

Instructions for Completing the Billing Reconciliation Form

FIELD	INSTRUCTIONS
Prepared By	Enter the name of the person preparing the form.
List Bill ID	Enter your list bill number.
Institution Name	Enter the name of your diocese, parish, institution or group.
Bill Month(s)/Due Date(s)	Enter the month(s)/due date(s) you are paying with this remittance.
Bill Amount	Enter the amount from the Net Amount field on your billing statement.
Remit Amount	Enter the amount of your payment.
Difference	Enter the difference between the bill amount and the remit amount in the previous rows. Please be sure to indicate whether a positive or negative amount. **NOTE: This amount should equal the Grand Total (3) amount in the details.
Name	Enter the name of the insured.
Details of Changes/Comments	Enter any additional information needed to clarify the change. Additions: Indicate the number of months being paid. Terminations: Indicate whether or not a refund should be used to make the payment. Changes: Be sure to include information for both the old and the new.
Add/Change/Term Effect Date	Indicate whether the item is a new enrollment (ADD), termination (TERM) or a change (CHANGE). Enter the effective date of the change.
Plan	Enter the plan that is effected by the change, where applicable.
Date Docs Sent	Enter the date the required documentation(enrollment forms, termination requests, etc.) was sent requesting the add, change or termination.
Amount	Enter the total amount of the add, change or termination that impacts the remittance amount. Be sure to indicate if a negative amount.
Total (1)	Enter the sum of the items in the Amount column above.
Miscellaneous/Details of Change/Comments	Enter information about any other changes being made on the billing statement, other than additions, terminations and/or changes.
Amount	Enter the total amount of the miscellaneous items that impacts the remittance amount.
Total (2)	Enter the sum of the items in the Amount column above.
Grand Total (3)	Enter the sum of the amounts in the Total (1) + Total (2) fields. This amount should equal the amount in the Difference field above.

*If you have any comments/suggestions for improving this form or our service to you, please contact us at 1-800-480-9967, or e-mail BILLINGRECON@CPG.ORG. Thank you .