

Figure 1: CORRECT "OTHER PROVIDER ID" LISTING

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