



# CLAIMS BATCH HEADER

Provider Name: \_\_\_\_\_

Provider Number: \_\_\_\_\_

Date Batch Sent: \_\_\_\_\_

Provider Unique Batch ID # \_\_\_\_\_ (optional\*)

Number of Claims Contained in Batch: \_\_\_\_\_

Billing Address: \_\_\_\_\_

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Provider Billing/Claims Contact Person: \_\_\_\_\_

Phone Number (with area code): \_\_\_\_\_

Fax Number (with area code): \_\_\_\_\_

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Number of claims counted by Beacon Health Options (Beacon) claims department: \_\_\_\_\_

Name of individual counting batch: \_\_\_\_\_

Date claims received and counted: \_\_\_\_\_

\*This unique number is assigned by the provider to identify the batch. It is not the number of claims in the batch.

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Batched claims will be counted upon arrival in the Beacon claims mailroom. If there is a discrepancy between the number of claims the provider indicates is in the batch and the number counted by the Beacon claims department, a copy of the Claims Batch Form will be returned to the provider indicating the count difference.