

Figure 1: CORRECT "OTHER PROVIDER ID" LISTING

50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ADD. BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	
O/P MEDI-CAL					15000	57	MSSXXXXXX
						OTHER	
						PRV ID	

Figure 2: INCORRECT "OTHER PROVIDER ID" LISTING

50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ADD. BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	
O/P MEDI-CAL					15000	57	
						OTHER	
						PRV ID	MSSXXXXXX