

**UMMG - IDX  
BAR**

**ctionary Maintenance Form**

**FINANCIAL STATUS CLASSIFICATION  
DICTIONARY #19**

Check the appropriate box:

Add     Deactivate     Update

Name of FSC: \_\_\_\_\_

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

City, State, Zip \_\_\_\_\_

(Area Code) Telephone no. (    ) \_\_\_\_\_

ASA Code Required? \_\_\_\_\_

Send Patient Statement?  Yes     No

Is this a Registration FSC:  Yes     No

Reporting Category? \_\_\_\_\_

Effective Date for this FSC? \_\_\_\_\_

Is this a Collection FSC to be included  
on the monthly payment code summary?     Yes     No

When transferring to this FSC, Request a claim?     Yes     No

Is this a Managed Care Contract?     Yes     No

Is profile attached to this request?     Yes     No

Indicate which percentage (%) of Payment below:

Complete one:

\_\_\_\_\_ % of UMMG Charges

\_\_\_\_\_ % of Medicare Allowable

\_\_\_\_\_ % Other

DEPT

Effective Date: \_\_\_\_\_

Division: \_\_\_\_\_

Submitted by: \_\_\_\_\_

Telephone #: \_\_\_\_\_

UMMG-IDX

Processed by: \_\_\_\_\_

Date: \_\_\_\_\_

**Fax the completed form to 243-7355.  
Please keep a copy for your departmental records.**