

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

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1500

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 06/01

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

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/YY) 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/YY) 06 15 55 SEX <input type="checkbox"/> F <input checked="" type="checkbox"/> M																			
13. OTHER INSURED'S POLICY OR GROUP NUMBER										14. EMPLOYMENT (Current or Previous) <input type="checkbox"/> YES <input type="checkbox"/> NO										15. EMPLOYED NAME OR SCHOOL NAME																			
16. OTHER INSURED'S DATE OF BIRTH (MM/DD/YY) MM DD YY SEX <input type="checkbox"/> F <input type="checkbox"/> M										17. AUTO ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO PLACE (State) MI										18. EMPLOYED NAME OR SCHOOL NAME																			
19. EMPLOYER'S NAME OR SCHOOL NAME										20. OTHER ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO										21. INSURANCE PLAN NAME OR PROGRAM NAME																			
22. INSURANCE PLAN NAME OR PROGRAM NAME										23. IS THERE ANOTHER HEALTHCARE PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, return to and complete item 24-26.										24. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE (I authorize payment of medical benefits to the undersigned physician or supplier for services submitted to this plan.)																			
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 authorize payment of government benefits either to myself or to the party who accepts assignment.)																				13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE (I authorize payment of medical benefits to the undersigned physician or supplier for services submitted to this plan.)																			
SIGNATURE ON FILE																				SIGNATURE ON FILE																			
14. DATE OF CURRENT BILL (MM/DD/YY) ADDRESS (Pal. or other) OR INSURANCE ADDRESS (Pal. or other) (MM/DD/YY)																				15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS (Give first date) (MM/DD/YY)																			
16. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE																				17. MEDICAL HISTORY DATES RELATED TO CURRENT SERVICE (MM/DD/YY) FROM TO																			
18. RESERVED FOR LOCAL USE																				19. OUTSIDE LAST <input type="checkbox"/> YES <input type="checkbox"/> NO																			
20. EXAMINE OR NATURE OF ILLNESS OR INJURY (Provide item 1, 2, 3 or 4 as seen and by line)																				21. PHYSICIAN'S REGISTRATION OR ORIGINAL REF. NO.																			
22. ICD-9-CM CODE (V72.31)																				23. PHYSICIAN AUTHORIZATION NUMBER																			
24. A. DATE OF SERVICE (MM/DD/YY) B. RADIO <input type="checkbox"/> C. PROCEDURE, SERVICE, OR SUPPLY (Specify Location - Outpatient or Inpatient) D. CHARGE (POINTER)																				25. F. CHARGE (POINTER) G. CHARGE (POINTER) H. CHARGE (POINTER) I. CHARGE (POINTER)																			
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Place Of Service Codes For Cms 1500

Albert A Gayle



Place Of Service Codes For Cms 1500:

This book delves into Place Of Service Codes For Cms 1500. Place Of Service Codes For Cms 1500 is an essential 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, this book will provide an overview of Place Of Service Codes For Cms 1500. This 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. This chapter will elucidate the essential principles that need to be understood to grasp Place Of Service Codes For Cms 1500 in its entirety.
4. In chapter 3, this book 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, the author 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, the author 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. It is highly recommended for anyone seeking to gain a comprehensive understanding of Place Of Service Codes For Cms 1500.

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