





(7. Third Party Reimbursement Tracking Form and Instructions –continued)

### Third-Party Reimbursement Tracking Form Instructions

<b>Date:</b>	Provide date of service
<b>Patient:</b>	Patient 's initials and/or ID#
<b>MD:</b>	Patient referred by MD? Y (Yes) N (No)
<b>Setting:</b>	Indicate where service was provided: RD (RD Office) MD (MD Office) OTH (Other)-Explain
<b>Payer:</b>	List name of insurance company
<b>Payer Type:</b>	List type of insurance plan: Case Mgmt Case Management HMO Health Maintenance Organization Indemnity Traditional Health Plan, e.g., 80/20 IPA Independent Practice Association POS Point of Service PPO Preferred Provider Organization Public Medicaid Plans Self-Ins Self-Insured Companies
<b>Diagnosis:</b>	List primary and secondary (if any) diagnoses
<b>ICD-9-CM:</b>	Document diagnosis code(s) used on super bill or claim form
<b>Service Provided:</b>	List words used to describe your service on super bill or claim form
<b>Minutes:</b>	Record amount of face-to-face time spent with patient
<b>CPT Code:</b>	Enter service code (if any) used to describe your service
<b>Claim:</b>	Claim submitted by: PT (Patient) RD (Dietitian) MD (Physician) NS (Not submitted)
<b>\$ Amount Reimbursed:</b>	List dollar amount reimbursed by insurance company or applied to deductible. Indicate "0" if not reimbursed, and "0-NS" if not submitted
<b>% of Charges Reimbursed:</b>	Provide percentage of your charge reimbursed by the payer
<b>Comments:</b>	Use this row to clarify: - Why claim was denied. - Date(s) and time(s) claim was resubmitted. - Why claim was not submitted. - Any other useful information.

Stollman LA, editor. *Nutrition Entrepreneur's Guide to Reimbursement Success*, 2<sup>nd</sup> ed. Chicago, IL: American Dietetic Association, 1999 (2001 Update), Appendix 12.

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