# Sample of IRF Listing to Submit.xls

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| **Provider Name:** | | | | | | | |
| **Provider Number:** | | | | | | | |
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| **Patient Last** | **Patient First** | **Patient HIC #** | **Medical Record** | **Primary Payer** | **Secondary Payer** | **Admit** | **Discharge** |
| Doe | John | XXXXXXXXXX | XXXXXXX | Medicare HMO | Medicaid | XX-XX-XXXX | XX-XX-XXXX |
| Doe | John | XXXXXXXXXX | XXXXXXX | Commercial Insurance | Medicare | XX-XX-XXXX | XX-XX-XXXX |
| Doe | John | XXXXXXXXXX | XXXXXXX | Private Pay | Medicare | XX-XX-XXXX | XX-XX-XXXX |
| Doe | John | XXXXXXXXXX | XXXXXXX | HMO | | XX-XX-XXXX | XX-XX-XXXX |
| Doe | John | XXXXXXXXXX | XXXXXXX | Medicare Part A | HMO | XX-XX-XXXX | XX-XX-XXXX |
| Doe | John | XXXXXXXXXX | XXXXXXX | Medicare Part B | Medicare Part A | XX-XX-XXXX | XX-XX-XXXX |
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| **NOTE:** | | | | | | | |
| **This information maybe sent on a disk or CD in Excel format,** | | | | | | | |
| **but due to the sensitive nature of this data, please do not send it by e-mail** | | | | | | | |
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