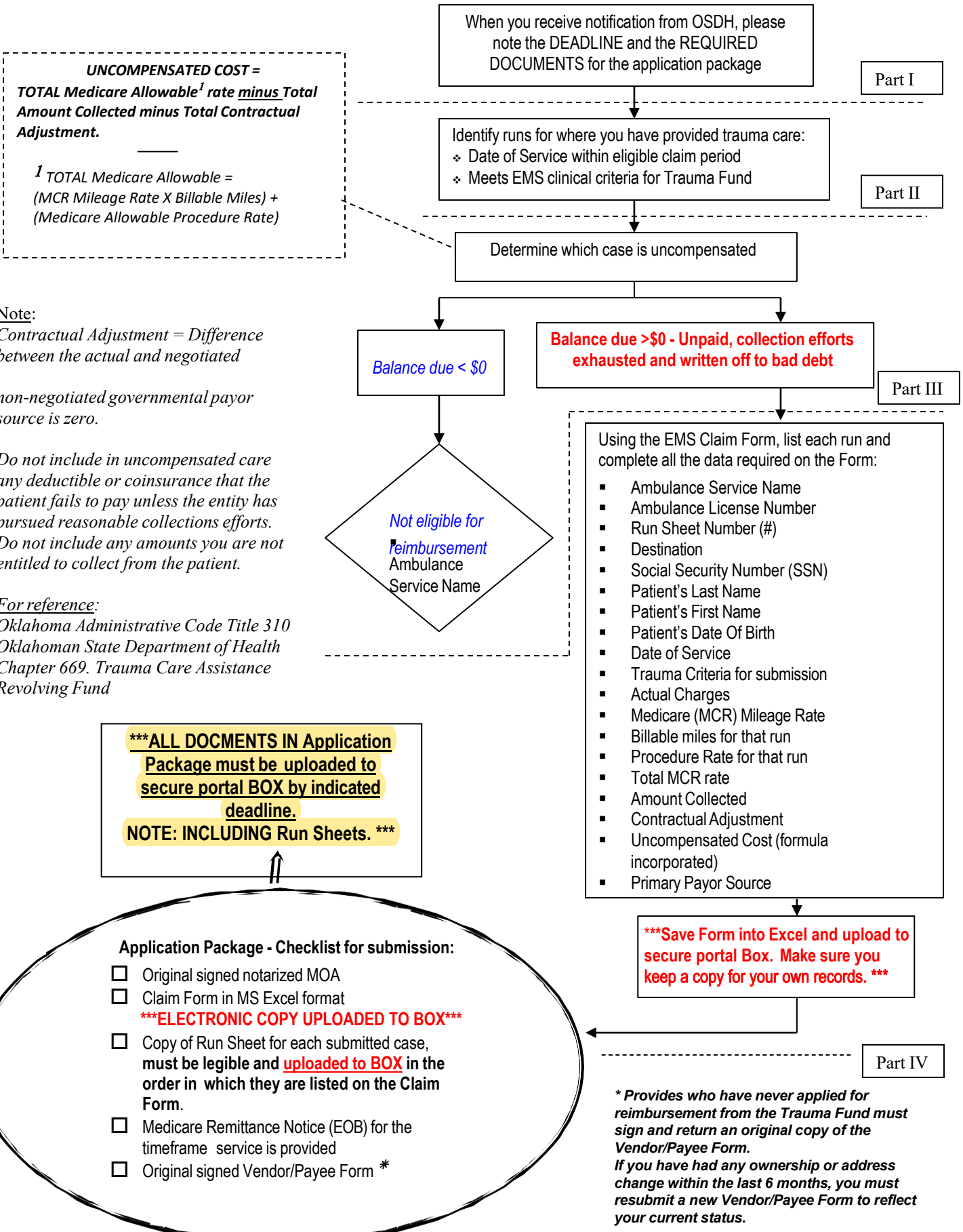


TRAUMA FUND: Suggested Step By Step Guide for EMS Application

*****PLEASE NOTE: CHANGES IN SUBMISSION PROCESS OF APPLICATIONS*****



UNCOMPENSATED COST =
TOTAL Medicare Allowable¹ rate minus Total Amount Collected minus Total Contractual Adjustment.

¹ **TOTAL Medicare Allowable =**
 (MCR Mileage Rate X Billable Miles) +
 (Medicare Allowable Procedure Rate)

Note:
 Contractual Adjustment = Difference between the actual and negotiated

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

*****ALL DOCUMENTS IN Application Package must be uploaded to secure portal BOX by indicated deadline. NOTE: INCLUDING Run Sheets.*****

- Application Package - Checklist for submission:**
- Original signed notarized MOA
 - Claim Form in MS Excel format
*****ELECTRONIC COPY UPLOADED TO BOX*****
 - Copy of Run Sheet for each submitted case, must be legible and **uploaded to BOX** in the order in which they are listed on the Claim Form.
 - Medicare Remittance Notice (EOB) for the timeframe service is provided
 - Original signed Vendor/Payee Form *

*** Provides who have never applied for reimbursement from the Trauma Fund must sign and return an original copy of the Vendor/Payee Form.**
If you have had any ownership or address change within the last 6 months, you must resubmit a new Vendor/Payee Form to reflect your current status.