



HEALTH INSURANCE CLAIM FORM

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

CARRIER

PICA <input type="checkbox"/>										PICA <input type="checkbox"/>																			
1. MEDICARE <input type="checkbox"/> (Medicare#) MEDICAID <input checked="" type="checkbox"/> (Medicaid#) TRICARE <input type="checkbox"/> (ID#/DoD#) CHAMPVA <input type="checkbox"/> (Member ID#) GROUP HEALTH PLAN <input type="checkbox"/> (ID#) FECA BLK LUNG <input type="checkbox"/> (ID#) OTHER <input type="checkbox"/> (ID#)										1a. INSURED'S I.D. NUMBER (For Program in Item 1) 512345678																			
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) Doe, Jane										3. PATIENT'S BIRTH DATE MM DD YY 01 01 2001 SEX M <input type="checkbox"/> F <input checked="" type="checkbox"/>										4. INSURED'S NAME (Last Name, First Name, Middle Initial)									
5. PATIENT'S ADDRESS (No., Street) 1234 Main Street										6. PATIENT RELATIONSHIP TO INSURED Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>										7. INSURED'S ADDRESS (No., Street)									
CITY Anytown					STATE TX					8. RESERVED FOR NUCC USE					CITY					STATE									
ZIP CODE 77123					TELEPHONE (Include Area Code) (123) 555-1234					9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) Doe, John					10. IS PATIENT'S CONDITION RELATED TO:					11. INSURED'S POLICY GROUP OR FECA NUMBER 412345678A									
a. OTHER INSURED'S POLICY OR GROUP NUMBER 123456789										a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO										a. INSURED'S DATE OF BIRTH MM DD YY M <input type="checkbox"/> F <input type="checkbox"/>									
b. RESERVED FOR NUCC USE										b. AUTO ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO PLACE (State)										b. OTHER CLAIM ID (Designated by NUCC)									
c. RESERVED FOR NUCC USE										c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO										c. INSURANCE PLAN NAME OR PROGRAM NAME									
d. INSURANCE PLAN NAME OR PROGRAM NAME										10d. CLAIM CODES (Designated by NUCC)										d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <i>If yes, complete items 9, 9a, and 9d.</i>									
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. Signature on File SIGNED _____ DATE _____										13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. Signature on File SIGNED _____																			
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY 05 01 2016 QUAL.					15. OTHER DATE QUAL. MM DD YY					16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY																			
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE Dr Dan Smith										17a.					17b. NPI 8819004002					18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY									
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)										20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input type="checkbox"/> NO										22. RESUBMISSION CODE ORIGINAL REF. NO.									
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. 0 A. H4422 B. H527 C. D. E. F. G. H. I. J. K. L.										23. PRIOR AUTHORIZATION NUMBER																			
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY		B. PLACE OF SERVICE		C. EMG		D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER				E. DIAGNOSIS POINTER		F. \$ CHARGES		G. DAYS OR UNITS		H. EPSDT Family Plan		I. ID. QUAL.		J. RENDERING PROVIDER ID. #									
05 01 2016 05 01 2016		1		V2020		A, B		175.00		175.00		NPI		NPI		NPI		NPI											
05 01 2016 05 01 2016		1		V2100		A, B		10.00		10.00		NPI		NPI		NPI		NPI											
05 01 2016 05 01 2016		1		V2100		A, B		10.00		10.00		NPI		NPI		NPI		NPI											
05 01 2016 05 01 2016		1		V2100		A, B		10.00		10.00		NPI		NPI		NPI		NPI											
05 01 2016 05 01 2016		1		V2100		A, B		10.00		10.00		NPI		NPI		NPI		NPI											
05 01 2016 05 01 2016		1		V2100		A, B		10.00		10.00		NPI		NPI		NPI		NPI											
05 01 2016 05 01 2016		1		V2100		A, B		10.00		10.00		NPI		NPI		NPI		NPI											
05 01 2016 05 01 2016		1		V2100		A, B		10.00		10.00		NPI		NPI		NPI		NPI											
05 01 2016 05 01 2016		1		V2100		A, B		10.00		10.00		NPI		NPI		NPI		NPI											
05 01 2016 05 01 2016		1		V2100		A, B		10.00		10.00		NPI		NPI		NPI		NPI											
05 01 2016 05 01 2016		1		V2100		A, B		10.00		10.00		NPI		NPI		NPI		NPI											
05 01 2016 05 01 2016		1		V2100		A, B		10.00		10.00		NPI		NPI		NPI		NPI											
05 01 2016 05 01 2016		1		V2100		A, B		10.00		10.00		NPI		NPI		NPI		NPI											
05 01 2016 05 01 2016		1		V2100		A, B		10.00		10.00		NPI		NPI		NPI		NPI											
05 01 2016 05 01 2016		1		V2100		A, B		10.00		10.00		NPI		NPI		NPI		NPI											
05 01 2016 05 01 2016		1		V2100		A, B		10.00		10.00		NPI		NPI		NPI		NPI											
05 01 2016 05 01 2016		1		V2100		A, B		10.00		10.00		NPI		NPI		NPI		NPI											
05 01 2016 05 01 2016		1		V2100		A, B		10.00		10.00		NPI		NPI		NPI		NPI											
05 01 2016 05 01 2016		1		V2100		A, B		10.00		10.00		NPI		NPI		NPI		NPI											
05 01 2016 05 01 2016		1		V2100		A, B		10.00		10.00		NPI		NPI		NPI		NPI											
05 01 2016 05 01 2016		1		V2100		A, B		10.00		10.00		NPI		NPI		NPI		NPI											
05 01 2016 05 01 2016		1		V2100		A, B		10.00		10.00		NPI		NPI		NPI		NPI											
05 01 2016 05 01 2016		1		V2100		A, B		10.00		10.00		NPI		NPI		NPI		NPI											
05 01 2016 05 01 2016		1		V2100		A, B		10.00		10.00		NPI		NPI		NPI		NPI											
05 01 2016 05 01 2016		1		V2100		A, B		10.00		10.00		NPI		NPI		NPI		NPI											
05 01 2016 05 01 2016		1		V2100		A, B		10.00		10.00		NPI		NPI		NPI		NPI											
05 01 2016 05 01 2016		1		V2100		A, B		10.00		10.00		NPI		NPI		NPI		NPI											
05 01 2016 05 01 2016		1		V2100		A, B		10.00		10.00		NPI		NPI		NPI		NPI											
05 01 2016 05 01 2016		1		V2100		A, B		10.00		10.00		NPI		NPI		NPI		NPI											
05 01 2016 05 01 2016		1		V2100		A, B		10.00		10.00		NPI		NPI		NPI		NPI											
05 01 2016 05 01 2016		1		V2100		A, B		10.00		10.00		NPI		NPI		NPI		NPI											
05 01 2016 05 01 2016		1		V2100		A, B		10.00		10.00		NPI		NPI		NPI		NPI											
05 01 2016 05 01 2016		1		V2100		A, B		10.00		10.00		NPI		NPI		NPI		NPI											
05 01 2016 05 01 2016		1		V2100		A, B		10.00		10.00		NPI		NPI		NPI		NPI											
05 01 2016 05 01 2016		1		V2100		A, B		10.00		10.00		NPI		NPI		NPI		NPI											
05 01 2016 05 01 2016		1		V2100		A, B		10.00		10.00		NPI		NPI		NPI		NPI											
05 01 2016 05 01 2016		1		V2100		A, B		10.00		10.00		NPI		NPI		NPI		NPI											
05 01 2016 05 01 2016		1		V2100		A, B		10.00		10.00		NPI		NPI		NPI		NPI											
05 01 2016 05 01 2016		1		V2100		A, B		10.00		10.00		NPI		NPI		NPI		NPI											
05 01 2016 05 01 2016		1		V2100		A, B		10.00		10.00		NPI		NPI		NPI		NPI											
05 01 2016 05 01 2016		1		V2100		A, B		10.00		10.00		NPI		NPI		NPI		NPI											
05 01 2016 05 01 2016		1		V2100		A, B		10.00		10.00		NPI		NPI		NPI		NPI											
05 01 2016 05 01 2016		1		V2100		A, B		10.00		10.00		NPI		NPI		NPI		NPI											
05 01 2016 05 01 2016		1		V2100		A, B		10.00		10.00		NPI		NPI		NPI		NPI											
05 01 2016 05 01 2016		1		V2100		A, B		10.00		10.00		NPI		NPI		NPI		NPI											
05 01 2016 05 01 2016		1		V2100		A, B		10.00		10.00		NPI		NPI		NPI		NPI											
05 01 2016 05 01 2016		1		V2100		A, B		10.00		10.00		NPI		NPI		NPI		NPI											
05 01 2016 05 01 2016		1		V2100		A, B		10.00		10.00		NPI		NPI		NPI		NPI											
05 01 2016 05 01 2016																													