

HSA/HRA Receipt

Patient Information:

Name:	Date of Birth:	Insurance:
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Additional Information:

Diagnosis:	<input type="checkbox"/> G47.33 OSA <input type="checkbox"/> G47.37 CSA	Notes (optional):
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Itemized Receipt:

	Description	HCPC	Qty	Date of Service	Allowed Amount	Insurance Payment	Patient Payment	Payment Date
	CPAP Machine	E0601			\$	\$	\$	
	BIPAP Machine	E0470			\$	\$	\$	
	BIPAP w/ backup	E0471			\$	\$	\$	
	Humidifier	E0562			\$	\$	\$	
	Full Face Mask	A7030			\$	\$	\$	
	Full Face Cushion	A7031			\$	\$	\$	
	Nasal Cushion	A7032			\$	\$	\$	
	Nasal Pillow	A7033			\$	\$	\$	
	Nasal Mask	A7034			\$	\$	\$	
	Headgear	A7035			\$	\$	\$	
	Chinstrap	A7036			\$	\$	\$	
	Non-Heated Tubing	A7037			\$	\$	\$	
	Disposable Filter	A7038			\$	\$	\$	
	Non-Disposable Filter	A7039			\$	\$	\$	
	Heated Tubing	A4604			\$	\$	\$	
	Water Chamber	A7046			\$	\$	\$	
	Wireless Modem	A9279			\$	\$	\$	
					\$	\$	\$	
					\$	\$	\$	
					Totals:	\$	\$	

Instructions for completing the form are on the back of this page.

HSA/HRA Receipt Instructions

Definitions:

Diagnosis OSA: Obstructive Sleep Apnea

Diagnosis CSA: Central Sleep Apnea

HCPC: A coding system used by the healthcare industry to describe specific items and services.

Date of Service: Billing date of your equipment, established as either the date of physical delivery or shipped date.

Allowed Amount: An Insurance Provider's contracted rate (cost) assigned to a billable item.

Insurance Payment: The Allowed Amount portion that your insurance paid Quality DME, Inc. for the item(s).

Patient Payment: The Allowed Amount portion the patient pays for deductibles, co-insurance, or co-pays.

Payment Date: The date of your payment. This date is important for documenting HSA/HRA expenditures.

****Quality DME, Inc. cannot predict an insurance provider's HSA form requirements. Fill to comply with their standards.****

To help you fill out this form, make sure you have:

- Your Explanation of Benefits (EOB) from your insurance provider. Usually mailed or emailed to you after a processed insurance claim.
- Your Payment Receipt. After Quality DME, Inc. processes your payment, we email a copy of your receipt. You can also obtain a copy of your receipt by signing into your account on our website (www.qualitydme.com). Click the Pay Bill Online button at the top, and log in/create an account.
- [Optional] Your Delivery Ticket, included with your shipment. All deliveries have a Delivery Ticket that details the items received in your shipment.

Filling the form:

1. Fill out your Name, Date of Birth, and the name of your Insurance Provider
2. The following items are the most commonly required information for valid HSA receipts. Fill as applicable.
 - Using your EOB or Delivery Ticket, check the items you received.
 - Referencing your EOB, enter the Date of Service, Allowed Amount (sometimes called the discounted rate), and the amount paid by insurance.
 - Enter your Patient Payment portion of the item(s). The EOB will often indicate this amount, but you can also find it on your payment receipt.
 - Enter the Payment Date – this is important to reflect the actual date of the transaction. Most HSA/HRA transactions focus on the Payment Date and not the Date of Service.
3. Other options:
 - Enter the quantity of each item, if applicable.
 - If applicable, select the appropriate diagnosis (Obstructive Sleep Apnea or Central Sleep Apnea).
 - If applicable, the Notes section is for any additional information.
 - Enter the information in the two (2) blank spaces provided for items not listed. If you must provide an HCPC for cash sale items, enter E1399 for miscellaneous durable medical equipment.