



### DME Invoice Pricing Supplemental Form

Information provided on this form will supplement your claim and invoice.

*Please complete all blue-highlighted fields below.*

Note: Fields that are blank or display "NaN" will autopopulate when required fields are completed.

# Units Billed	x	# Calories per Unit	=	Total Calories Billed
	x		=	

Total Calories Billed	/	# Calories per Can/Pouch	=	Total Cans/Pouches Billed
	/		=	

Invoice Amount per Case	/	# Cans/Pouches per Case	=	Invoice Price per Can/Pouch
	/		=	

Invoice Price per Can/Pouch	x	35% of Invoice Price	=	HCPCS Allowed (Invoice Price per Can/Pouch + (35% of Invoice Price))	x	Total Cans/Pouches Billed	=	Total Allowed Amount
	x		=		x		=	

B4102-B4103

# Units Billed	x	# ML per Unit	=	Total ML Billed
	x		=	

Total ML Billed	/	# ML per Can/Pouch	=	Total Cans/Pouches Billed
	/		=	

Invoice Amount per Case	/	# Cans/Pouches per Case	=	Invoice Price per Can/Pouch
	/		=	

Invoice Price per Can/Pouch	x	35% of Invoice Price	=	HCPCS Allowed (Invoice Price per Can/Pouch + (35% of Invoice Price))	x	Total Cans/Pouches Billed	=	Total Allowed Amount
	x		=		x		=	

This form should only be used as a supplement to the required invoice. **The actual invoice is required in order to process claims.**

There is **no guarantee of payment** in the exact amount that listed on this form. The actual payment amount is determined based on the calculations performed in alignment with KMAP General Bulletin 19158.