

CLAIMER
PATIENT AND INSURED INFORMATION
PHYSICIAN OR SUPPLIER INFORMATION

HEALTH INSURANCE CLAIM FORM

1. MEDICARE MEDICAID CHAMPUS CHAMPVA OTHER ☐ Medicare # ☐ Medicaid # ☐ Champion's 2280 ☐ (Not for use) ☐ (See Supp. Health Plan Supp. ID#) ☐ (See Supp. Health Plan) ☐ (See Supp. Health Plan) ☐ (See Supp. Health Plan)										2. PATIENT'S NAME (Last Name, First Name, Middle Initial)										3. PATIENT'S BIRTH DATE MM / DD / YY										4. INSURED'S NAME (Last Name, First Name, Middle Initial)																													
5. PATIENT'S ADDRESS (City, State, ZIP Code)										6. PATIENT'S RELATIONSHIP TO INSURED Self ☐ Spouse ☐ Child ☐ Other ☐										7. INSURED'S ADDRESS (City, State, ZIP Code)										8. PATIENT'S STATUS Single ☐ Married ☐ Other ☐																													
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)										10. IS PATIENT'S CONDITION RELATED TO Employed ☐ Full Time ☐ Part Time ☐ Retired ☐ Disabled ☐										11. INSURED'S POLICY GROUP OR PLAN NUMBER										12. INSURED'S DATE OF BIRTH MM / DD / YY																													
13. OTHER INSURED'S POLICY OR GROUP NUMBER										14. EMPLOYMENT (CURRENT OR PREVIOUS) ☐ YES ☐ NO										15. INSURED'S NAME OR SCHOOL NAME										16. EMPLOYER'S NAME OR SCHOOL NAME																													
17. OTHER INSURED'S DATE OF BIRTH MM / DD / YY										18. AUTO ACCIDENT? ☐ YES ☐ NO										19. INSURED'S PLAN NAME OR PROGRAM NAME										20. IS THERE ANOTHER HEALTH BENEFIT PLAN? ☐ YES ☐ NO																													
19. OTHER INSURED'S NAME OR SCHOOL NAME										21. OTHER ACCIDENT? ☐ YES ☐ NO										22. INSURED'S POLICY OR PLAN NAME										23. IS THERE ANOTHER HEALTH BENEFIT PLAN? ☐ YES ☐ NO																													
24. INSURED'S PLAN NAME OR PROGRAM NAME										25. PRESERVED FOR LOCAL USE										26. INCIDENTS OR AUTHORIZED PERSONS SIGNATURE: I authorize the release of any medical or other information necessary to process this claim. I acknowledge payment of government benefits shall be paid to the party who accepts assignment below. SIGNED: _____ DATE: _____										27. PHYSICIAN OR AUTHORIZED PERSONS SIGNATURE: I authorize payment of medical benefits to the undersigned physician or agent for services described below. SIGNED: _____																													
28. DATE OF CURRENT MM / DD / YY										29. IF PATIENT HAS HAD SAME OF ONSET/ILLNESS GIVE FIRST DATE: MM / DD / YY										30. DATE PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM: MM / DD / YY TO: MM / DD / YY																																							
31. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE										32. I.D. NUMBER OF REFERRING PHYSICIAN										33. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM: MM / DD / YY TO: MM / DD / YY																																							
34. PRESERVED FOR LOCAL USE										35. OUTSIDE LAB? ☐ YES ☐ NO										36. MEDICATED RESURFACER CODE: _____ ORIGINAL REF NO: _____																																							
37. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (RELATE ITEMS 1-10 FOR A TO ITEM 11 BY LINE) 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____										38. PHYSICIAN AUTHORIZATION NUMBER										39. PHYSICIAN AUTHORIZATION NUMBER																																							
40. DATE OF SERVICE From: MM / DD / YY To: MM / DD / YY										41. PLACE OF SERVICE										42. TYPE OF SERVICE										43. PHYSICIAN, SUPPLIER, OR SERVICE (Include Unusual Circumstances) 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____										44. CHARGE CODE										45. CHARGE ☐ CHARGES									
46. FEDERAL TAX ID NUMBER SSN EIN										47. PATIENT'S ACCOUNT NO.										48. ACCEPT RESPONSIBILITY for payment of bill? ☐ YES ☐ NO										49. TOTAL CHARGE \$										50. AMOUNT PAID \$										51. BALANCE DUE \$									
52. SIGNATURE OF PHYSICIAN OR SUPPLIER (Include name, address, and phone number)										53. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (If other than home or office)										54. PHYSICIAN, SUPPLIER, BILLING NAME, ADDRESS, ZIP CODE & PHONE #										55. PHYSICIAN, SUPPLIER, BILLING NAME, ADDRESS, ZIP CODE & PHONE #																													
56. SIGNED: _____										57. SIGNED: _____										58. SIGNED: _____										59. SIGNED: _____										60. SIGNED: _____																			

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LL Leslie

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Dickstein,Renu Gehring,2014-10 Explains the source and content of administrative healthcare data which is the product of financial reimbursement for healthcare services The book integrates the business knowledge of healthcare data with practical and pertinent case studies as shown in SAS Enterprise Guide **Federal Register** ,2013-12 **Health Care**

Cost Containment United States. Congress. House. Select Committee on Aging,1985 **Handling the Medical Claim** Catherine Cochran,2017-07-27 When a doctor sees a patient how does the doctor s office get paid If a claim for a service or procedure provided is denied how does the doctor s office get the patient s insurance company to pay Handling the Medical Claim An 8 Step Guide on How To Correct and Resolve Claim Issues explains from beginning to end how to bill and collect on cla **Adams' Coding and Reimbursement - E-Book** Wanda Adams,2008-04-22 NEW application exercises help you put your knowledge of coding and reimbursement into practice Texas Register Texas. Secretary of State,2001

Documentation for Rehabilitation Lori Quinn,James Gordon,2015-12-11 Better patient management starts with better documentation Documentation for Rehabilitation A Guide to Clinical Decision Making in Physical Therapy 3rd Edition shows how to accurately document treatment progress and patient outcomes Designed for use by rehabilitation professionals documentation guidelines are easily adaptable to different practice settings and patient populations Realistic examples and practice exercises reinforce concepts and encourage you to apply what you ve learned Written by expert physical therapy

educators Lori Quinn and James Gordon this book will improve your skills in both documentation and clinical reasoning A practical framework shows how to organize and structure PT records making it easier to document functional outcomes in many practice settings and is based on the International Classification for Functioning Disability and Health ICF model the one adopted by the APTA Coverage of practice settings includes documentation examples in acute care rehabilitation outpatient home care and nursing homes as well as a separate chapter on documentation in pediatric settings Guidelines to systematic documentation describe how to identify record measure and evaluate treatment and therapies especially important when insurance companies require evidence of functional progress in order to provide reimbursement Workbook textbook format uses examples and exercises in each chapter to reinforce your understanding of concepts NEW Standardized Outcome Measures chapter leads to better care and patient management by helping you select the right outcome measures for use in evaluations re evaluations and discharge summaries UPDATED content is based on data from current research federal policies and APTA guidelines including incorporation of new terminology from the Guide to Physical Therapist 3 0 and ICD 10 coding EXPANDED number of case examples covers an even broader range of clinical practice areas *Insurance Handbook for the Medical Office - E-Book* Marilyn Fordney, 2015-12-08 Stay up on the latest in insurance billing and coding with Marilyn Fordney's *Insurance Handbook for the Medical Office* 14th Edition Trusted for more than 30 years this market leading handbook equips you to succeed as medical insurance specialist in any of today's outpatient settings Coverage emphasizes the role of the medical insurance specialist in areas such as diagnostic coding procedural coding Medicare HIPAA and bill collection strategies As with previous editions all the plans that are most commonly encountered in clinics and physicians offices are incorporated into the text as well as icons for different types of payers lists of key abbreviations and numerous practice exercises that assist you in accurately filling out claim forms This new edition also features expanded coverage of ICD 10 electronic medical records electronic claims submission and the HIPAA 5010 keeping you one step ahead of the latest practices and protocols of the profession Key terms are defined and emphasized throughout the text to reinforce understanding of new concepts and terminology Separate chapter on HIPAA Compliance in Insurance Billing as well as Compliance Alerts throughout the text highlights important HIPAA compliance issues to ensure readers are compliant with the latest regulations Emphasis on the business of running a medical office and the importance of the medical insurance specialist details the importance of the medical insurance specialist in the business of the medical office Increased focus on electronic filing claims submission prepares readers for the industry wide transition to electronic claims submission Separate chapter on documentation in the medical office covers the principles of medical documentation and the rationales for it Service to Patient features in most chapters offer examples of good customer service User resources on the Evolve companion website feature performance checklists self assessment quizzes the Student Software Challenge with cases on different payer types and an interactive CMS 1500 02 12 form to fill in NEW Expanded coverage of ICD 10 prepares users to

code ICD 10 with the planned effective date of October 2015 NEW Added information on the electronic medical record and electronic claims submission including information on the HIPAA 5010 equips users for the transition between paper and electronic methods of medical records and links the CMS 1500 02 12 form to the electronic submissions process NEW SimChart for the Medical Office SCMO application activities on the companion Evolve website adds additional functionality to the insurance module on the SCMO roadmap

Health Care Finance Judith J. Baker,R. W. Baker,2009-12-18 This is the most practical financial management text for those who need basic financial management knowledge and a better understanding of healthcare finance in particular Using actual examples from hospitals long term care facilities and home health agencies this user friendly text includes practical information for the nonfinancial manager charged with budgeting New to the Third Edition New chapter on Operational Budgeting New chapter on The Financial Impact of Electronic Records New chapter on The Financial Impact of Information Input An expanded explanation of typical forms and terms of financing and equity New Mini Case Study A Facility s Conversion to Electronic Records covers the federally mandated transition to ICD 10 Thoroughly updated instructor supplements including PowerPoints Excel Spreadsheets and Instructor s Manual

Understanding Hospital Billing and Coding Debra P. Ferenc,2013-02-26 Updated Claim Forms chapter covers the UB 04 claim form Updated information covers diagnosis and procedural coding with guidelines and applications Updated claim forms and names are used throughout

Emergency Department Coding and Billing Duane C. Abbey,2005

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