**Quote Submission Requirements**

 Available Reports: (check all requested)

☐ Average Discount Report

☐ Geo Access Report

☐ Repricing Analysis (items in **bold** are required)

1. **Provider Tax ID**

2. **Provider Name**

3. **Provider ZIP code**

4. **Provider State**

5. Encrypted Claim ID – A unique ID for each claim. Inpatient claims need to be summarized to just one claim line.

6. Claim line Number – For Outpatient and Professional Claims Only

7. **Inpatient, Outpatient, Professional Indicator**

8. **Place of Service Code – For Professional Claims Only (Values=Facility or Non-Facility)**

9. **Service Incurred Date: From**

10. **Service Incurred Date: To**

11. **DRG Code – For Inpatient Claims Only**

12. Revenue Code – For Outpatient Claims Only

13. **CPT Code – For Outpatient & Professional Claims Only**

14. **CPT Modifier – For Professional Claims Only**

15. Number of Approved Units – For Professional Claims Only

16. Number Days – For Inpatient Claims Only

17. **Billed Charge Amount**

18. **Ineligible Charge Amount**

19. **PPO Network Discount**

20. **Deductible**

21. **Coinsurance Dollars**

22. **Copay**

23. **COB**

24. **Employer Paid Amount**