EXAMPLE - DME

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): Coyote, Wiley E

3. PATIENT'S BIRTH DATE MM DD YY: 07 06 1972 SEX M [X] F

4. INSURED'S NAME (Last Name, First Name, Middle Initial): ACME ZipRunners

5. PATIENT'S ADDRESS (No., Street): 124 Roadrunner Avenue

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

7. INSURED'S ADDRESS (No., Street): 1 Boulder Circle

CITY: Staten Island STATE: NY

8. RESERVED FOR NUCC USE

CITY: Manhattan STATE: NY

ZIP CODE: 10306 TELEPHONE (Include Area Code): (888) 8888888

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: G9999999

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: Coyote^^^Wiley

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

b. OTHER CLAIM ID (Designated by NUCC): Y4 0000WC1700010000

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 DD YY: 05 14 19 QUAL. 431

15. OTHER DATE QUAL. MM DD YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE: DK Foghorn, Rooster MD

17a. 0B 4567890
17b. NPI 1111111119

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC): REFX5016182-8^^^G2CIM^^^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. M25511 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	01	08	20	01	08	20	12		E2631	NU	A	252 10	7		NPI	8822222229
2															NPI	
3															NPI	
4															NPI	
5															NPI	
6															NPI	

PHYSICIAN OR SUPPLIER INFORMATION

25. FEDERAL TAX I.D. NUMBER SSN EIN [X]: 261211111

26. PATIENT'S ACCOUNT NO.: 36111-52222

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

28. TOTAL CHARGE: $ 252 10

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.)
Robert Fastus
SIGNED DATE 01/10/2020

32. SERVICE FACILITY LOCATION INFORMATION
OrthoDME Supplies
2 Acme Street, Suite A
New York, NY 10022
a. 8822222229 b.

33. BILLING PROVIDER INFO & PH # (222) 2222222
OrthoDME Supplies
2 Acme Street, Suite A
New York, NY 10022
a. 8822222229 b.