

### Sample of IRF Listing to Submit

**Provider Name:** \_\_\_\_\_  
**Provider Number:** \_\_\_\_\_

Patient's Last Name	Patient's First Name	Patient's Medicare Beneficiary Identifier (MBI) #	Patient's Medical Record Number	Primary Payer (General Payer Classification)	Secondary Payer (General Payer Classification)	Admit	Discharge
Doe	John	XXXXXXXXXX	XXXXXXX	Medicare Part A & B		XX-XX-XXXX	XX-XX-XXXX
Doe	John	XXXXXXXXXX	XXXXXXX	Medicare Part A & B	Medicaid	XX-XX-XXXX	XX-XX-XXXX
Doe	John	XXXXXXXXXX	XXXXXXX	Managed Medicare		XX-XX-XXXX	XX-XX-XXXX
Doe	John	N/A	XXXXXXX	Medicaid		XX-XX-XXXX	XX-XX-XXXX
Doe	John	N/A	XXXXXXX	Commercial Insurance		XX-XX-XXXX	XX-XX-XXXX
Doe	John	XXXXXXXXXX	XXXXXXX	Medicare Part A & B		XX-XX-XXXX	XX-XX-XXXX
Doe	John	XXXXXXXXXX	XXXXXXX	Medicare HMO	Medicaid	XX-XX-XXXX	XX-XX-XXXX
Doe	John	XXXXXXXXXX	XXXXXXX	Medicare MCO		XX-XX-XXXX	XX-XX-XXXX
Doe	John	N/A	XXXXXXX	Auto Insurance		XX-XX-XXXX	XX-XX-XXXX
Doe	John	N/A	XXXXXXX	Medicaid HMO		XX-XX-XXXX	XX-XX-XXXX
Doe	John	XXXXXXXXXX	XXXXXXX	Auto Insurance	Medicare	XX-XX-XXXX	XX-XX-XXXX
Doe	John	N/A	XXXXXXX	Commercial HMO		XX-XX-XXXX	XX-XX-XXXX
Doe	John	XXXXXXXXXX	XXXXXXX	Medicare Part A Only	Commercial HMO	XX-XX-XXXX	XX-XX-XXXX
Doe	John	XXXXXXXXXX	XXXXXXX	Medicare Part B Only	Commercial Insurance	XX-XX-XXXX	XX-XX-XXXX
Doe	John	NA	XXXXXXX	Private Pay		XX-XX-XXXX	XX-XX-XXXX

**NOTE:**

This informational listing should be prepared in an Excel file format and submitted on a CD (or USB flash drive).  
 Due to the sensitive nature of this data, please consider securing it with password encryption before mailing.