



First Health Services Corporation®

A Coventry Health Care Company

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1-800-770-5650
1-907-644-6800
<http://alaska.fhsc.com>



February 15, 2008

Attention: Home and Community-Based
Waiver Services Providers

SINGLE DATE OF SERVICE BILLING

Effective with May 1, 2008 dates of service, claims should be submitted with a single date of service. For example, if the services were rendered on May 13, 2008, then the claim should be submitted with a “from” and “to” date of service of 051308 or 05132008.

24. A.	DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES	
	From			To					(Explain Unusual Circumstances)	
	MM	DD	YY	MM	DD	YY		CPT/HCPCS	MODIFIER	
1										

24A.	Dates of Service	Required. In the <u>unshaded</u> area, enter the “from” and “to” dates services were rendered in MM/DD/YY format. The six-digit format is preferred; however the eight-digit format is also acceptable, such as MM/DD/CCYY. Each service/procedure must be entered on a separate line with no more than six lines per form.
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If you have questions, please call the First Health Services Provider Inquiry Unit at (907) 644-6800 or (800) 770-5650 (toll-free in Alaska).