

space between data in the blocks. Do not use script or compressed print. Invoices must not be folded.

For more information concerning the OCR billing mode, contact:

EDS/PA Medical Assistance Project
275 Grandview Avenue
Camp Hill, PA 17011
Phone: (717) 975-6045

5. Recipient Signature Requirement for Billing

All invoices must have either the recipient's signature or the words "Signature Exception" appearing on V-27, Item 47. An individual does not have to sign billing invoices in order for the provider to receive payment. This requirement has been waived for TSM providers.

The individual or a representative (legal guardian, family member or advocate) must continue to sign a service plan or addendum to the plan which states that the individual chooses to receive case management services. The provider may only sign for an individual when the person cannot sign, make a mark, or indicate his/her intent or have a representative sign. The signature represents consent to receive the services, not authorization to bill Medical Assistance. No authorization from the recipient is required before the provider or county can bill Medical assistance.

The county or contracted provider is responsible to ensure that the individual service plan or addendum to the plan is updated on an annual basis. It must be maintained on file for at least four (4) years and must be available for review and copy by State and Federal officials or their duly authorized representatives.

6. Encounter Form

An individual does not have to sign the encounter form in order for the provider to receive payment. This requirement has been waived for TSM providers. However; the individual or his/her representative (i.e., legal guardian, family member or advocate) must sign a current service plan or addendum to the plan which states that he/she chooses to receive case management services. The county or its delegate is responsible to ensure that this statement is maintained and appropriately updated on an annual basis.

Item 45 Provider’s Signature (Must)

The provider rendering the service must sign the invoice. The signature certifies that the service has been provided in accordance with Medical Assistance regulations. A signature stamp is acceptable for TSM services, and the provider authorized its use and assumes responsibility for the information on the invoice.

ALL UNSIGNED INVOICES WILL BE RETURNED TO YOU

NOTE: For machine printed continuous form invoices or magnetic tape billing, please refer to pages V-1 through V-7 for special instructions concerning signature requirements on the MA 307, Signature Transmittal Form.

Item 46 Invoice Date (Must)

Enter the date the invoice is being submitted to the Department for processing. Use a six-digit format for all dates. For example, if the submission date is October 30, 1994, enter:

Invoice Date
103094

Item 47 Recipient’s Signature (Must)

All invoices must have either the recipient’s signature or the words “signature exception” appearing in this item. An individual does not have to sign billing invoices in order for the provider to receive payment. This requirement has been waived for TSM providers. However; the individual or his/her representative (i.e., legal guardian, family member or advocate) must sign a current service plan or addendum to the plan which states that he/she chooses to receive case management. The county or its delegate is responsible to ensure that this statement is maintained and appropriately updated on an annual basis.

The provider may only sign for an individual when he/she cannot sign, make a mark, or indicate his/her intent, or have a representative sign on his/her behalf.

The service plan or addendum containing the individual’s signature must be maintained on file for at least four (4) years and must be available for reviewing and copying by State and Federal officials or their duly authorized representatives.