, GO TO ST10 AND COLLECT EVENT DATES FOR NEXT PROVIDER. OTHERWISE, GO TO ST11.
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ST11. (MEDICARE/INSURANCE) CLAIM CONTROL NUMBER: XXXXXXXXXXXXXXXX  
 SURVEY REFERENCE PERIOD: XX/XX/XX TO XX/XX/XX

DO THE EVENTS INCLUDED IN THIS CHARGE BUNDLE SHOWN BELOW MATCH **EXACTLY** WITH THE  
 (PROVIDER SERVICE DATES PORTION OF THE) CHARGE BUNDLE ON THE (MEDICARE/ INSURANCE)  
 STATEMENT?

PROVIDER(S):

NAME TYPE DATE [TO DATE] (ORP) (XX VISITS)  
 ETC.

NAME TYPE DATE [TO DATE] (ORP) (XX VISITS)  
 ETC.

**DATEMTCH**

- YES ..... 1 **BOX ST6**
- NO ..... 2



ST13. What kind of medical person is (PROVIDER)?

**BOX ST8**

**PROVSPEC**

BOX ST8	a. SP HAS USED VA FACILITIES (HI36=1) .....	1	(b)
	SP HAS NOT USED VA FACILITIES (HI36=2 OR MISSING) .....	2	<b>BOX ST10</b>
	b. VA FLAG SET FOR THIS PROVIDER .....	1	<b>BOX ST10</b>
	VA FLAG NOT SET FOR THIS PROVIDER .....	2	(ST14)

ST14. Is [(PROVIDER) associated with/(HOSPITAL NAME)] a facility of the Veterans Administration?

**VAPLACE**

- YES ..... 1
- NO ..... 2
- REFUSED ..... -7
- DK ..... -8

**BOX ST9** OMITTED.

BOX ST10	IF ST14 = 1, SET VA FLAG. THEN:		
	a. SP BELONGS TO AN HMO (HI25 OR MEDICARE HMO FLAG =1 FOR ANY PLAN) .....	1	(b)
	SP DOES NOT BELONG TO AN HMO (HI25=2 OR MISSING FOR ALL PLANS) .....	2	<b>BOX ST10A</b>
	b. HMO FLAG CODED YES FOR THIS PROVIDER .....	1	<b>BOX ST10A</b>
	HMO FLAG CODED NO OR MISSING FOR THIS PROVIDER .....	2	(ST16)
	HMO FLAG NOT SET FOR THIS PROVIDER .....	3	(ST15)

ST15. Is (PROVIDER) associated with (your/SP's) [READ HMO PLAN NAME(S) BELOW] HMO plan?

**HMOASSOC**

- YES ..... 1 **BOX ST10A**
- NO ..... 2 (ST16)
- REFUSED ..... -7 **BOX ST10A**
- DK ..... -8 (ST16)

ST16. (Were you/Was SP) referred to (PROVIDER) by [READ HMO PLAN NAMES BELOW]?

<b>HMOREFER</b>	YES .....	1
	NO .....	2
	REFUSED .....	-7
	DK .....	-8

BOX ST10A	<p>COLLECT NEW UTILIZATION FOR EACH VISIT DATE:                  IF TYPE AT ST10/CT72 = 3, ASK DU7.                  IF TYPE AT ST10/CT72 = 4, ASK ER5.                  IF TYPE AT ST10/CT72 = 5, ASK IP7.                  IF TYPE AT ST10/CT72 = 6, ASK OP5.                  IF TYPE AT ST10=7, NOT COMING FROM INTERRUPT AND:                      IF ST8 CODED 2, GO TO ST17;                      IF ST8 NOT CODED 2 AND CODED 3, GO TO ST19;                      IF ST8 NOT CODED 2 OR 3, GO TO BOX ST17.                  IF TYPE AT ST10/CT72 = 10, GO TO BOX MP2A.                  IF COMING FROM INTERRUPT, OPTION 7, GO TO BOX ST12.</p>
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**BOX ST11** OMITTED.

BOX ST12	<p>STARTING AT <b>BOX S77</b>, COLLECT UTILIZATION FOR EACH ADDED VISIT DATE(S) INSIDE THE REFERENCE PERIOD (i.e., NO "ORP" FLAG AT ST10). THEN:                  IF ST8 CODED 2, GO TO ST17.                  IF ST8 NOT CODED 2 AND CODED 3, GO TO ST19.                  IF ST8 NOT CODED 2 OR 3, GO TO <b>BOX S77</b>.                  IF COMING FROM INTERRUPT OPTION 7 PRIOR TO COMPLETING ST, GO TO INTERRUPT MENU.                  IF INTERRUPT USED AFTER NS, GO TO NS1.                  COLLECT CHARGE INFORMATION, RETURN TO INTERRUPT MENU.</p>
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ST17. (MEDICARE/INSURANCE) CLAIM CONTROL NUMBER: XXXXXXXXXXXX  
 SURVEY REFERENCE PERIOD: XX/XX/XX TO XX/XX/XX

SELECT, CORRECT OR ADD OTHER MEDICAL EXPENSES THAT ARE IN THIS CHARGE BUNDLE ON THE (MEDICARE/INSURANCE) STATEMENT.

ITEM/TYPE	START DATE	STOP DATE	NUMBER OF PURCHASES	ROUND
X R XXXXXXXX	XX/XX/XX	XX/XX/XX	XX	R(xx) ORP

ITEM: 1=GLASSES/CONTACTS 2=HEARING/SPEECH DEVICE 3=ORTHOPEDIC ITEM 4=DIABETIC SUPPLIES 5=AMBULANCE/RESCUE 6=PROSTHESIS 7=ALTERATIONS (HOME/CAR) 8=OXYGEN 9=KIDNEY DIALYSIS SUPPLIES 10=ALL OTHER MEDICAL SUPPLIES

[IF ORTHOPEDIC ITEM: 21=BRACES/SUPPORTS 22=CANE 23=CORRECTIVE SHOES 24=CRUTCHES 25=WALKER 26=WHEELCHAIR 91=OTHER (SPECIFY)]

[IF ALTERATION: 31=ELEVATOR 32=HANDRAILS (NOT TUB) 33=RAMPS 34=TUB HANDRAILS 35=TUB SEAT 36=ANY CAR ALTERATION 91=OTHER (SPECIFY)]

[IF OTHER MEDICAL SUPPLIES: 41=RAISED TOILET SEAT 42=PORTABLE TUB SEAT 43=SPECIAL CHAIR/CUSHION 44=HOSPITAL BED 45=OSTOMY SUPPLIES 46=DEPENDS(DIAPERS) 47=BANDAGES, DRESSINGS, TAPE SUPPLIES 48 = PULMONARY EQUIPMENT 91=OTHER (SPECIFY)]

**XCEVRNDC  
 NUMLINKS**

[IF OXYGEN ITEM: 51=OXYGEN/SUPPLIES 52=OXYGEN-RELATED EQUIPMENT]

[IF KIDNEY DIALYSIS ITEM: 61=KIDNEY DIALYSIS SUPPLIES 62=KIDNEY DIALYSIS EQUIPMENT]

BOX ST12A	IF CRUTCHES, WALKER, WHEELCHAIR, OR OTHER SPECIFY ORTHOPEDIC ITEM ADDED, GO TO OM6a. IF OXYGEN-RELATED EQUIPMENT ADDED, GO TO OM19b. IF KIDNEY DIALYSIS EQUIPMENT ADDED, GO TO OM12b. IF HOSPITAL BED OR OTHER SPECIAL MEDICAL EQUIPMENT ADDED, GO TO OM24a. OTHERWISE, GO TO ST18.
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BOX ST12B	IF ITEM OR ITEMS INCLUDED IN THIS BUNDLE RENTED (OM6a=2, OM19b=2, OM21b=2, AND/OR OM24a=2), GO TO ST17a FOR EACH RENTAL ITEM. IF NO RENTAL ITEMS, GO TO ST18.
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ST17a. (RENTAL ITEM) (RENTAL BEGIN DATE) - (LAST RENTAL DATE)

How many months are covered by this statement for (RENTAL ITEM)?  
 [IF LESS THAN 1 MONTH, ENTER 96.]

**MONTHCOV** MONTHS: .....  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

BOX ST12C	GO TO ST17a FOR EACH RENTAL ITEM INCLUDED IN THIS BUNDLE. IF NO OTHER RENTAL ITEMS IN THIS BUNDLE, GO TO ST18.
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ST18. (MEDICARE/INSURANCE) CLAIM CONTROL NUMBER: XXXXXXXXXXXXX  
 SURVEY REFERENCE PERIOD: XX/XX/XX

ARE ALL OF THE OTHER MEDICAL EXPENSES ITEMS FROM THE (MEDICARE/INSURANCE) STATEMENT SHOWN BELOW?

OTHER MEDICAL EXPENSES:

ITEM DATE (WITH ORP) OR NUMBER OF PURCHASES  
 ETC.

PROVIDER(S):

NAME TYPE DATE [TO DATE] (ORP) (XX VISITS)  
 ETC.

**OMMTCH** YES ..... 1 **BOX ST13**  
 NO ..... 2

BOX ST13	IF ST8 CODED 3, GO TO ST19. IF ST8 NOT CODED 3, GO TO <b>BOX ST17</b> . NOTE: FOR EACH OME ADDED AT ST17, SET FLAG TO NOTE THAT OME WAS COLLECTED IN CHARGE SERIES.
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ST19. (MEDICARE/INSURANCE) CLAIM CONTROL NUMBER: XXXXXXXXXXXXX  
 SURVEY REFERENCE PERIOD: XX/XX/XX TO XX/XX/XX

SELECT, CORRECT OR ADD PRESCRIPTION MEDICINES THAT ARE IN THIS CHARGE BUNDLE ON THE (MEDICARE/INSURANCE) STATEMENT.

	MEDICINE	NUMBER OF PURCHASES COVERED BY STATEMENT
X	XXXXXXXXXXXX	XX

**XCEVRNDC**  
**NUMLINKS**

ST20. (MEDICARE/INSURANCE) CLAIM CONTROL NUMBER: XXXXXXXXXXXXX  
 SURVEY REFERENCE PERIOD: XX/XX/XX TO XX/XX/XX

DO THE PRESCRIBED MEDICINES INCLUDED IN THIS CHARGE BUNDLE SHOWN BELOW MATCH **EXACTLY** WITH THE (PRESCRIBED MEDICINE PORTION OF THE) CHARGE BUNDLE ON THE (MEDICARE/INSURANCE) STATEMENT?

PRESCRIBED MEDICINES:

NAME NUMBER OF PURCHASES  
 ETC.

PROVIDER(S):

NAME TYPE DATE [TO DATE] (ORP) (XX VISITS)  
 ETC.

OTHER MEDICAL EXPENSES:

ITEM DATE (WITH ORP) OR NUMBER OF PURCHASES  
 ETC.

**PMMTCH** YES ..... 1 **BOX ST14**  
 NO ..... 2

BOX ST14	IF MEDICINES ADDED AT ST19, GO TO ST21. IF NO MEDICINES ADDED AT ST19, GO TO <b>BOX ST17</b> .
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ST21. Before we continue with this statement, I would like to ask you a few questions about the prescribed medicine(s) I just added. [It would be very helpful for the following questions if we could look at the bottle(s) or container(s) for the medicine(s).]

[PRESS ENTER TO CONTINUE]

BOX ST15	GO TO <b>BOX PM18</b> FOR EACH MEDICINE ADDED AT ST19. SET FLAG TO NOTE THAT MEDICINE WAS COLLECTED IN CHARGE SERIES. THEN GO TO <b>BOX ST17</b> .
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BOX 16 OMITTED.
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BOX ST17	COMPARE EVENTS LINKED WITH THIS CHARGE BUNDLE TO ALL PREVIOUS CHARGE BUNDLES. IF ANY PREVIOUS BUNDLE INFORMATION (PROVIDER, DATE(S), NAME OF MEDICINE/EXPENSE, NUMBER OF TIMES) MATCHES EXACTLY AND MEDICARE APPROVED AMOUNT NOT SKIPPED AND MEDICARE PAYMENT NOT SKIPPED), GO TO ST22. IF NO PREVIOUS BUNDLE MATCHES EXACTLY, SKIP TO <b>BOX ST49</b> .
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ST22. SURVEY REFERENCE PERIOD: XX/XX/XX TO XX/XX/XX

(MEDICARE CLAIM CONTROL NUMBER: CURRENT {XXX} PREVIOUS {XXX})  
 (INSURANCE CLAIM CONTROL NUMBER: CURRENT {XXX} PREVIOUS {XXX})

BILLED AMOUNT: XXXX.XX  
 MEDICARE APPROVED AMOUNT: XXXX.XX  
 MEDICARE PAYMENT: XXXX.XX

THE ABOVE INFORMATION WAS ENTERED EARLIER FROM A PREVIOUS (MEDICARE) (AND) (INSURANCE) STATEMENT.

DOES THE CHARGE INFORMATION SHOWN ABOVE MATCH EXACTLY WITH THE CHARGE INFORMATION ON THE (MEDICARE/INSURANCE) STATEMENT THAT YOU HAVE NOW?

**AMTMTCH** YES ..... 1 **BOX ST49**  
 NO ..... 2 **BOX ST49**  
 DON'T KNOW ..... -8 **BOX ST49**

ST23 THROUGH ST29 OMITTED.
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BOX ST49	IF MEDICARE/INSURANCE "STATEMENT EXPECTED" FLAG SET DURING PREVIOUS ROUND FOR ANY EVENT IN THIS CHARGE BUNDLE, TURN FLAG OFF. IF ANY EVENT IN THIS BUNDLE ASSOCIATED WITH ANY OTHER BUNDLE FLAGGED FOR CPS, DO NOT BRING BUNDLE INTO CPS.
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BOX ST50	CHECK ALL EVENTS ASSOCIATED WITH THIS CLAIM NUMBER: IF ALL EVENT DATES ARE BEFORE THE SURVEY REFERENCE PERIOD, GO TO ST50. IF ANY EVENT IS WITHIN THE SURVEY REFERENCE PERIOD OR AFTER THE SURVEY REFERENCE PERIOD FOR SPS WHO ARE DECEASED OR INSTITUTIONALIZED, GO TO <b>BOX ST51</b> .
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ST50. SINCE ALL EVENTS IN THIS BUNDLE ARE OUTSIDE THE SURVEY REFERENCE PERIOD, WE DO NOT NEED ANY CHARGE INFORMATION ABOUT THE BUNDLE.

GO TO (ST68)

BOX ST51	IF INPATIENT STAY, OR NURSING HOME STAY WITH THIS BUNDLE, <b>AND</b> ST3=1 OR 3, SKIP TO ST55. OTHERWISE, GO TO ST51.
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ST51. (MEDICARE CLAIM CONTROL NUMBER: XXXX)  
 (INSURANCE CLAIM CONTROL NUMBER: XXXX)  
 (PROVIDER: XXXX)

WAS ASSIGNMENT TAKEN FOR THIS CHARGE BUNDLE?

**ASGNTAKE** YES ..... 1  
 NO ..... 2  
 CAN'T TELL ..... 3

*Box ST52 is a filter for statements whose charge bundles match a previously entered statement. Before deciding whether to review previous entries of \$ amounts or make new entries, check whether assignment status matches previous entry.*

BOX ST52	<p>a. OMITTED</p> <p>b. IF (ST7=1 OR ST22=1) AND IP OR IU EVENT ONLY,                  AND (PREVIOUS) AMOUNT REMAINING <u>NOT</u> MISSING,                  SKIP TO ST60;                  AND (PREVIOUS) AMOUNT REMAINING MISSING,                  SKIP TO ST55.</p> <p>c. IF (ST7 = 1 AND ST22 = 1),                  OR (ST7=1 OR ST22=1) AND ST51 DOES NOT MATCH PREVIOUS ST51,                  OR (ST7=1 OR ST22=1) AND PREVIOUS AMOUNT REMAINING MISSING,                  SKIP TO ST52. (THIS SKIP PATTERN APPLIES TO CHARGE BUNDLES                  WITH PM.)</p> <p>d. IF CHARGE BUNDLE PREVIOUSLY ENTERED (ST7=1 OR ST22=1),                  (AND ST51 MATCHES PREVIOUS ST51 OR CHARGE BUNDLE                  INCLUDES IP OR IU) AND PREVIOUS AMOUNT REMAINING NOT                  MISSING AND PREVIOUS AMOUNT REMAINING FROM ST56 OR                  ST60, SKIP TO ST60.                  OTHERWISE, GO TO ST59. NOTE: DO NOT INCLUDE A PREVIOUS ENTRY OF                  3 IN ST51 AS A "MATCH" WITH ANY OTHER ENTRY OF 3. A "MATCH" IS A                  PREVIOUS CODE OF 1 WITH CURRENT CODE OF 1 OR A PREVIOUS CODE OF                  2 WITH A CURRENT CODE OF 2.</p>
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ST52. (MEDICARE CLAIM CONTROL NUMBER: XXXX)  
 (INSURANCE CLAIM CONTROL NUMBER: XXXX)  
 (PROVIDER: XXXX)

ENTER THE FOLLOWING AMOUNTS (FROM THE MEDICARE STATEMENT). IF AMOUNT NOT AVAILABLE, ENTER SHIFT/8.

**TOTALCHG** A. TOTAL CHARGE/BILLED AMOUNT:..... \$ \_\_\_\_\_  
**MCAPPAMT** B. TOTAL MEDICARE APPROVED AMOUNT:..... \$ \_\_\_\_\_  
**MCPAYAMT** C. TOTAL MEDICARE PAYMENT:..... \$ \_\_\_\_\_  
**MCREDPCT** D. MEDICARE PAYMENT REDUCTION: ..... \_\_\_\_\_%  
**STDATQNO**

BOX ST53	IF ST3=2, SKIP TO <b>BOX ST54</b> . IF ST3=1 OR 3 AND LINE B=0, SKIP TO ST54. IF ST3=1 OR 3, ST51=1, AND ST52 LINE B OR LINE C IS MISSING, SKIP TO ST55. IF ST3=1 OR 3, ST51=2, AND ST52 LINE A OR LINE C IS MISSING, SKIP TO ST55. IF ST3=1 OR 3, ST51=3, AND ST52 LINE C OR BOTH LINES A AND B ARE MISSING, SKIP TO ST55. OTHERWISE, GO TO ST53.
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ST53. (MEDICARE CLAIM CONTROL NUMBER: XXXX)  
 (INSURANCE CLAIM CONTROL NUMBER: XXXX)  
 (PROVIDER: XXXX)  
 TOTAL CHARGE = \$(TOTAL CHARGE)

DO ANY INDIVIDUAL CHARGES ON THE MEDICARE STATEMENT HAVE AN APPROVED AMOUNT OF 0?

**APPAMT0** YES ..... 1 (ST54)  
 NO ..... 2 **BOX ST54**  
 DON'T KNOW ..... -8 **BOX ST54**

ST54. (MEDICARE CLAIM CONTROL NUMBER: XXXX)  
 (INSURANCE CLAIM CONTROL NUMBER: XXXX)  
 (PROVIDER: XXXX)

ENTER TOTAL BILLED AMOUNT FOR CHARGES WITH APPROVED AMOUNT OF 0 ON APPROPRIATE LINE(S).

<b>TOTALCHG</b>	A. TOTAL CHARGE/BILLED AMOUNT:.....	\$xxxxxxxx
<b>MCAPPAMT</b>	B. TOTAL MEDICARE APPROVED AMOUNT:.....	\$xxxxxxxx
<b>MCPAYAMT</b>	C. TOTAL MEDICARE PAYMENT:.....	\$xxxxxxxx
<b>MCREDPCT</b>	D. MEDICARE PAYMENT REDUCTION: .....	xxxxxxxx%
<b>NOCOVAMT</b>	E. NONCOVERED SERVICE (INCLUDING NO PART B AND TOO MANY SERVICES) .....	\$ _____
<b>OTHERAMT ARCALFLG</b>	F. ANY OTHER REASON (INCLUDING DUPLICATE CHARGE, "PROVIDER AGREED TO BILL" AND REQUEST TO RESUBMIT).....	\$ _____

BOX ST54	<p>a. SET FLAG TO NOTE THAT DATA WERE FROM ST52.</p> <p>b. IF ST54 SKIPPED, SET E=0 AND F=0.</p> <p>c. CALCULATE AMOUNT REMAINING AS FOLLOWS:                  IF ST51=1, AMOUNT REMAINING = B - [C + (C*D)] + F                  IF ST51=2, AMOUNT REMAINING = A - [(C+(C*D)) + F]                  IF ST51=3, USE THESE RULES IN PRIORITY ORDER:</p> <ol style="list-style-type: none"> <li>1. IF A, C, AND F NOT MISSING, THEN AMOUNT REMAINING = A - (C + F)</li> <li>2. IF B, C, D AND E NOT MISSING, THEN AMOUNT REMAINING = B - (C + (C*D)) + E</li> <li>3. IF B, C, AND E NOT MISSING, THEN AMOUNT REMAINING = B - (C + E)</li> <li>4. IF NONE OF THESE CONDITIONS ARE TRUE, AMOUNT REMAINING=MISSING.</li> </ol> <p>d. IF AMOUNT REMAINING &lt; \$1.00 (INCLUDING NEGATIVE CALCULATED AMOUNTS), AND CASE IS <u>NOT</u> EXIT 40 SAMPLE, SKIP TO ST68. IF EXIT 40 SAMPLE, GO TO NEXT SECTION.                  IF B NOT MISSING AND AMOUNT REMAINING &lt; .02*B, AND CASE IS <u>NOT</u> EXIT 40 SAMPLE, SKIP TO ST68. IF EXIT 40 SAMPLE, GO TO NEXT SECTION.                  OTHERWISE, SKIP TO <b>BOX ST56</b>.</p>
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*If charge bundle for inpatient stay or institutional stay and on Medicare statement, collection of \$ data begins here.*

ST55. (MEDICARE CLAIM CONTROL NUMBER: XXXX)  
(PROVIDER: XXXX)

HOW DOES THE MEDICARE STATEMENT SUMMARIZE THIS CLAIM?

<b>MCSUMMRZ</b>	MEDICARE PAID EVERYTHING .....	1	<b>BOX ST55</b>
	BENEFICIARY (SP) RESPONSIBLE FOR SOME AMOUNT .....	2	(ST56)
	SOME OTHER WAY .....	3	<b>BOX ST55</b>
	DON'T KNOW .....	-8	<b>BOX ST55</b>

ST56. (MEDICARE CLAIM CONTROL NUMBER: XXXX)  
(PROVIDER: XXXX)

ENTER AMOUNT BENEFICIARY RESPONSIBLE FOR: \$ \_\_\_\_\_  
(AMOUNT REMAINING AFTER MEDICARE PAID)

**AREMAING  
STDATQNO**

BOX ST55	<p>a. SET FLAG TO NOTE THAT DATA WERE FROM ST56.</p> <p>b. IF ST55=3 OR -8, SET AMOUNT REMAINING TO MISSING. IF ST55 = 1, SET AMOUNT REMAINING TO 0. OTHERWISE, AMOUNT REMAINING = AMOUNT IN ST56.</p> <p>c. IF AMOUNT REMAINING &lt; \$1.00 BUT NOT MISSING, AND CASE IS <u>NOT</u> EXIT 40 SAMPLE, SKIP TO ST68. IF EXIT 40 SAMPLE, GO TO NEXT SECTION. OTHERWISE, SKIP TO <b>BOX ST56</b>.</p>
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BOX ST56	<p>IF AMOUNT REMAINING IS MISSING, SKIP TO ST61. IF AMOUNT REMAINING NOT MISSING, SKIP TO ST58.</p>
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ST57 AND BOX ST57 OMITTED.
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ST58. (MEDICARE CLAIM CONTROL NUMBER: XXXX)  
 (INSURANCE CLAIM CONTROL NUMBER: XXXX)  
 (PROVIDER: XXXX)

REVIEW CHARGE BUNDLE ON (MEDICARE) STATEMENT WITH RESPONDENT IF YOU HAVEN'T ALREADY DONE SO -- POINT OUT PROVIDER NAME, DATE(S), AND TYPE OF SERVICE. CODE "1" IF ALREADY KNOWN. OTHERWISE ASK:

So, I have an amount remaining of (AMOUNT REMAINING) that Medicare didn't pay. (Have you/Has SP) or any other source, such as an insurance plan, paid any of this amount?

- |                 |                                   |                     |
|-----------------|-----------------------------------|---------------------|
| <b>ARWRONG</b>  | SP OR ANY SOURCE PAID .....       | 1 (ST62)            |
| <b>TCHGPAID</b> | NOTHING HAS BEEN PAID .....       | 2 <b>BOX ST57A</b>  |
|                 | AMOUNT REMAINING SEEMS WRONG .... | 3 <b>BOX ST58</b>   |
|                 | REFUSED .....                     | -7 <b>BOX ST57A</b> |
|                 | DON'T KNOW .....                  | -8 <b>BOX ST57A</b> |

BOX ST57A	IF COMING FROM CPS AND EVENT COLLECTED IN PREVIOUS ROUND OR ST58=-7, GO TO <b>BOX CPS11</b> /NEXT SECTION. IF COMING FROM CPS AND EVENT COLLECTED 2 ROUNDS PREVIOUS TO CURRENT ROUND OR THIS IS SP'S EXIT INTERVIEW (REGARDLESS OF WHEN EVENT COLLECTED), OR COMING FROM INTERRUPT, GO TO CPS3a. OTHERWISE, GO TO ST68 IF NOT EXIT 40 SAMPLE. GO TO NEXT SECTION IF CASE IS EXIT 40 SAMPLE.
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BOX ST58	a. SET FLAG THAT ST58 WAS CODED 3. SET ST58 TO -1. b. IF CURRENT AMOUNT REMAINING WAS ENTERED AT ST56 OR ST60 (ON THIS OR A PREVIOUS STATEMENT SERIES FOR THIS CLAIM NUMBER), SKIP TO ST60. OTHERWISE, GO TO ST59.
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*ST59 and ST60 review and/or correct statement amounts: ST59 is used if the program calculated the amount remaining, ST60 if the interviewer entered the amount remaining from the statement. After interviewer corrects or confirms entries in ST59, program should recalculate amount remaining and return to **BOX ST56** and then ST58 (or ST61 if amount remaining now missing).*

ST59. THESE AMOUNTS WERE ENTERED FROM THE (MEDICARE/INSURANCE) STATEMENT:  
[MAKE CORRECTIONS AS NECESSARY.]

**TOTALCHG** A. TOTAL CHARGE/BILLED AMOUNT:..... \$XXXXXXXXX \$ \_\_\_\_\_

**MCAPPAMT** B. TOTAL MEDICARE APPROVED AMOUNT:..... \$XXXXXXXXX \$ \_\_\_\_\_

**MCPAYAMT** C. TOTAL MEDICARE PAYMENT:..... \$XXXXXXXXX \$ \_\_\_\_\_

**MCREDPCT** D. MEDICARE PAYMENT REDUCTION: ..... XXXXXXXXX% \$ \_\_\_\_\_

**NOCOVAMT** E. NONCOVERED SERVICE (INCLUDING NO PART B AND  
TOO MANY SERVICES) ..... \$XXXXXXXXX \$ \_\_\_\_\_

**OTHERAMT** F. OTHER REASON (INCLUDING DUPLICATE CHARGE,  
"PROVIDER AGREED TO BILL" AND REQUEST  
**AREMAING** TO RESUBMIT)..... \$XXXXXXXXX \$ \_\_\_\_\_

**ARCALFLG** G. AMOUNT REMAINING AFTER MEDICARE PAYMENT ..... \$XXXXXXX

**CHANGAMT** DO YOU WANT TO MAKE ANY CHANGES?

YES ..... 1 (RE-ENTER A-F) **BOX ST59**  
NO ..... 2 **BOX ST59**

BOX ST59	<p>a. IF ANY CHANGES MADE IN ST59, RECALCULATE AMOUNT REMAINING, USING RULES IN <b>BOX ST54</b>.</p> <p>b. IF AMOUNT REMAINING NOT MISSING AND &lt; \$1.00, SKIP TO ST68 IF CASE IS <u>NOT</u> EXIT 40 SAMPLE. IF CASE IS EXIT 40 SAMPLE, GO TO NEXT SECTION. OTHERWISE, RETURN TO <b>BOX ST56</b>.</p>
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ST60. (MEDICARE CLAIM CONTROL NUMBER: XXXX)  
(INSURANCE CLAIM CONTROL NUMBER: XXXX)  
(PROVIDER: XXXX)

THE AMOUNT BELOW WAS PREVIOUSLY ENTERED FROM A (MEDICARE/INSURANCE) STATEMENT AS THE AMOUNT THE BENEFICIARY WAS RESPONSIBLE FOR (THE AMOUNT REMAINING).

G. AMOUNT REMAINING..... \$XXXXXXX \$ \_\_\_\_\_

DO YOU WANT TO CHANGE THIS AMOUNT?

**CHANGEAR** YES ..... 1 (RE-ENTER G);  
..... **BOX ST60**

**STDATQNO** NO ..... 2 **BOX ST60**

BOX ST60	<p>a. IF ANY CHANGES MADE IN ST60, SET AMOUNT REMAINING TO AMOUNT ENTERED IN ST60.</p> <p>b. IF AMOUNT REMAINING NOT MISSING AND &lt; \$1.00, SKIP TO ST68, IF CASE IS <u>NOT</u> EXIT 40 SAMPLE. IF CASE IS EXIT 40 SAMPLE, GO TO NEXT SECTION. OTHERWISE, RETURN TO <b>BOX ST56</b>.</p>
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*ST61 is for charge bundles with missing amount remaining.*

ST61. (MEDICARE CLAIM CONTROL NUMBER: XXXX)  
 (INSURANCE CLAIM CONTROL NUMBER: XXXX)  
 (PROVIDER(S): XXXX)  
 TOTAL CHARGE = \$(TOTAL CHARGE)

REVIEW CHARGE BUNDLE ON STATEMENT WITH RESPONDENT IF YOU HAVEN'T ALREADY DONE SO -- POINT OUT PROVIDER NAME, DATE(S), AND TYPE OF SERVICE.

(Besides Medicare,) (have you/has SP) or any other source, such as an insurance plan, paid anything for this?

**TCHGPAID**                      SP OR ANY SOURCE PAID ..... 1 (ST62)  
     NOTHING HAS BEEN PAID ..... 2 **BOX ST60A**  
     REFUSED ..... -7 **BOX ST60A**  
     DON'T KNOW ..... -8 **BOX ST60A**

BOX ST60A	<p>IF COMING FROM CPS AND EVENT COLLECTED IN PREVIOUS ROUND OR ST61=-7, GO TO <b>BOX CPS11</b>/NEXT SECTION.</p> <p>IF COMING FROM CPS AND EVENT COLLECTED 2 ROUNDS PREVIOUS TO CURRENT ROUND, OR THIS IS SP'S EXIT INTERVIEW (REGARDLESS OF WHEN EVENT COLLECTED), OR COMING FROM INTERRUPT, GO TO CPS3a.</p> <p>OTHERWISE, GO TO ST68 IF CASE IS <u>NOT</u> EXIT 40 SAMPLE. IF CASE IS EXIT 40 SAMPLE, GO TO NEXT SECTION.</p>
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ST62. (REFER TO INSURANCE STATEMENT.)  
 TOTAL CHARGE = \$(TOTAL CHARGE)

Who (else) paid (besides Medicare)? How much did (SOURCE) pay?

ENTER ALL PAYMENT AMOUNTS; USE ARROW KEYS; CTRL/A TO ADD A SOURCE; ARROW TO THE SELECT COLUMN AND ENTER "X" TO CORRECT SOURCE NAME OR ADD AMOUNT; ESC TO LEAVE SCREEN.

**OSOPTXT**  
**PAYMTYPE**                      **PAYMPLAN**  
**PAYMAMT**                      **PAYMOSOP**

AMOUNT REMAINING                      \$xxxxxxxxxxxx

__ SP/FAMILY	\$ _____
__ PROVIDER DISCOUNT/COURTESY	\$ _____
__ [VA (VETERANS ADMINISTRATION)]	\$ _____
__ SOP 1	\$ _____
__ SOP 2	\$ _____
__ SOP 3	\$ _____

BOX ST61	SOP ADDED IN ST62/ST66 .....	1 (ST63)
	NO SOP ADDED IN ST62/ST66 .....	2 <b>BOX ST63</b>

ST63. [What type of health insurance plan is (SOP NAME)?]

**PAYMISHI**

MEDICAID .....	1	<b>BOX ST62</b>
OTHER PUBLIC PLAN (OTHER THAN MEDICAID) .....	2	<b>BOX ST62</b>
PRIVATE HEALTH INSURANCE .....	3	<b>BOX ST62</b>
NOT A HEALTH INSURANCE PLAN (INCLUDING VA) .....	4	<b>BOX ST62c</b>
MILITARY PLAN OTHER THAN VA .....	5	<b>BOX ST62</b>
NOT SP's INSURANCE PLAN (PLAN BELONGS TO SOMEONE ELSE) .....	6	<b>BOX ST62c</b>
MEDICARE HMO .....	7	<b>BOX ST62</b>
REFUSED .....	-7	<b>BOX ST62c</b>
DON'T KNOW .....	-8	<b>BOX ST62c</b>

BOX ST62	<p>a. IF ST63=1 AND MEDICAID PREVIOUSLY ENTERED, DISPLAY MESSAGE, "MEDICAID ALREADY ON PLAN ROSTER. RESELECT OR USE CTRL/B." OTHERWISE, ASK HI6-HI10. IF ST63=2 OR 5, ASK HI13-HI16. IF ST63=3, ASK HI21-HI33. IF ST63 = 7, GO TO <b>BOX ST62A</b>.</p> <p>b. ADD SOP TO HI ROSTER. SET FLAG THAT PLAN WAS COLLECTED IN SOP ROSTER.</p> <p>c. IF ANOTHER SOP ADDED IN ST62/ST66, RETURN TO ST63. IF NO OTHER SOP ADDED IN ST62/ST66, GO TO <b>BOX ST63</b>.</p>
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BOX ST62A	IF MEDICARE HMO ADDED AND NO OTHER MEDICARE HMO IS CURRENT, GO TO HIMC3. OTHERWISE, GO TO HIMC4.
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BOX ST63	<p>a. IF AMOUNT REMAINING IS MISSING OR ANY PAYMENT AMOUNT IN ST62 IS DK OR REFUSED OR COMING FROM ST66, SKIP TO <b>BOX ST64</b>.</p> <p>b. ADD ALL PAYMENTS FROM ST62. COMPARE TOTAL AMOUNT REMAINING: IF TOTAL PAYMENTS IN ST62 = AMOUNT REMAINING, SKIP TO <b>BOX ST64</b>. IF THE DIFFERENCE BETWEEN TOTAL PAYMENTS AND AMOUNT REMAINING IS &gt; \$1.00 AND TOTAL PAYMENTS IS &lt; AMOUNT REMAINING, GO TO ST64. IF THE DIFFERENCE BETWEEN TOTAL PAYMENTS AND AMOUNT REMAINING IS &gt; \$1.00 AND TOTAL PAYMENTS IS &gt; AMOUNT REMAINING, GO TO ST65. OTHERWISE, GO TO <b>BOX ST64B</b>.</p>
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ST64. TOTAL CHARGE = \$(TOTAL CHARGE)

AMOUNT REMAINING (AFTER MEDICARE PAYMENT) .....	\$XXXXXXXXXXXXXX
SP/Family .....	\$XXXXXXXXXXXXXX
SOP 1.....	<u>\$XXXXXXXXXXXXXX</u>
TOTAL OF NON-MEDICARE PAYMENTS	\$XXXXXXXXXXXXXX
AMOUNT UNPAID	\$XXXXXXXXXXXXXX

There seems to be some amount still unpaid. [REVIEW WITH RESPONDENT.] Is that correct?

<b>AMTSCORR</b>	ENTRIES ABOVE ARE CORRECT .....	1	<b>BOX ST64</b>
	SOP NEEDS ADDITION OR CORRECTION	2	(ST66)
	AMOUNT REMAINING SEEMS INCORRECT	3	<b>BOX ST64</b>
	REFUSED .....	-7	<b>BOX ST64</b>
	DON'T KNOW .....	-8	<b>BOX ST64</b>

ST65. TOTAL CHARGE = \$(TOTAL CHARGE)

AMOUNT REMAINING (AFTER MEDICARE PAYMENT) .....	\$XXXXXXXXXXXX
SP/Family .....	\$XXXXXXXXXXXX
SOP 1.....	<u>\$XXXXXXXXXXXX</u>
TOTAL OF NON-MEDICARE PAYMENTS	\$XXXXXXXXXXXX
AMOUNT UNPAID	\$XXXXXXXXXXXX

There seem to be more payments than the amount left after Medicare paid. [REVIEW WITH RESPONDENT.] Is that correct?

<b>AMTSCORR</b>	ENTRIES ABOVE ARE CORRECT .....	1	<b>BOX ST64</b>
	SOP NEEDS ADDITION OR CORRECTION	2	(ST66)
	AMOUNT REMAINING SEEMS INCORRECT	3	<b>BOX ST64</b>
	REFUSED .....	-7	<b>BOX ST64</b>
	DON'T KNOW .....	-8	<b>BOX ST64</b>

ST66. TOTAL CHARGE = \$(TOTAL CHARGE)

(THE FOLLOWING PAYMENT INFORMATION WAS ENTERED PREVIOUSLY.) CORRECT PAYMENT AMOUNTS, ADD SOURCES AS NECESSARY.

USE ARROW KEYS; CTRL/A TO ADD A SOURCE; ARROW TO THE SELECT COLUMN AND ENTER "X" TO CORRECT SOURCE NAME OR ADD AMOUNT; TO ERASE AN "X," PRESS SPACE BAR. ESC TO LEAVE SCREEN.

AMOUNT REMAINING \$XXXXXXXXXXXX

__ SP/FAMILY	\$XXXXXXX
__ PROVIDER DISCOUNT/COURTESY	\$_____
(__ MEDICARE	\$_____)
__ [VA (VETERANS ADMINISTRATION)]	\$_____
__ SOP 1	\$XXXXXXX
__ SOP 2	\$_____
__ SOP 3	\$_____

**OSOPEXT**



ST69. YOU HAVE COMPLETED ENTERING CURRENT ROUND CHARGE INFORMATION FOR THIS CASE.

[PRESS ENTER TO CONTINUE.]

BOX ST66.	GO TO <b>BOX CPS1</b> .
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