W900000
WCMed Insurance
16 Avengers Street
White Plains, NY 10604

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA | PICA | CARRIER

1. MEDICARE (Medicare#) | MEDICAID (Medicaid#) | TRICARE (ID#/DoD#) | CHAMPVA (Member ID#) | GROUP HEALTH PLAN (ID#) | FECA BLK LUNG (ID#) | OTHER (ID#) [X]

1a. INSURED'S I.D. NUMBER (For Program in Item 1): 987-65-4321

2. PATIENT'S NAME (Last Name, First Name, Middle Initial): Parker, Peter

3. PATIENT'S BIRTH DATE MM 08 DD 19 YY 1959 — SEX M [X] F [ ]

4. INSURED'S NAME (Last Name, First Name, Middle Initial): Daily Bugle

5. PATIENT'S ADDRESS (No., Street): 20 Ingram Street

6. PATIENT RELATIONSHIP TO INSURED: Self [ ] Spouse [ ] Child [ ] Other [X]

7. INSURED'S ADDRESS (No., Street): 1 Firstly Avenue

CITY: Flushing — STATE: NY

8. RESERVED FOR NUCC USE

CITY: New York — STATE: NY

ZIP CODE: 11375 — TELEPHONE (Include Area Code): (999) 8887777

ZIP CODE: 10001 — TELEPHONE (Include Area Code): (111) 1111111

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER

a. OTHER INSURED'S POLICY OR GROUP NUMBER: G9000000

a. EMPLOYMENT? (Current or Previous) [X] YES [ ] NO

a. INSURED'S DATE OF BIRTH MM DD YY — SEX M [ ] F [ ]

b. RESERVED FOR NUCC USE: Parker^^^Peter

b. AUTO ACCIDENT? [ ] YES [X] NO — PLACE (State)

b. OTHER CLAIM ID (Designated by NUCC): Y4 002288001514WD01

c. RESERVED FOR NUCC USE

c. OTHER ACCIDENT? [ ] YES [X] NO

c. INSURANCE PLAN NAME OR PROGRAM NAME: WCMed Insurance

d. INSURANCE PLAN NAME OR PROGRAM NAME

10d. CLAIM CODES (Designated by NUCC)

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? [ ] YES [X] NO *If yes*, complete items 9, 9a, and 9d.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

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 request payment of government benefits either to myself or to the party who accepts assignment below.

SIGNED Signature on File — DATE

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED

PATIENT AND INSURED INFORMATION

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP): MM 01 DD 12 YY 2020 QUAL. 431

15. OTHER DATE: QUAL. 454 MM 01 DD 14 YY 2020

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION: FROM 01 14 2020 TO 01 21 2020

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE — 17a. — 17b. NPI

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES: FROM — TO

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC): REFX5S85555-8B^^^G2PSY^^^PWK09EAC00985621^^^NTEADD20200302

20. OUTSIDE LAB? [ ] YES [ ] NO — $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) — ICD Ind. 0

A. M4726 B. C. D.
E. F. G. H.
I. J. K. L.

22. RESUBMISSION CODE — ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

	24. A. DATE(S) OF SERVICE From MM	DD	YY	To MM	DD	YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL	J. RENDERING PROVIDER ID. #
1															OB	985555
	01	21	20	01	21	20	11		99213	1B	A	105 36	1		NPI	1777777777
2															NPI	
3															NPI	
4															NPI	
5															NPI	
6															NPI	

25. FEDERAL TAX I.D. NUMBER: 987654322 — SSN [ ] EIN [X]

26. PATIENT'S ACCOUNT NO.

27. ACCEPT ASSIGNMENT? (For govt. claims, see back) [X] YES [ ] NO

28. TOTAL CHARGE: $ 105 36

29. AMOUNT PAID: $

30. Rsvd. for NUCC Use

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)

Gerry Goblin, PsyD

SIGNED — DATE 01/21/2020

32. SERVICE FACILITY LOCATION INFORMATION

OSCORP Psychological Associates
65 Pennsylvania Circle Ring
Astoria, NY 11104-1699

a. 3777777777 b.

33. BILLING PROVIDER INFO & PH # (222) 2222222

OSCORP Psychological Associates
65 Pennsylvania Circle Ring
Astoria, NY 11104-1699

a. 3777777777 b.

PHYSICIAN OR SUPPLIER INFORMATION