

HEALTH INSURANCE CLAIM FORM

1. MEDICARE: <input type="checkbox"/> MEDICAID: <input type="checkbox"/> CHAMPVA: <input type="checkbox"/> LIFE/ACCIDENT/ILLNESS/OTHER: <input type="checkbox"/>		3. PATIENT'S BIRTH DATE: MM / DD / YY		5. INSURED'S POLICY NUMBER	
2. PATIENT'S NAME (Last, First, Middle Initial)		4. PATIENT'S SEX: M <input type="checkbox"/> F <input type="checkbox"/>		6. INSURED'S FIRST NAME	
5. PATIENT'S ADDRESS (No. Street)		7. PATIENT'S RELATIONSHIP TO INSURED: Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>		8. INSURED'S ADDRESS (No. Street)	
CITY: _____ STATE: _____		9. PATIENT'S STATUS: Single <input type="checkbox"/> Married <input type="checkbox"/> Other <input type="checkbox"/>		CITY: _____ STATE: _____	
ZIP CODE: _____ TELEPHONE (include Area Code): _____		10. EMPLOYED: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>		ZIP CODE: _____ TELEPHONE (include Area Code): _____	
11. OTHER INSURED'S NAME (Last, First, Middle Initial)		12. IS PATIENT'S COVERAGE RELATED TO:		13. INSURED'S POLICY GROUP OR POLICY NUMBER	
14. OTHER INSURED'S POLICY OR GROUP NUMBER		15. EMPLOYMENT (CURRENT OR PREVIOUS): YES <input type="checkbox"/> NO <input type="checkbox"/>		16. INSURED'S DATE OF BIRTH: MM / DD / YY	
17. OTHER INSURED'S DATE OF BIRTH: MM / DD / YY		18. AUTO ACCIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/>		19. EMPLOYER'S NAME OR SCHOOL NAME	
20. EMPLOYER'S NAME OR SCHOOL NAME		21. OTHER ACCIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/>		22. INSURANCE PLAN NAME OR PROGRAM NAME	
23. INSURANCE PLAN NAME OR PROGRAM NAME		24. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES <input type="checkbox"/> NO <input type="checkbox"/>		25. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE: _____	
26. SIGNATURE OF AUTHORIZED PERSON'S SIGNATURE: _____		27. DATE: _____		28. SIGNATURE OF AUTHORIZED PERSON'S SIGNATURE: _____	
29. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE		30. IS PATIENT UNDER CURRENT OCCUPATION? YES <input type="checkbox"/> NO <input type="checkbox"/>		31. HOSPITAL ADMISSION DATE (related to hospital services): MM / DD / YY	
32. RESERVED FOR LOCAL USE		33. D. D. NUMBER OF REFERRED PHYSICIAN		34. OUTSIDE LAST: YES <input type="checkbox"/> NO <input type="checkbox"/>	
35. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (RELATE ITEM 11 TO ITEM 35 BY LINE)		36. MEDICAL RECOMMENDATION: ORIGINAL REF NO. _____		37. PHYSICIAN AUTHORIZATION NUMBER	
38. PHYSICIAN'S SIGNATURE: _____		39. PHYSICIAN'S SIGNATURE: _____		40. PHYSICIAN'S SIGNATURE: _____	
41. PHYSICIAN'S SIGNATURE: _____		42. PHYSICIAN'S SIGNATURE: _____		43. PHYSICIAN'S SIGNATURE: _____	
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Annual Report to Congress United States. Physician Payment Review Commission,1997

Statistical Aspects of Physician Payment Systems United States. National Committee on Vital and Health Statistics,1987

The Pharmacist's Guide to Compensation for Patient-care Services Michael D. Hogue,2002 Provides pharmacists with answers to billing questions guidelines for completing insurance claim forms guidelines for becoming a provider and comprehending the billing process This book includes billing requirements for hospital practice tips for documenting pharmaceutical care services principles of CPT trouble shooting tips and more

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The Code of Federal Regulations of the United States of America ,1993 The Code of Federal Regulations is the codification of the general and

permanent rules published in the Federal Register by the executive departments and agencies of the Federal Government

Geographic Distribution of Federal Funds in Virginia , Includes data for the executive branch of the Federal Government only Medicare Statistical Files Manual United States. Health Care Financing Administration. Bureau of Data Management and Strategy,1988 **"Code of Massachusetts regulations, 2007"** ,2007 Archival snapshot of entire looseleaf Code of Massachusetts Regulations held by the Social Law Library of Massachusetts as of January 2020

Medicare Physician Payment Reform Regulations United States. Congress. Senate. Committee on Finance. Subcommittee on Medicare and Long-Term Care,1991 Geographic Distribution of Federal Funds in Wisconsin United States. Community Services Administration,1978 Includes data for the executive branch of the Federal Government only

Government Periodicals and Subscription Services ,1985 *State of North Carolina Administrative Code* ,2016

California. Court of Appeal (2nd Appellate District). Records and Briefs California (State)., *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 Vital and Health Statistics ,1983

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