

Load Stored Info

Payer Name: ...

Address / Payer ID:

2nd Address:

City, State, Zip:

This Is a SECONDARY Claim

HEALTH INSURANCE CLAIM FORM																																											
1. MEDICARE <input type="radio"/> (Medicare #)		MEDICAID <input type="radio"/> (Medicaid #)		TRICARE <input type="radio"/> (ID#DoD#)		CHAMPVA <input type="radio"/> (VA File #)		GROUP HEALTH PLAN <input type="radio"/> (ID#)		FECA BLK LUNG <input type="radio"/> (ID#)		OTHER <input checked="" type="radio"/> (ID#)		1a. INSURED'S I.D. NUMBER <input type="text"/>																													
2. PATIENT'S NAME (Last Name, First Name, Middle Init) Last: <input type="text"/> First: <input type="text"/> MI: <input type="text"/>				3. PATIENT'S BIRTHDATE <input type="text"/> / <input type="text"/> / <input type="text"/>				SEX M <input type="radio"/> F <input type="radio"/>		4. INSURED'S NAME (Last Name, First Name, Middle Init) Last: <input type="text"/> First: <input type="text"/> MI: <input type="text"/> Copy From Patient																																	
5. PATIENT'S ADDRESS (No. Street) <input type="text"/>				6. PATIENT RELATIONSHIP TO INSURED Self <input type="radio"/> Spouse <input type="radio"/> Child <input type="radio"/> Other <input type="radio"/>				7. INSURED'S ADDRESS (No. Street) <input type="text"/>																																			
CITY <input type="text"/>		STATE <input type="text"/>		8. RESERVED FOR NUCC USE <input type="text"/>				CITY <input type="text"/>		STATE <input type="text"/>																																	
ZIP CODE <input type="text"/>		TELEPHONE <input type="text"/>		9. OTHER INSURED'S NAME (Last Name, First Name, Middle Init) Last: <input type="text"/> First: <input type="text"/> MI: <input type="text"/>				10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (CURRENT OR PREVIOUS) <input type="radio"/> Yes <input type="radio"/> No b. AUTO ACCIDENT? PLACE (State) <input type="radio"/> Yes <input type="radio"/> No <input type="text"/>																																			
a. OTHER INSURED'S POLICY OR GROUP NUMBER <input type="text"/>		b. RESERVED FOR NUCC USE <input type="text"/>		c. RESERVED FOR NUCC USE <input type="text"/>		d. INSURANCE PLAN NAME OR PROGRAM NAME <input type="text"/>		11. INSURED'S POLICY GROUP OR FECA NUMBER <input type="text"/>																																			
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE SIGNED <input checked="" type="radio"/> Yes <input type="radio"/> No DATE <input type="text"/>				13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE SIGNED <input checked="" type="radio"/> Yes <input type="radio"/> No				a. INSURED'S DATE OF BIRTH <input type="text"/> / <input type="text"/> / <input type="text"/>		SEX M <input type="radio"/> F <input type="radio"/>		b. Other Claim ID (Designated by NUCC) <input type="text"/>																															
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP): <input type="text"/> / <input type="text"/> / <input type="text"/> QUAL. <input type="text"/>				15. OTHER DATE QUAL. <input type="text"/> / <input type="text"/> / <input type="text"/>				16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM <input type="text"/> / <input type="text"/> / <input type="text"/> TO <input type="text"/> / <input type="text"/> / <input type="text"/>																																			
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE <input type="text"/>				17a. <input type="text"/>		17b. NPI <input type="text"/>		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM <input type="text"/> / <input type="text"/> / <input type="text"/> TO <input type="text"/> / <input type="text"/> / <input type="text"/>																																			
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) <input type="text"/>				20. OUTSIDE LAB? <input type="radio"/> YES <input type="radio"/> NO				CHARGES <input type="text"/>																																			
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (Relate A-L to service line below (24E)) A. <input type="text"/> B. <input type="text"/> C. <input type="text"/> D. <input type="text"/> E. <input type="text"/> F. <input type="text"/> G. <input type="text"/> H. <input type="text"/> I. <input type="text"/> J. <input type="text"/> K. <input type="text"/> L. <input type="text"/>				ICD Ind. <input type="text"/>		22. RESUBMISSION CODE <input type="text"/>				ORIGINAL REF. NO <input type="text"/>																																	
23. PRIOR AUTHORIZATION NUMBER <input type="text"/>				24. A.				B.				C.				D. PROCEDURES, SERVICES, OR SUPPLIES				E.				F.				G.				H.				I.				J.			
DATE(S) OF SERVICE From: <input type="text"/> To: <input type="text"/>		Place Of Service <input type="text"/>		EMG <input type="text"/>		CPT/HCPCS <input type="text"/>		MODIFIER A <input type="text"/> B <input type="text"/> C <input type="text"/> D <input type="text"/>		DIAGNOSIS POINTER <input type="text"/>		\$ CHARGES <input type="text"/>		Days Or Units <input type="text"/>		EPSDT Family Plan <input type="text"/>		ID QUAL <input type="text"/>		RENDERING PROVIDER ID. # <input type="text"/>																							
1 Note <input type="text"/>		Anest Start: <input type="text"/>		Stop: <input type="text"/>		NDCQua <input type="text"/>		NDC Code: <input type="text"/>		NDC U.Price: <input type="text"/>		NDC Qty: <input type="text"/>		NDC QtyQual: <input type="text"/>		NPI: <input type="text"/>																											
2 Note <input type="text"/>		Anest Start: <input type="text"/>		Stop: <input type="text"/>		NDCQua <input type="text"/>		NDC Code: <input type="text"/>		NDC U.Price: <input type="text"/>		NDC Qty: <input type="text"/>		NDC QtyQual: <input type="text"/>		NPI: <input type="text"/>																											
3 Note <input type="text"/>		Anest Start: <input type="text"/>		Stop: <input type="text"/>		NDCQua <input type="text"/>		NDC Code: <input type="text"/>		NDC U.Price: <input type="text"/>		NDC Qty: <input type="text"/>		NDC QtyQual: <input type="text"/>		NPI: <input type="text"/>																											
4 Note <input type="text"/>		Anest Start: <input type="text"/>		Stop: <input type="text"/>		NDCQua <input type="text"/>		NDC Code: <input type="text"/>		NDC U.Price: <input type="text"/>		NDC Qty: <input type="text"/>		NDC QtyQual: <input type="text"/>		NPI: <input type="text"/>																											
5 Note <input type="text"/>		Anest Start: <input type="text"/>		Stop: <input type="text"/>		NDCQua <input type="text"/>		NDC Code: <input type="text"/>		NDC U.Price: <input type="text"/>		NDC Qty: <input type="text"/>		NDC QtyQual: <input type="text"/>		NPI: <input type="text"/>																											
6 Note <input type="text"/>		Anest Start: <input type="text"/>		Stop: <input type="text"/>		NDCQua <input type="text"/>		NDC Code: <input type="text"/>		NDC U.Price: <input type="text"/>		NDC Qty: <input type="text"/>		NDC QtyQual: <input type="text"/>		NPI: <input type="text"/>																											
7 Note <input type="text"/>		Anest Start: <input type="text"/>		Stop: <input type="text"/>		NDCQua <input type="text"/>		NDC Code: <input type="text"/>		NDC U.Price: <input type="text"/>		NDC Qty: <input type="text"/>		NDC QtyQual: <input type="text"/>		NPI: <input type="text"/>																											
8 Note <input type="text"/>		Anest Start: <input type="text"/>		Stop: <input type="text"/>		NDCQua <input type="text"/>		NDC Code: <input type="text"/>		NDC U.Price: <input type="text"/>		NDC Qty: <input type="text"/>		NDC QtyQual: <input type="text"/>		NPI: <input type="text"/>																											
9 Note <input type="text"/>		Anest Start: <input type="text"/>		Stop: <input type="text"/>		NDCQua <input type="text"/>		NDC Code: <input type="text"/>		NDC U.Price: <input type="text"/>		NDC Qty: <input type="text"/>		NDC QtyQual: <input type="text"/>		NPI: <input type="text"/>																											
10 Note <input type="text"/>		Anest Start: <input type="text"/>		Stop: <input type="text"/>		NDCQua <input type="text"/>		NDC Code: <input type="text"/>		NDC U.Price: <input type="text"/>		NDC Qty: <input type="text"/>		NDC QtyQual: <input type="text"/>		NPI: <input type="text"/>																											
11 Note <input type="text"/>		Anest Start: <input type="text"/>		Stop: <input type="text"/>		NDCQua <input type="text"/>		NDC Code: <input type="text"/>		NDC U.Price: <input type="text"/>		NDC Qty: <input type="text"/>		NDC QtyQual: <input type="text"/>		NPI: <input type="text"/>																											

12	Note	Anest Start	Stop	NDCQua	NDC Code	NDC U.Price	NDC Qty	NDC QtyQual	NPI	
[+] [-]										
25. FEDERAL TAX I.D. NUMBER		SSN	EIN	26. PATIENT'S ACCOUNT NO.		27. ACCEPT ASSIGNMENT?		28. TOTAL CHARGE \$	29. AMOUNT PAID \$	30. Rsvd for NUCC use
Date Of Initial Treatment: (mm/dd/yyyy)				32. SERVICE FACILITY LOCATION AND INFORMATION		33. BILLING PROVIDER INFO. & PHONE #				
Latest Visit or Consultation Date: (mm/dd/yyyy)				Facility Name:		Billing Provider:				
Supervising Physician:				Address:		Address:				
Supervising Physician NPI:				City:		City:				
Supervising Physician ID:				State:		State:				
Ordering Physician: (Last, First, MI)				Zip:		Zip:				
Ordering Physician NPI:						Telephone: ())				
Ordering Physician ID:						Billing Provider Specialty/Taxonomy:				
CLIA:						Rendering Provider: (Last, First, MI)				
Accident Date:						Rendering Provider Specialty/Taxonomy:				
Mammography Certificate:						Provider PIN#: (please see box 24J)				
more...				a. NPI:		b. Facility ID:		a. Billing/Group NPI:		b. Billing/Group No.:

Update