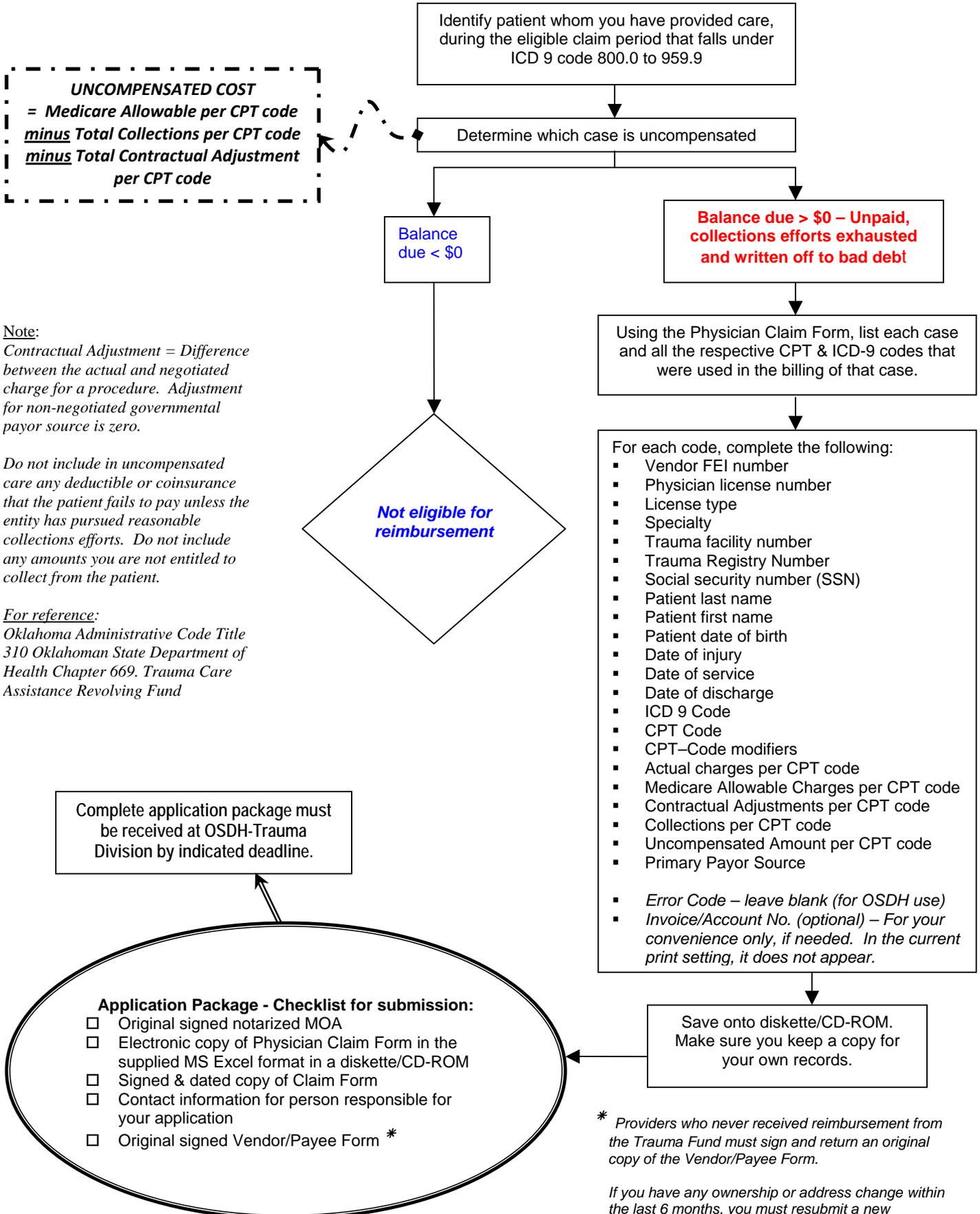


TRAUMA FUND: Recommended Step By Step Guide for **PHYSICIAN** Application



UNCOMPENSATED COST
 = Medicare Allowable per CPT code
 minus Total Collections per CPT code
 minus Total Contractual Adjustment
 per CPT code

Note:
Contractual Adjustment = Difference between the actual and negotiated charge for a procedure. Adjustment for non-negotiated governmental payor source is zero.

Do not include in uncompensated care any deductible or coinsurance that the patient fails to pay unless the entity has pursued reasonable collections efforts. Do not include any amounts you are not entitled to collect from the patient.

For reference:
 Oklahoma Administrative Code Title 310 Oklahoman State Department of Health Chapter 669. Trauma Care Assistance Revolving Fund

Complete application package must be received at OSDH-Trauma Division by indicated deadline.

- Application Package - Checklist for submission:**
- Original signed notarized MOA
 - Electronic copy of Physician Claim Form in the supplied MS Excel format in a diskette/CD-ROM
 - Signed & dated copy of Claim Form
 - Contact information for person responsible for your application
 - Original signed Vendor/Payee Form *

* Providers who never received reimbursement from the Trauma Fund must sign and return an original copy of the Vendor/Payee Form.

If you have any ownership or address change within the last 6 months, you must resubmit a new Vendor/Payee Form to reflect your current status.