EXAMPLE - PA SUPERVISED

HEALTH INSURANCE CLAIM FORM

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

W600000
Carrier ZYZ
2000 Hydra Road
New York, NY 10001

CARRIER

PICA

PICA

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

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

2. PATIENT'S NAME (Last Name, First Name, Middle Initial): Wolverine, Hugo

3. PATIENT'S BIRTH DATE MM DD YY: 10 17 1960 SEX M [X] F [ ]

4. INSURED'S NAME (Last Name, First Name, Middle Initial): XFactor Tactical Support

5. PATIENT'S ADDRESS (No., Street): 2619 Avenue North

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

7. INSURED'S ADDRESS (No., Street): 94 Jamaica Drive

CITY: Brooklyn
STATE: NY

8. RESERVED FOR NUCC USE

CITY: Jamaica
STATE: NY

ZIP CODE: 11235
TELEPHONE (Include Area Code): (555) 5555555

ZIP CODE: 11422
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: G3000000

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: Wolverine^^^Hugo

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

b. OTHER CLAIM ID (Designated by NUCC): Y4 9900V13972

c. RESERVED FOR NUCC USE:

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

c. INSURANCE PLAN NAME OR PROGRAM NAME: Carrier ZYZ

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:

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY: 01 02 2020 QUAL: 431

15. OTHER DATE QUAL: 454 MM DD YY: 01 03 2020

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM: 01 03 2020 TO: 01 20 2020

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE: DQ Charles Xavier, MD

17a. 0B 272222

17b. NPI 1666699999

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

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)
REFX5PA016182-8^^^G2PHYAS^^^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. M5020 B. C. D.
E. F. G. H.
I. J. K. L.

22. RESUBMISSION CODE: ORIGINAL REF. NO.:

23. PRIOR AUTHORIZATION NUMBER:

PHYSICIAN OR SUPPLIER INFORMATION

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	20	20	01	20	20	11		99213		A	70 24	1		0B	944444
															NPI	9877777777
2															NPI	
3															NPI	
4															NPI	
5															NPI	
6															NPI	

25. FEDERAL TAX I.D. NUMBER SSN EIN: 211111110 [X]

26. PATIENT'S ACCOUNT NO.: WH002345

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

28. TOTAL CHARGE: $ 70 24

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.)
Jean, Gray PA
SIGNED 01/20/2020 DATE

32. SERVICE FACILITY LOCATION INFORMATION
Charles Zavier, MD
490 Western Ave
Brooklyn NY 11235
a. 1666699999 b.

33. BILLING PROVIDER INFO & PH # (222) 2222222
XMen Billing Services
200 Shore Drive
Great Neck NY 12345
a. 1666699997 b.