

Revised CMS-1500 Health Insurance Claim Form (08/05)

Changes in blue • Source of changes: www.nucc.org/images/stories/PDFs/final_1500_change_log.pdf

1500

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 06021

HEALTH ADVANTAGE, INC
PO BOX 1511
FLINT, MI 48501-1511

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|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|
| 1. FICA <input type="checkbox"/> MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> THE STATE OF CALIFORNIA <input type="checkbox"/> OTHER <input type="checkbox"/> (See instructions for details) | | | | | | | | | | FICA <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | |
| 2. PATIENT'S NAME (Last, First, Middle Initial) Smith, Ann G | | | | | | | | | | 3. PATIENT'S BIRTH DATE (MM/DD/YYYY) 06/15/55 SEX <input checked="" type="checkbox"/> F <input type="checkbox"/> M | | | | | | | | | | 4. INSURED'S NAME (Last, First, Middle Initial) Smith, Ann G | | | | | | | | | |
| 5. PATIENT'S ADDRESS (Pal., Street) 1234 Anywhere Ave | | | | | | | | | | 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 (Pal., Street) 1234 Anywhere Ave | | | | | | | | | |
| CITY Okemos STATE MI | | | | | | | | | | 8. PATIENT STATUS Single <input type="checkbox"/> Married <input type="checkbox"/> Other <input type="checkbox"/> | | | | | | | | | | CITY Okemos STATE MI | | | | | | | | | |
| ZIP CODE 48864 TELEPHONE (Include Area Code) (517) 555-5555 | | | | | | | | | | 9. EMPLOYED <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Student <input type="checkbox"/> | | | | | | | | | | ZIP CODE 48864 TELEPHONE (Include Area Code) () () () | | | | | | | | | |
| 10. OTHER INSURED'S NAME (Last, First, Middle Initial) | | | | | | | | | | 11. INSURED'S POLICY GROUP OR PROGRAM NUMBER BCCCP | | | | | | | | | | 12. INSURED'S DATE OF BIRTH (MM/DD/YYYY) 06/15/55 SEX <input type="checkbox"/> F <input checked="" type="checkbox"/> M | | | | | | | | | |
| 13. OTHER INSURED'S DATE OF BIRTH (MM/DD/YYYY) SEX <input type="checkbox"/> F <input type="checkbox"/> M | | | | | | | | | | 14. EMPLOYED <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | | | | 15. EMPLOYED NAME OR SCHOOL NAME | | | | | | | | | |
| 16. EMPLOYER'S NAME OR SCHOOL NAME | | | | | | | | | | 17. INSURANCE PLAN NAME OR PROGRAM NAME | | | | | | | | | | 18. IS THERE ANOTHER HEALTHCARE PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, return to and complete item 10-a. | | | | | | | | | |
| 19. INSURANCE PLAN NAME OR PROGRAM NAME | | | | | | | | | | 20. INSURED'S OR AUTHORIZED REPRESENTATIVE'S SIGNATURE (I authorize payment of medical benefits to the undersigned physician or supplier for services submitted to this plan.) | | | | | | | | | | 21. SIGNATURE ON FILE | | | | | | | | | |
| 22. DATE OF CURRENT BILL (MM/DD/YY) ADDRESS (Pal., Street) OR INSURANCE ADDRESS (Pal., Street) (Include ZIP Code) | | | | | | | | | | 23. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS (Give First Date) (MM/DD/YY) (Last Date) (MM/DD/YY) 11/11/99 12/31/00 | | | | | | | | | | 24. DATE OF PREVIOUS ILLNESS (MM/DD/YY) TO (MM/DD/YY) 11/11/99 12/31/00 | | | | | | | | | |
| 25. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE | | | | | | | | | | 26. MEDICAL HISTORY DATES RELATED TO CURRENT SERVICE (MM/DD/YY) FROM (MM/DD/YY) TO (MM/DD/YY) 03/06/07 11/11/99 | | | | | | | | | | 27. OUTSIDE LAST <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | | | |
| 28. RESERVED FOR LOCAL USE | | | | | | | | | | 29. EXAMINEE OR NATURE OF ILLNESS OR INJURY (Please itemize items 1, 2, 3 or 4 as seen and by line) V72.31 | | | | | | | | | | 30. ICD-9-CM CODE (Official Use Only) 77.00 1 | | | | | | | | | |
| 31. ICD-9-CM CODE (Official Use Only) 03 06 07 11 99213 | | | | | | | | | | 32. ICD-9-CM CODE (Official Use Only) 77.00 1 | | | | | | | | | | 33. ICD-9-CM CODE (Official Use Only) 77.00 1 | | | | | | | | | |
| 34. ICD-9-CM CODE (Official Use Only) 03 06 07 11 99213 | | | | | | | | | | 35. ICD-9-CM CODE (Official Use Only) 77.00 1 | | | | | | | | | | 36. ICD-9-CM CODE (Official Use Only) 77.00 1 | | | | | | | | | |
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Place Of Service Codes For Cms 1500

Laura Southard Durham

A red circular graphic with a gradient, appearing as a partial circle or a stylized arrow pointing to the right, located to the right of the name bar.

Place Of Service Codes For Cms 1500:

The book delves into Place Of Service Codes For Cms 1500. Place Of Service Codes For Cms 1500 is a vital topic that needs to be grasped by everyone, ranging from students and scholars to the general public. This book will furnish comprehensive and in-depth insights into Place Of Service Codes For Cms 1500, encompassing both the fundamentals and more intricate discussions.

1. This book is structured into several chapters, namely:
 - Chapter 1: Introduction to Place Of Service Codes For Cms 1500
 - Chapter 2: Essential Elements of Place Of Service Codes For Cms 1500
 - Chapter 3: Place Of Service Codes For Cms 1500 in Everyday Life
 - Chapter 4: Place Of Service Codes For Cms 1500 in Specific Contexts
 - Chapter 5: Conclusion
 2. In chapter 1, the author will provide an overview of Place Of Service Codes For Cms 1500. The first chapter will explore what Place Of Service Codes For Cms 1500 is, why Place Of Service Codes For Cms 1500 is vital, and how to effectively learn about Place Of Service Codes For Cms 1500.
 3. In chapter 2, the author will delve into the foundational concepts of Place Of Service Codes For Cms 1500. The second chapter will elucidate the essential principles that must be understood to grasp Place Of Service Codes For Cms 1500 in its entirety.
 4. In chapter 3, the author will examine the practical applications of Place Of Service Codes For Cms 1500 in daily life. This chapter will showcase real-world examples of how Place Of Service Codes For Cms 1500 can be effectively utilized in everyday scenarios.
 5. In chapter 4, this book will scrutinize the relevance of Place Of Service Codes For Cms 1500 in specific contexts. The fourth chapter will explore how Place Of Service Codes For Cms 1500 is applied in specialized fields, such as education, business, and technology.
 6. In chapter 5, this book will draw a conclusion about Place Of Service Codes For Cms 1500. The final chapter will summarize the key points that have been discussed throughout the book.
- This book is crafted in an easy-to-understand language and is complemented by engaging illustrations. This book is highly recommended for anyone seeking to gain a comprehensive understanding of Place Of Service Codes For Cms 1500.

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