

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

	РІСА																							PICA [
1. M	EDICARE	1	MEDIC	AID	TRI	CARE		CHA	MPVA		GROU	P H PLAN	F	ECA LK LUN		OTHER	1a. INSURI	ED'S I.D. NI	JMBER			(For	Program	in Item 1)	_
(M	1edicare#)		Medica	id#)	(ID#	ŧ/DoD#)		(Men	nber ID#)		(ID#)			D#)		(ID#)									
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)									3	3. PATIENT'S BIRTH DATE SEX							4. INSURED'S NAME (Last Name, First Name, Middle Initial)								
5. PAT	FIENT'S AI	DDRES	SS (No.	Street)					6				NSHIP '		SUBEI		7. INSURE	D'S ADDRE	SS (No.	Street)					
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CITY								ST	ATE 8			FOR N					CITY							STATE	
ZIP CO	ODE			TE	LEPHO	NE (Inclu	ide Area	a Code)									ZIP CODE			TEL	EPHON	E (Inclu	ide Area	Code)	
				()															()			
9. OTH	HER INSU	RED'S	NAME	(Last N	ame, Fi	rst Name	, Middle	e Initial)	1	0. IS F	PATIEN	T'S COI	NDITION	N RELA	ATED	TO:	11. INSURI	ED'S POLIC	Y GROUI	P OR F	ECA NU	JMBER	l		
a. OTHER INSURED'S POLICY OR GROUP NUMBER								a	a. EMP		ENT? (C		_	· .		a. INSURED'S DATE OF BIRTH SEX									
b. RF9	SERVED F			SE						b. AUTO ACCIDENT?							h OTUER		Desimut	al less Mi	M			F	
J. (16)		CITIN	0								С., С	_	Г			E (State)	b. OTHER	olaim ID (I	Designate	u by N	UUU)				
c. RES	SERVED F	OR NL	JCC US	E						c. OTHER ACCIDENT?							c. INSURA	NCE PLAN		R PRO	GRAM	JAME			
									Ĭ		Γ	YES		NC	C			2 July 11 1							
d. INSURANCE PLAN NAME OR PROGRAM NAME								1	10d. CLAIM CODES (Designated by NUCC)							d. IS THERE ANOTHER HEALTH BENEFIT PLAN?									
																YES NO <i>If yes</i> , complete items 9, 9a, and 9d.									
12 PA	TIENT'S C													format	ion ne	cessary	13. INSURE	ED'S OR AL							or
to	process thi																	s described		to the t	nuersig	neu pri	ysician of	supplier to	/1
									45.07																
MM DD YY I I I I I I I I I I I I I I I I I								QUAL.								16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY MM DD YY FROM TO TO									
Image:							17a.	, <u>i i i</u>							18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES										
									17b.	NPI							FROM	MM DE	Y C	Ϋ́	то		DD	ΥY	
19. AC			M INFO	RMATIC	ON (Des	signated I	by NUC	C)									20. OUTSI	DE LAB?			\$ C	HARGE	ES		
																	<u> </u> Пи	'ES	NO						
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service								service	ce line below (24E) ICD Ind.							22. RESUBMISSION CODE ORIGINAL REF. NO.									
А. L	В С								c. L	D															
Е. Ц	└ F. └ G. └_							G. L	н. Ц							23. PRIOR AUTHORIZATION NUMBER									
I. L 24. A.			F SERV	J. /ICE		B.	 			JBES	SFR\/I					E.	F		G	Н.	1			J.	
24. A. MM	From	YY		To DD	YY	PLACE OF	-	(Explain /HCPCS	Unusu			es)	0		AGNOSIS OINTER			G. DAYS OR	EPSDT Family	ID. QUAL.		RENI	DERING DER ID. #	
VIIVI	00		MM	00	T f	JENVICE	EiviG		10205			UOIVI				UNTER		HGEO	UNITS	Plan	QUAL.			<u>UENTU, #</u>	
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																					NPI				
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																					NPI				
25. FEDERAL TAX I.D. NUMBER SSN EIN 26. PATIENT'S AC							IT'S ACO	CCOUNT NO. 27. ACCEPT ASSIGNMENT?						28. TOTAL CHARGE 29. AMOUNT PAID 30. Rsvd for N					d for NUC	C Use					
													YES	6	NC		\$		\$						
	GNATURE CLUDING						32.	SERVIC	CE FACI	LITY L		ON INF	ORMAT	ION			33. BILLING	G PROVIDE	R INFO 8	PH #	()			
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					_	_	а.		ND		b.						a.	NDI	b.						
SIGNE	ED				DATE																				

NUCC Instruction Manual available at: www.nucc.org

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