



Claims Batch Sheet

Specify One

Practice Name: _____

Practice Phone #: _____

Practice Fax #: _____

Submitter Name: _____

Date: _____

Claim Count: _____

ONLY ONE CATEGORY PER BATCH

Primary Claims	COB

*****Limit Batches to 25 Claims or less*****

Process Summary:
 Facilities to batch and submit claims with cover sheet to:
 Hanger, Inc.
 c/o Linkia, LLC
 10910 Domain Drive
 Suite 300
 Austin, TX 78758

Fax: (512)201-6060
 Email: RCMBilling@hanger.com

Please list patient names and dates of service below. Discrepancies, if any, will be communicated via fax.

LINKIA verifies claim count. Discrepancies, if any, will be communicated to practice via fax.

***** Linkia Internal Use Only *****

Confirmation Date: _____

Discrepancy _____ Fax Date: _____ BATCH# _____

Linkia Processor: _____