



## Sample Insurer/TPA Spreadsheet

The following information must be provided on Company Letterhead:

- **Date Processed**
- **Beneficiary Name**
- **Medicare Number/HIC**

| Date of Service                        | Provider Name | Billed Amount | Allow Amount | Co-Insurance | Deductible | Discount | Paid Amt | % paid | Date Paid | Paid to | Denial/Reason Codes |
|--|---------------|---------------|--------------|--------------|------------|----------|----------|--------|-----------|---------|---------------------|
|  |               |               |              |              |            |          |          |        |           |         |                     |
| Comments (explanation of codes, etc.): |               |               |              |              |            |          |          |        |           |         |                     |
|  |               |               |              |              |            |          |          |        |           |         |                     |
|  |               |               |              |              |            |          |          |        |           |         |                     |
| Comments (explanation of codes, etc.): |               |               |              |              |            |          |          |        |           |         |                     |
|  |               |               |              |              |            |          |          |        |           |         |                     |
|  |               |               |              |              |            |          |          |        |           |         |                     |
| Comments (explanation of codes, etc.): |               |               |              |              |            |          |          |        |           |         |                     |
|  |               |               |              |              |            |          |          |        |           |         |                     |
|  |               |               |              |              |            |          |          |        |           |         |                     |
| Comments (explanation of codes, etc.): |               |               |              |              |            |          |          |        |           |         |                     |

**Attention:** This Document is NOT to be used as a form to be filled out. This document was created to provide you with an acceptable format to submit proof of payment/processing of claims. This information must be provided on company letterhead.