MARYLAND TRAUMA PHYSICIAN SERVICES FUND

Reconciliation Report
for
Physician Uncompensated Care Payments

MARYLAND HEALTH CARE COMMISSION

Andrew N. Pollak, MD
Chair

Ben Steffen
Executive Director

HEALTH SERVICES COST REVIEW COMMISSION

Nelson J. Sabatini
Chair

Katie Wunderlich
Executive Director

Questions? CONTACT denise.ridgely@maryland.gov

Revised March 20, 2019
You Must File

IF . . .

• You provide services to a trauma patient having no health insurance, including Medicare Part B coverage, VA health benefits, CHAMPUS, Worker’s Compensation, and who is not eligible for Medical Assistance coverage., even if you received no subsequent payment.

• You received uncompensated care payments from the Fund and subsequently received a payment or payments from the patient, Medicare, Medicaid, the VA, Workmen’s Compensation, CHAMPUS, a health insurance company, automobile insurance company, or an attorney as a result of a legal settlement.

Please remember...

If you receive a payment for a trauma patient that was previously reimbursed by the Fund, you must complete and remit this Reconciliation Report even if the payment is less than your practice’s original billed amount.
1. Application Submission Date:

Month  Day  Year

2. Practice Information:

Name of physician, practice, or center

Street Address

City  State

Zip Code  Area Code + Telephone Number

E-mail Address

Tax ID number

3. Contact person if additional application information is needed:

Name  Title

Street Address

City  State

Zip Code  Area Code + Telephone Number

E-mail Address
4. Trauma Center where care was provided:

5. During this reporting period, was money recovered from another payer source for past services declared and reimbursed by the Fund? Report the amount paid to you by other sources for which your practice had previously received Trauma Fund uncompensated care payments. $______________

YOU MUST COMPLETE THE PHYSICIAN, PATIENT, SERVICE & FINANCIAL INFORMATION REQUESTED IN THE FOLLOWING TABLE IF THE AMOUNT REPORTED IN QUESTION 5 IS GREATER THAN $10.

Please Note that the Definitions follow Table 1.
**TABLE 1 Patient Reconciliation Report**

<table>
<thead>
<tr>
<th>Trauma Registry #</th>
<th>Facility ID #</th>
<th>Patient Last Name</th>
<th>Date of Service</th>
<th>(A) Total Amount Received from the Trauma Fund</th>
<th>(B) Amount Received from other Source(s)</th>
<th>(C) Source of Additional Funds (See Definitions)</th>
<th>(D) Amount Returned to Trauma Fund</th>
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</table>
## Definitions

**Trauma Registry #** — The patient’s 8 to 9 digit number assigned by the trauma center’s coordinator and reported on the Maryland Trauma Registry maintained by the Maryland Institute for Emergency Medical Services Systems.

**Facility ID #** — Please use the following facility identification numbers to identify the trauma center.

<table>
<thead>
<tr>
<th>Trauma Center</th>
<th>Facility ID #</th>
<th>Trauma Center</th>
<th>Facility ID #</th>
<th>Trauma Center</th>
<th>Facility ID #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Johns Hopkins Bayview Medical Center</td>
<td>601</td>
<td>R. Adams Cowley Shock Trauma Center</td>
<td>634</td>
<td>Johns Hopkins Bayview Medical Center, Baltimore Regional burn Center</td>
<td>701</td>
</tr>
<tr>
<td>(Adult Trauma Center)</td>
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<td>Johns Hopkins Hospital</td>
<td>604</td>
<td>Suburban Hospital (Adult Trauma Center)</td>
<td>649</td>
<td>Johns Hopkins Wilmer Eye Institute</td>
<td>705</td>
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<td>(Adult Trauma Center)</td>
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<tr>
<td>Peninsula Regional Medical Center</td>
<td>608</td>
<td>Meritus Medical Center (Adult Trauma Center)</td>
<td>699</td>
<td>Johns Hopkins Hospital Pediatric Burn Unit</td>
<td>707</td>
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<td>(Adult Trauma Center)</td>
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<td>Sinai Hospital</td>
<td>610</td>
<td>Johns Hopkins Medical Center (Pediatric Trauma Center)</td>
<td>704</td>
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<tr>
<td>(Adult Trauma Center)</td>
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<tr>
<td>Western Maryland Regional Medical Center</td>
<td>695</td>
<td>Children’s National Medical Center (Pediatric Trauma Center)</td>
<td>717</td>
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<tr>
<td>(Adult Trauma Center)</td>
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<tr>
<td>Prince George’s Hospital Center</td>
<td>632</td>
<td>Union Memorial Hospital Curtis National Hand Center</td>
<td>714</td>
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<tr>
<td>(Adult Trauma Center)</td>
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</table>

**Patient Last Name** — The last name of the patient receiving trauma services.

**Date of Service** — The date the patient arrived in the trauma center or date of follow-up care.

**Total Payment Received from the Trauma Fund** (Column A) — Amount of payment from the Fund

**Amount Received from Other Source(s)** (Column B) — The amount paid to the practice from other sources as identified below

**Source of Additional Funds — Definitions** (Column C):

1 = Medicaid or Medicaid MCO
2 = Medicare
3 = VA Benefits
4 = Champus
5 = Workers’ Compensation Health Benefits
6 = Private Health Insurance, including Medicare Supplemental
7 = Payment from Patient

**Amount Returned to Trauma Fund** (Column D) - Amount to be reimbursed to the Trauma Fund

(Add Column A, Minus Column B equals Column D)
VERIFICATION

I hereby certify that the facts stated in this Maryland Trauma Fund Reconciliation Report are accurate and true to the best of my knowledge and that the faculty or physician practice followed and adhered to its established collection policies and procedures before submitting this claim for reimbursement by the Maryland Trauma Physician Services Fund.

(Name of Physician Practice or Group - please print or type)

(Physician Group Designee’s Name & Title – please print or type)

(Physician Group Designee’s Authorized Signature)

(Date)
PLEASE RETURN THIS REPORT AND YOUR REIMBURSEMENT TO:

Denise Ridgely
Program Manager
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore MD  21215

MAKE THE CHECK PAYABLE TO:
State of Maryland, Maryland Trauma Physician Services Fund

THANK YOU.