

CLAIMER
PATIENT AND INSURED INFORMATION
PHYSICIAN OR SUPPLIER INFORMATION

HEALTH INSURANCE CLAIM FORM

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| 1. INSURER MEDICAID CHAMPUS CHAMPVA OTHER
☐ (Medicare #) ☐ (Medicaid #) ☐ (Champus #) ☐ (Champva #) ☐ (Other #) | | | | | | | | | | 2. PATIENT'S NAME (Last Name, First Name, Middle Initial) | | | | | | | | | | 3. PATIENT'S BIRTH DATE MM / DD / YY SEX ☐ M ☐ F | | | | | | | | | | 4. INSURED'S NAME (Last Name, First Name, Middle Initial) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) | | | | | | | | | | 10. IS PATIENT'S CONDITION RELATED TO ☐ YES ☐ NO | | | | | | | | | | 11. INSURED'S POLICY GROUP OR PLAN NUMBER | | | | | | | | | | 12. INSURED'S DATE OF BIRTH MM / DD / YY SEX ☐ M ☐ F | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 13. OTHER INSURED'S POLICY OR GROUP NUMBER | | | | | | | | | | 14. EMPLOYMENT (CURRENT OR PREVIOUS) ☐ YES ☐ NO | | | | | | | | | | 15. INSURED'S NAME OR SCHOOL NAME | | | | | | | | | | 16. INSURED'S PLAN NAME OR PROGRAM NAME | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 17. OTHER INSURED'S DATE OF BIRTH MM / DD / YY SEX ☐ M ☐ F | | | | | | | | | | 18. AUTO ACCIDENT? ☐ YES ☐ NO | | | | | | | | | | 19. EMPLOYER'S NAME OR SCHOOL NAME | | | | | | | | | | 20. INSURED'S PLAN NAME OR PROGRAM NAME | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 21. EMPLOYER'S NAME OR SCHOOL NAME | | | | | | | | | | 22. OTHER ACCIDENT? ☐ YES ☐ NO | | | | | | | | | | 23. IS THERE ANOTHER HEALTH BENEFIT PLAN? ☐ YES ☐ NO | | | | | | | | | | 24. IS THERE ANOTHER HEALTH BENEFIT PLAN? ☐ YES ☐ NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 25. INCIDENTS OR AUTHORIZED PERSON'S 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 26. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE: I authorize payment of medical benefits to the undersigned physician or supplier for services described below. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 27. DATE OF CURRENT SERVICE MM / DD / YY | | | | | | | | | | | | | | | | | | | | 28. IF PATIENT HAS HAD SAME OF SERVICE, GIVE FIRST DATE MM / DD / YY | | | | | | | | | | | | | | | | | | | | 29. DATE PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM / DD / YY TO MM / DD / YY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 30. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE | | | | | | | | | | | | | | | | | | | | 31. I.D. NUMBER OF REFERRING PHYSICIAN | | | | | | | | | | | | | | | | | | | | 32. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM / DD / YY TO MM / DD / YY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 33. RESERVED FOR LOCAL USE | | | | | | | | | | | | | | | | | | | | 34. OUTSIDE LAB? ☐ YES ☐ NO | | | | | | | | | | | | | | | | | | | | 35. MEDICATED RESURFACING? ☐ YES ☐ NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 36. DIAGNOSIS OR NATURE OF ILLNESS (RELATE ITEMS 1-4 TO THIS) | | | | | | | | | | | | | | | | | | | | 37. PHYSICIAN AUTHORIZATION NUMBER | | | | | | | | | | | | | | | | | | | | 38. PHYSICIAN AUTHORIZATION NUMBER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 39. DATE OF SERVICE FROM MM / DD / YY TO MM / DD / YY | | | | | | | | | | | | | | | | | | | | 40. PLACE OF SERVICE | | | | | | | | | | | | | | | | | | | | 41. TYPE OF SERVICE | | | | | | | | | | | | | | | | | | | | 42. PHYSICIAN, SUPPLIER, OR SUPPLIER (OPTION: Unusual Circumstances) NO. 1 | 43. CHARGE CODE | 44. CHARGE CODE | 45. CHARGE CODE | 46. CHARGE CODE | 47. CHARGE CODE | 48. CHARGE CODE | 49. CHARGE CODE | 50. CHARGE CODE | 51. CHARGE CODE | 52. CHARGE CODE | 53. CHARGE CODE | 54. CHARGE CODE | 55. CHARGE CODE | 56. CHARGE CODE | 57. CHARGE CODE | 58. CHARGE CODE | 59. CHARGE CODE | 60. CHARGE CODE | 61. CHARGE CODE | 62. CHARGE CODE | 63. CHARGE CODE | 64. CHARGE CODE | 65. CHARGE CODE | 66. CHARGE CODE | 67. CHARGE CODE | 68. CHARGE CODE | 69. CHARGE CODE | 70. CHARGE CODE | 71. CHARGE CODE | 72. CHARGE CODE | 73. CHARGE CODE | 74. CHARGE CODE | 75. CHARGE CODE | 76. CHARGE CODE | 77. CHARGE CODE | 78. CHARGE CODE | 79. CHARGE CODE | 80. CHARGE CODE | 81. CHARGE CODE | 82. CHARGE CODE | 83. CHARGE CODE | 84. CHARGE CODE | 85. CHARGE CODE | 86. CHARGE CODE | 87. CHARGE CODE | 88. CHARGE CODE | 89. CHARGE CODE | 90. CHARGE CODE | 91. CHARGE CODE | 92. CHARGE CODE | 93. CHARGE CODE | 94. CHARGE CODE | 95. CHARGE CODE | 96. CHARGE CODE | 97. CHARGE CODE | 98. CHARGE CODE | 99. CHARGE CODE | 100. CHARGE CODE | 101. CHARGE CODE | 102. CHARGE CODE | 103. CHARGE CODE | 104. CHARGE CODE | 105. CHARGE CODE | 106. CHARGE CODE | 107. CHARGE CODE | 108. CHARGE CODE | 109. CHARGE CODE | 110. CHARGE CODE | 111. CHARGE CODE | 112. CHARGE CODE | 113. CHARGE CODE | 114. CHARGE CODE | 115. CHARGE CODE | 116. CHARGE CODE | 117. CHARGE CODE | 118. CHARGE CODE | 119. CHARGE CODE | 120. CHARGE CODE | 121. CHARGE CODE | 122. CHARGE CODE | 123. CHARGE CODE | 124. CHARGE CODE | 125. CHARGE CODE | 126. CHARGE CODE | 127. CHARGE CODE | 128. CHARGE CODE | 129. CHARGE CODE | 130. CHARGE CODE | 131. CHARGE CODE | 132. CHARGE CODE | 133. CHARGE CODE | 134. CHARGE CODE | 135. CHARGE CODE | 136. CHARGE CODE | 137. CHARGE CODE | 138. CHARGE CODE | 139. CHARGE CODE | 140. CHARGE CODE | 141. CHARGE CODE | 142. CHARGE CODE | 143. CHARGE CODE | 144. CHARGE CODE | 145. CHARGE CODE | 146. CHARGE CODE | 147. CHARGE CODE | 148. CHARGE CODE | 149. CHARGE CODE | 150. CHARGE CODE | 151. CHARGE CODE | 152. CHARGE CODE | 153. CHARGE CODE | 154. CHARGE CODE | 155. CHARGE CODE | 156. CHARGE CODE | 157. CHARGE CODE | 158. CHARGE CODE | 159. CHARGE CODE | 160. CHARGE CODE | | | | | | | | | | | | | | | | | | | |
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The Top Books of the Year Place Of Service Codes For Hcfa 15 The year 2023 has witnessed a remarkable surge in literary brilliance, with numerous engrossing novels captivating the hearts of readers worldwide. Lets delve into the realm of top-selling books, exploring the engaging narratives that have captivated audiences this year. Place Of Service Codes For Hcfa 15 : Colleen Hoovers "It Ends with Us" This touching tale of love, loss, and resilience has captivated readers with its raw and emotional exploration of domestic abuse. Hoover expertly weaves a story of hope and healing, reminding us that even in the darkest of times, the human spirit can succeed. Uncover the Best : Taylor Jenkins Reids "The Seven Husbands of Evelyn Hugo" This intriguing historical fiction novel unravels the life of Evelyn Hugo, a Hollywood icon who defies expectations and societal norms to pursue her dreams. Reids captivating storytelling and compelling characters transport readers to a bygone era, immersing them in a world of glamour, ambition, and self-discovery. Discover the Magic : Delia Owens "Where the Crawdads Sing" This evocative coming-of-age story follows Kya Clark, a young woman who grows up alone in the marshes of North Carolina. Owens crafts a tale of resilience, survival, and the transformative power of nature, captivating readers with its evocative prose and mesmerizing setting. These top-selling novels represent just a fraction of the literary treasures that have emerged in 2023. Whether you seek tales of romance, adventure, or personal growth, the world of literature offers an abundance of engaging stories waiting to be discovered. The novel begins with Richard Papen, a bright but troubled young man, arriving at Hampden College. Richard is immediately drawn to the group of students who call themselves the Classics Club. The club is led by Henry Winter, a brilliant and charismatic young man. Henry is obsessed with Greek mythology and philosophy, and he quickly draws Richard into his world. The other members of the Classics Club are equally as fascinating. Bunny Corcoran is a wealthy and spoiled young man who is always looking for a good time. Charles Tavis is a quiet and reserved young man who is deeply in love with Henry. Camilla Macaulay is a beautiful and intelligent young woman who is drawn to the power and danger of the Classics Club. The students are all deeply in love with Morrow, and they are willing to do anything to please him. Morrow is a complex and mysterious figure, and he seems to be manipulating the students for his own purposes. As the students become more involved with Morrow, they begin to commit increasingly dangerous acts. The Secret History is a masterful and gripping novel that will keep you wondering until the very end. The novel is a warning tale about the dangers of obsession and the power of evil.

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