



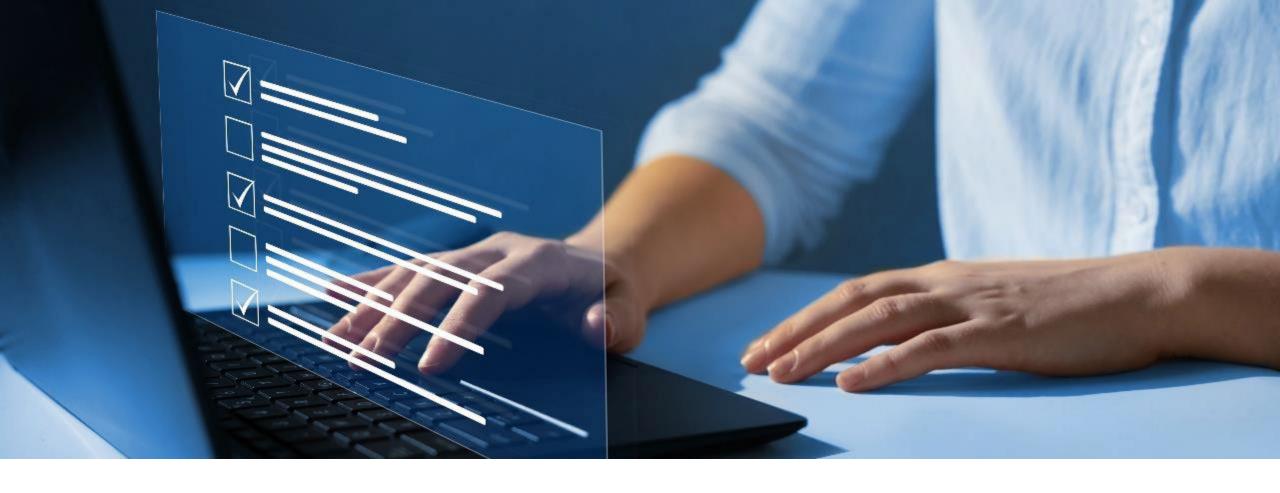
Proper Part B Claim Submissions

5/28/2025

Closed Captioning: Auto-generated closed captioning is enabled in this course and is at best 70-90% accurate. Words prone to error include specialized terminology, proper names and acronyms.







Disclaimer

National Government Services, Inc. has produced this material as an informational reference for providers furnishing services in our contract jurisdiction. National Government Services employees, agents, and staff make no representation, warranty, or guarantee that this compilation of Medicare information is error-free and will bear no responsibility or liability for the results or consequences of the use of this material. Although every reasonable effort has been made to assure the accuracy of the information within these pages at the time of publication, the Medicare Program is constantly changing, and it is the responsibility of each provider to remain abreast of the Medicare Program requirements. Any regulations, policies and/or guidelines cited in this publication are subject to change without further notice. Current Medicare regulations can be found on the CMS website.





Today's Presenters

Arlene Dunphy, CPC

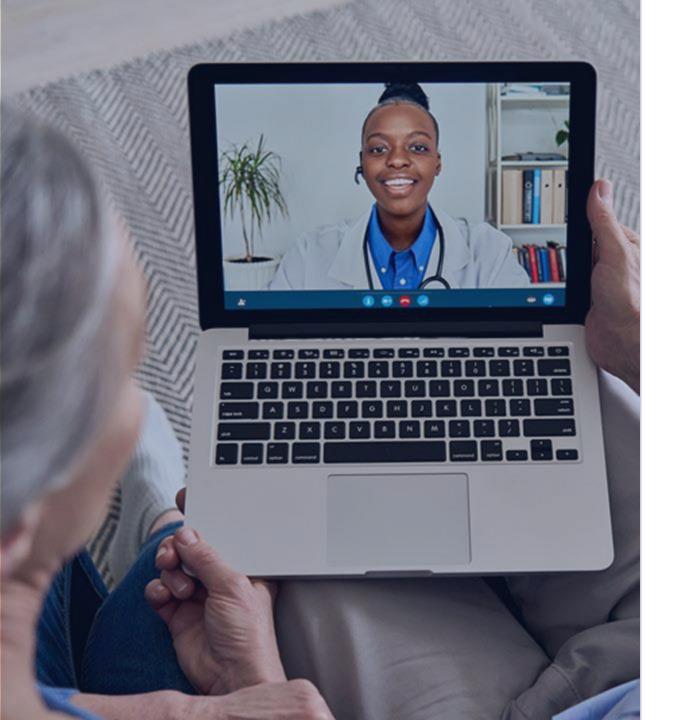
Provider Outreach and Education Consultant



Carleen Parker

Provider Outreach and Education Consultant





Recording

Attendees/providers are never permitted to record (tape record or any other method) our educational events. This applies to webinars, teleconferences, live events and any other type of National Government Services educational events.

Objective

After completion attendees will be able to

- Familiarize yourself with claim submission requirements
- Avoid unnecessary claim denials and claim rejections
- Understand the benefits of electronic submissions







Agenda

- Claim Form Requirements
- Time Limits for Filing
 Medicare Claims
- Claim Form Overview
- Resources, References and Tools







Claim Form Requirements

Claim Submission Requirements

Paper

- Original CMS-1500 Claim Form
- Use an ink jet or laser printer
- Use Courier New font for computer-generated claims
- Ensure no lines from the printer cartridge are anywhere on the claim
- Use Pica 10 or 12-point typeface for claims typed
- Use upper case letters for all claim data
- Data should not be touching box edges or running outside of numbered boxes
- Cannot contain more than six service lines per claim
- No stickers, bold, italics, or underlining

Electronic or paper

- Do not use narrative or handwritten descriptions
 - Procedure, modifier or diagnosis
- Do not use special characters
 - hyphens, periods, parentheses, dollar signs or ditto marks







ASCA Regulations

- Requires most providers to submit all claims electronically
- ASCA regulations exceptions include
 - Providers submitting less than ten claims per month
 - Physician/practitioner/supplier with less than ten full-time equivalent employees
 - Medicare tertiary (third) payer claims
 - Certain mass immunizers
- ASCA Requirements for Paper Claim Submissions





Time Limits for Filing Medicare Claims

Claim Filing Time Limits

- Limit is one calendar year from date of service
 - Claims not submitted timely are provider-liable
 - Beneficiary cannot be charged
- Exceptions
 - MLN Matters® <u>MM7270 Revised: Changes to the Time Limits for Filing Medicare Fee-For-Service Claims</u>
 - Administrative error
 - Retroactive Medicare entitlement, including when State Medicaid agencies involved
 - Retroactive disenrollment from Medicare Advantage Plan or PACE Provider Organization

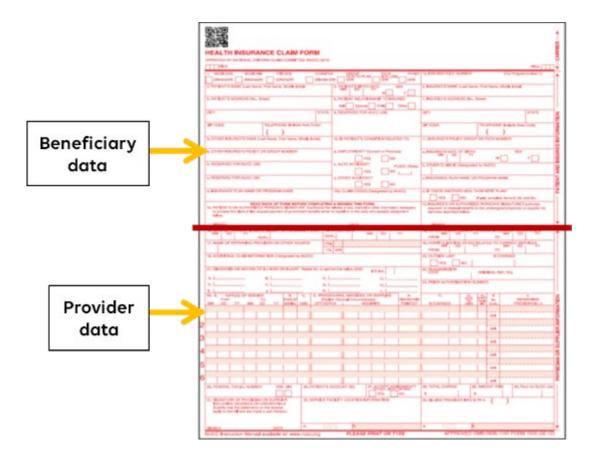






Claim Form Overview

CMS-1500 Claim Form (02/12)



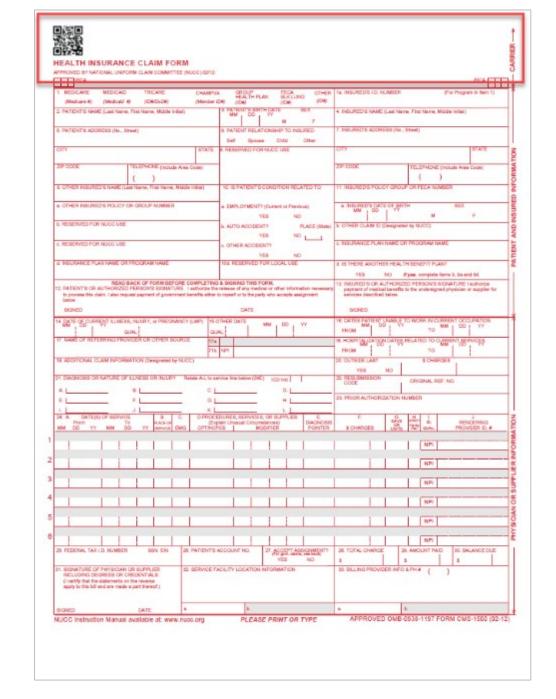






NUCC Approved OMB

- Office of Management and Budget
 - OMB-0938-1197 1500
- 1500 Health Insurance Claim Form
 - Header
- QR code







HEALTH INSURANCE CLAIM FORM APPROVED BY NATIONAL UNPORM CLAIM COMMITTEE SALCCI COM2			
	CARE CHAMPVA (Member ID#)	GROUP FECA HEALTH PLAN BLK LUNG (ID#)	OTHER
5 PATIENT'S ACCIPESS DID. SEVENO OTTY STITES	Sat Space Otto Other	7 INSURES ACONESS (N. STAND)	STATE
2PC005 TISLEP HORSE PHONDS Ress CODE () 3 CTHEFT HAS PROTO ANAE Continues. First Name. Master bridge		ZP CODE TRUSPHONE (HOUSE AND CO.) 11. NOUREPS POUCH GROUP OR FESTA NUMBER	(ORM)
a, other insureors noucy on oncur sustein	a. EMPLOYMENTY (Current or Pro-equie)	a manager over the control of the co	£111
E PERSONALD FOR MUCCUSE E PERSONALD FOR MUCCUSE	VES NO	6. OTHER CLASSES (See pried by NUCC) 6. NOURSHOE PLAN NAME OF PROSPUMENTAME)	
4 SECURANCE PLAN NAME OF PROGRAM NAME 8 AN BACK OF FORM 185 CBF COMPLETING 12 PATIENTS OF AUTHORICES PERSONS SIGNATURE 1 Labellon but to process for own. I acc may set payment of grown receil careful after	s a storing betting to	c. of THOTIE ANDTHOTH PEALTH OD WITH PLANT 150 BD OF year, complete dates 8, 46, as 151 Produced to Community Depreciate Section of payment of model benefits to the undersigned physician or perfect of decidated benefits.	eherov
THE CONTROL OF CURRENT PLUMENCE TRUNKING OF PRESCRIPTING OF CURRENT CONTROL OF CONTROL O	AL CONTRACTOR OF THE CONTRACTO	ander 10 mones in cristellas decidios de cristellas de cristellas decidios de cristellas de cristel	
19 ADSTONE, CLAN INFORMATION Designated by NUCC.	s 199	IS NO STATE OF THE PROPERTY OF	NCES _{TV}
20 Chalanosis on sutting of Livess of SUURY Review At Every 8 C C C	0	22 PRIOR AUTHORIZATION NUMBER	
	COMPACTOR ON SUPPLIES BY CHARLES ON CONTROL CONTRO		CRINO DER D. #
		100	
		an an	
		191	
25 SEDERAL TAIL O NUMBER GON GON DE PACIENTO A 26 DIGMATURE OF THI-TSCHAR OR SUPPLIER INCLUSION DEGREES ON DISCONTINUS INCLUSION DEGREES ON DISCONTINUS INSPIRATE THE STATEMAN CONTRACTOR RESIDENT THE SELECTION OF THE CONTRACTOR RESIDENT THE SELECTION OF THE CONTRACTOR RESIDENT THE SELECTION OF THE CONTRACTOR TO SELE	168 NO	20 FOR CHARGE 20 RECORT PRO SE REF	ets NUCCULE

 When submitting your claims to Medicare, the Medicare box shall be checked; otherwise, your claim(s) will be rejected and returned

	Item No.	Claim Description	Loop	Field	Data Element Description	Requirements
ш			SBR09	Claim editing indicator code	Must = MB for Medicare Part B	
	1	1 Type of Health 2000B		SBR01	Payer Responsibility Sequence Number Code	Primary Payer Responsibility (P = Primary, S = Secondary T = Tertiary
н				SBR02	Individual Relationship Code	Individual relationship code (18 = Self)





Line Item 1a

- Enter the patient's Medicare MBI as it appears on patient's red, white and blue Medicare card for all Medicare claim submissions (primary or secondary)
 - Term "Medicare number" and "Medicare ID"
 - MBI is 11 characters in length and made up only of numbers and uppercase letters (no special characters)
 - Lowercase letters will be converted to uppercase letters
 - MBIs are assigned by SSA

Item No.	Claim Description	Loop	Field	Data Element Description	Requirements
1a*	Patient's Medicare Beneficiary ID Number (MBI)	2010BA	NM109	Subscriber Primary Identifier	Patient's Medicare Beneficiary ID Number (MBI)





EALTH INSURANCE CLAIM FORM		
MEDICAL MEDICAD TRICATE CHART. SENCENE GRADIAN (TORDICO) GRADICO	AND A THE PLANT OF THE PARTY OF	NUMBER (For Program in Item 1)
FREEDOM SANGE (Last Name, Fest Name, Missing India)	2 PATIENTY (SET	
WTIGHT'S ACCRESS NO. SWID	6 PATISN'I HILA' CHISHEP TO INIA/HED	7 INSURED S ADDRESS DO STORE
	Seat Separate Over Other	
Y STATE	B RESERVED FOR MUCC USE	OFF STATE
CODE TRANSPIREMENT REACONS		ZP CODE TILEPHONE province may code:
()		()
THER INDURED'S NAME Cost flows. Pest Name, Mobile In tab.	IO IS PATRICIO CONCINCIAND NO.	H. MOURED'S POUCH GROUP OF FEGA RUNGER
THER INSURED'S POUCY OR GROUP BURGER	a EXPLOYMENTY (Current or Province)	a. INSURED SCATE OF BRIDE
SOURCED FOR MICCLOSE	1E0 MO	u F
Parties For Book Care	E AUTO ACCOUNT? PLACE (BANK)	B. OTHER CLASS E. Ches graded by NUCCI
GBU COUNTY GENERAL	€ OTHER ACCIDENT?	C. RELEAVOR FLAV NAME OF PROSPANCIAME
DUTANCE FLIN NAME OF PROOFAM NAME	185 85	C. IS THERE ANOTHER HEN, THIS END (ERT PLAN)
SUPPLIE FOR HIME OF PROSPRIANTAME	100 OLAW CODES Designated \$1000	1998 NO O'PING CONCRETE WAS NOT BELLEVILLE.
READ BACK OF FORM REFORE COMPLETES NOTICINES ON AUTHORICED PERSONS SIGN ATURE I LABORSHIPS	a service suprose.	Its insured to the authorized persons statisficate I will statisfic parties of needed briefly to the underlighed physician in suggest for
process this care. I also requisit payment of government condition that store.		services described between the schools proposed by
enec	pare	8960
CALL OF CAMPAIL ETHERS WITH A SHROWING CHAP AS	CEHER DATE AW 1 DO 1 YY	SE DICTION PROTEST UNIFIER TOWNS OF CHEER TO COCKHATION AND TO THE TOWNS OF THE PROPERTY OF TH
GUAL. GOVERNOUS PROJECTS ON OTHER SOURCE.		IS HOSPITALISH OF THE PENTED TO CAMPUTE ASTROOM
	191	FROM BO VY TO MM DO VY
#EGITIONAL CLARK INFORMATION (Designated by MICC)		20 CUTSOELART SCHWIGES
DIAGNOSIS ON NATURE OF LUNESS OF NUMER Rock ALL SHAPE	principles (NO HORS)	22 FBHS BSANCE CITY
	0	COOR CRISINA, REP. NO.
F	н.	29. PRIOR AUTHORIZATION NUMBER
	CLANCE SERVICES CALCULATION BY	A 3. E 4
People To YV MAY CO YY STRIKE DWD CPTINCE	P Union Chambrook DIAGNOSS SS BESSHER PORTOR	S CHANGES WEST AN CONT. MICHESPE D. F
	TITI	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		101
		1991
		MA.
		191
REDGRALTAX ID NUMBER GON DN DE PATENTS	COOUNT NO. 27 ACCEPT ASSESSMENT	28 TOTAL CHARGE 29 ARROUNT PAID 38 Revelop MUCCU
	1750 NO 1750 NO	6 8
GOANTURE OF REPORTED ON BUTTLESH INCLUDEND CONTROLS ON DISCREPATIVES O CATTLY BY THE CHARGE OF STREET Apply 10 The Sell and sell in the charge O Apply 10 The Sell and sell in the Cattles O Apply 10 The Sell and sell in the Cattles O Apply 10 The Sell and sell in the Cattles O Apply 10 The Sell and sell in the Cattles O Apply 10 The Sell and sell in the Cattles O Apply 10 The Sell and sell in the Cattles O Apply 10 The Sell and sell in the Cattles O Apply 10 The Sell and sell in the Cattles O Apply 10 The Sell and sell in the Cattles O Apply 10 The Sell and sell in the Cattles O Apply 10 The Sell and sell in the Cattles O Apply 10 The Sell and sell in the Cattles O Apply 10 The Sell and Sell in the Cattles O Apply 10 The Sell and Sell in the Cattles O Apply 10 The The Cattles O Apply 1	OUTY LOOKTION RECEIVED ON	so amendmentation in ()

мероне мероко	THORE	CHMIN	1 488 mm	500m ones	14 POLYCOGLO MANGO	P	(For Rogian in ten 1)
. PATIENT'S NAME	(Last Name, I	First Na	ame, Middle Init	ial)	(E/S PLANE) G. ANT	hano, Fed hano,	Mode to Lab
					EST ADMESS A	e. Steel	
Fy		Teners	S RESERVED FOR MIC	CUSE	Offe		OTANI
PCCDE THE	ar ichte drünk keis	Consu			2P COER	10,49400	E DECEMBE VARIA COMMI
OTHER HAD REETS NAME COSTON	era, Firot Name, Moste	to tiaD	10.18 PK 76NF 8 CONC	FIGHRELATED TO	H. MISLRED'S POLICY OF	OUP OR FEGAR	MEET
OTHER INSURED'S POUCY OR OF	O.P.H.MEER		& EMPLOYMENT (DAY	er or Province	a. INSUREEYS DATE OF SE	ifue en	(6E×
PERMITAD FOR NACE LINE			B. AURO ACCORDATA	MO MO	1000	U	F
			185	MO L	G. CEVER CLASSED (DINS)		
nesanves Fah Nuccuse			d OTHER ACCIDENTS	1100	C POSLEMNO) PLAN NAME	CON PROCESSALE	ALE
NOUTHICE PLAN NAME OF PRO	DEMINANT		101 CLAW CODES (Des	100	E. G THERE ANCHER HE		
BEAD DACK	COF FORW REFURE OF	DVPLETNI	A SENIOR BUREOUS		1866 NO	NOSO PERSONS	
Express the days I also regularly lations.	synes of geometric to	orallication	bingsing bits palywho	acopt acgined	payment of medical band services described bases	this be the anderson	set block a vibba p.
WORKS			Date:		SHONED		
CHAPTER OF CYROLEGIA STREETS LOT	URY, OF PRESIDENCY (Q.MP3 15.0 Q.M	CEHER DATE MIG	00 YY	to defend a partier of provide	ов жомеры	ME TO ALL
NAME OF PETERMOPPOUND	on onem sounce	174			HE HOSPITALISH ON		Ougrand Standon
жотонк ожинговыго	N Congruent to NACO		1991		PRON 20 OUTSIDE LAND	80	HARSES
DIAGNOSIS OF BATUPE OF LUM	PERCENTENANT PARA	a fill brown	in includes Call		155 NO		
		e L	10	D L	COER COER	CPETENAL PE	HP NO.
F.		Q.L		14	23. PRIOR AUTHORIZATIO	N N. MEET	
A GATHING OF SERVICE From To	M G.		Cureis, semacies, on s in Universi Orbinsferosi)	DINONOSIS	5 9	H 1	novocnino
IN DO YY MAI DO	YY SENIE ENG	OPTINCE	CS MODIFE	PONTAN	S CHANGES IN	EL PAR CLIFE	MOVOR D #
						MPI	
						1071	
						1001	
1 1 1 1 1	1 1 1		1 1 1	1 1			
						1071	
						1911	
						1871	
FEDGRALTAN IDI MIMBERI	SSN SN SE F	WENTER	COOUNT NO 27 4	SHIP TO SHOW	29 FOTAL CHANGE	29 MAQUATPA	D SS Revisite MUCCY
				TER NO.	0	8	2

 Patient's last name, first name and middle initial list exactly as it appears on the patient's red, white and blue Medicare card

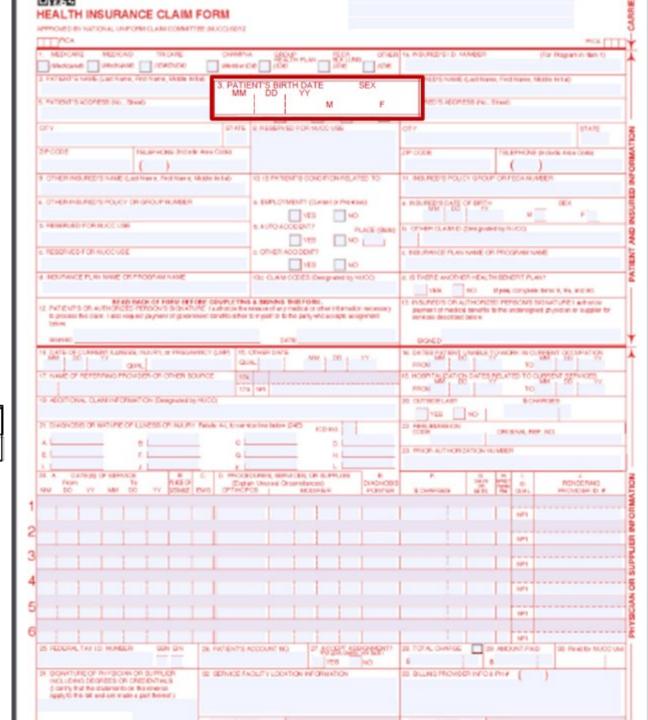
Item No.	Claim Description	Loop	Field	Data Element Description	Requirements
	2 2-1	0040D4 NM103	Last Name		
2		2010BA	NM104	First Name	Enter the patient's name as shown on their Medicare card
-	Patient's Name	2010CA	NM105	Middle initial	Enter the patient's name as shown on their Medicare card
		2010CA	NM107	Suffix (e.g., Jr. Sr.)	





 Patient's eight-digit date of birth (MMDDCCYY) and check the appropriate box for patient's sex

Item No.	Claim Description	Loop	Field	Data Element Description	Requirements
3	Patient's Birth Date and gender	2010BA	DMG02 DMG03	Birth Date Gender	Enter the patient's birth date. Must be formatted as CCYYMMDD. Date qualifier (DMG01) = D8







	HEALTH INSURANCE CLAIM FORM		
	APPROVED BY HATIONAL UNIFORM CLASS COMMITTEE (MUCCLO)	142	
	TT Year		PICA TT
		THE R. LEWIS CO., LANSING, MICH. LANSING, MICH. LANSING, MICH. LANSING, MICH. LANSING, MICH. 49, 101, 101, 101, 101, 101, 101, 101, 10	14. PROURCE GLD. MANBERL (For Region in ten 1)
	Shekgard Shekgard /CACKCO Shek	4 INSURED	S NAME (Last Name, First Name, Middle Initial)
	2 PRI SHIT'S GOOD (J.SE NISHE), PRE NISHE, SHEEK HEEK	A PATIENT SERVIN CATE 4. INSURED	and the state of t
	5 FATERITS ACCPESS NO. SHAKE	S. PATIENT HILLAT COCKER TO	
		ser spous the the	
	ony si	ATE IS RESERVED FOR MUCC USE	OTY STATE
	ZPCCDE Figurecas Indials Assa Color		2P-CCER 158.8PHCN8 (H-Duda Asia Color
	()		()
	9 CTHER RISK RICCO NAME Cust Name & Risk Name & Making Inches	10 IS PARENTS CONCENIONABLATED TO	H. MOUREP'S POLICY GROUP OR FECA NUMBER
	4. OTHER INSURED'S POUCY OR GROUP MURBER	a. EMPLOYMENTY (Current or Pro 40xx)	a. INSURED STATE OF BRITH SEX
		VED MO	u F
	5 RESERVED FOR MUCC USE	B. AUTO ACCORDITY PLACE (State)	G. OTHER CLASSED (Designated by NVCC)
	s, regarded from Nucciuse	c OTHER ACCOUNTY	4. ESEMPTOE PLAN NAME OF PROGRAM NAME
		The Two	C TOURS OF THE CONTRACT OF THE
	4. NOUTANCE PURE NAME OF PROGRAM HAME	10s CLAW COUES Designate by NUCCI	E. G THOSE ANOTHER THISDHOST PLANT
			1906 TO Dynas, companie servició, inc., and inc.
	BE AD BACK OF FORM RETORE COURLE 12 PATIENTS ON AUTHORICED PERSONS SIGNATURE LAURISIS	This a seniors trip reduct or other internation receivery	13. EVELUPEDTS OR AUTHORIZED PERMOUNT SIX SWITUPE I ARRESTS payment of medical benefits to the underrighed grypolish or outgoing for
	to process this case it also require payment of government bandits of larkon.	ifter til rigidit ollti file party vincia copit accignment	services described bets w
	WINE	DATE	
	THE DATE OF CLAREST BLINESS, TUNIFIC OF PRESIDENCY GURS.	15. OTHER DATE	ar display Timers Towask is onselve doorwands
	MA TO YY	QUE NO 17	IRON 10
	or nerennal movem on onen source	174	is nonregion by ourselven to ordinary stances.
	19 ADDITIONAL CLANSING OFFICE ON SINGUISHED WOOD	178 199	FROM TO SCHWINGS
			100 NO
	21 DIAGNOSIS OF BATURE OF LUXESS OF BULLY FAMILY ALLS	Details C40 states of the	22 FERLENDERCH CPERSON REP. NO.
	AL	0	
	E. F. L.	g L	23. MIKOR AUTHORIZATION NUMBER
	IN A CATHOD OF SERVICE B C D FF	COSCUPER, REPLACES, OR SUPPLIES B	
	Fron To PLAZO (Eighan Universi Oroamstances) DENGHORIS INCPOS BOOKINGER FORMURE	
	TO TO THE OUT OF PERMIT CARD OF	Harry Printer	S CHANGES BES FOR COST. PROVIDER D. F
1			net i
2			
			100
3		1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
4			100
5			
-			191
6	1 1 1 1 1 1 1 1 1	1 1 1 1 1	
	25. REDGER, TAS ID MARKER SON ON 26 PATEN	(TS ACCOUNT NO 27 ACCOUNT ACCOUNTS)	29 FOTAL CHARGE 29 ABSOLUT FAILS 36 Revisits MUCCUM
		And and season and and and and and and and and and an	6 0
	DE SCHATURE OF PHYSICIAN OR SUPPLIER INCLUDING CEGATERS OR CRESIDITINGS OR SETING	DE FACULTY LOCATION REPORTMENTION	SS BILLING PROVIDED INFO L PINF ()
	(cartly that the distance to or the screens again, to the last and are made a part formed)		
	and the management of the same of		

- Name of the insured, if there is insurance primary to Medicare, either through the patient or spouse's employment or any other source
- Enter the word, "same," when insured is same as patient
- When Medicare is secondary payer (MSP), items 4, 6, 7 and 11 are required items

Item No.	Claim Description	Loop	Field	Data Element Description	Requirements
	Insured's name (When there is insurance primary to Medicare, items 4, 6, 7, and 11		NM103	Other insured last name	Enter the insured's name, Required if any other payors are
4*		Medicare, 2330A 7, and 11	NM104	Other insured first name	known to potentially be involved in paying this claim. If the insured is the patient this would be blank and information
	are required items.)		NM105	Other insured middle name	reported in the 2010BA Loop does not repeat in the 2330A Loop.





- Patient's street address on first line, city, state on second line and ZIP code and phone number on third line
- For home visits rendered in state other than patients home address, enter in Item 5 the patient's mailing address and line item 32, enter complete address, including ZIP code, where the service was actually rendered

Item No.	Claim Description	Loop	Field	Data Element Description	Requirements			
			N301	Subscriber address line 1				
1 1	8.5.5.5.5.5.5.5.5	Defends address and	Defeate address and	D-1111		N302	Subscriber address line 2	
5	Patient's address and telephone number	2010BA	N401	Subscriber city name	Enter the patient's mailing address			
1 1	rerepriorie number		N402	Subscriber state				
			N403	Subscriber ZIP code				





HEALTH INSURANCE CLAIM FORM			
PPROJECTO NATIONAL UNPOPERQUANCOMMITTED SALCOGODS			
TT/scx			PICA
MEDICARE MEDICAD TRICARE CHAMPA	ARTERITOR PLAN HEX LENG	1s. POPUNCO'S I D. MANDER (For Re	gan o ten t)
E PATERIETE SAME (List Name, Prot Name, Made Initial)	D PATIDATE SPITH CATE DEX	4. EVELPREETS NAME CARD NAME, FIRST NAME, MICHIGAN	110
	M F		
A PATIENT'S ACORESS (No., Street)	STEENT HILLATICATE OF TO TOTAL PED	7 INSURED SIJECRESS PILL STILL	
STX STX	000 CD 1000 MAY 1400	offe	STATE
317			
SP CODE TELEPHONE (Include Area Code)		ZP CODE TREPHONE DISHOR	Avea Code)
()	PAREMER CONDITIONING AFED TO	H. MIS.RED'S POUCH GROUP OR FEGA NUMBER	
	THE SECOND PORT OF THE PROPERTY OF THE PROPERT	THE HOLD OF COURT OF CONTROL MONEY	
ОТНЕЯ РИЗГИВОТЬ РОЈИСУ ОЯ ОПОЦР ВИМЕЯ	a ENPLOYMENTY (Current or Promose)	INSURED STATE OF BRIDE	EC
Tenant at the state of the	YEB MO		F
PERENDE FOR ILCC USE		to conservouses to consequently folicon	
nesanies ran Nuccuse	E OTHER MODIFIER	c. INSURANCE PLAN NAME OF PROGRAM NAME	
	VES NO		
NOUTHING FURNISHED OF PROGRAM NAME	10s CLAW CODES (Designatedly NUCC)	C. IS THERE ANOTHER HEX, THESIDERT PLAN?	
BEAD HACK OF FORW HER COVER TOW		TES NO Dyes, companie terro V.	
E PATIENTS ON AUTHORIZED PERSONS SHORK RURE I Authorize the big possess that days. I also vious and payment of government standing short	minute of any medical or other information securing	 In support on AUTHORIZED Pensions stolated payment of needed benefits to the undersigned physic services described better. 	the a village pa
(store	anjura and and and and and and	MARIN WILLIAM DELA	
WHEND	pare	9940	
MA DO YY	CEHRI DIVE NW DO 1Y	at the extent funers to most at critical	OCCMPATION DO 1 YY
7 NAME OF REFERENCE PROVIDER OF OTHER SOURCE.		HO HOSPITAL CATEGORIAN TO COMPENT	SEPWICES.
A STATE OF THE PARTY OF THE PAR	5 191	mon to to	00 W
9 ADDITIONAL CLASSINFORMATION Designated by NUCCI		20. OUTSIDELARY B-CHARGES	
I DIVONOSIO DI SATURE OF LUNESS OF SALEY Revisi AL Erren	Station lates CAT	755 NO 22 F840 BLANK CRV	
	ED BO	CORR ORIGINAL REP. NO.	
	D. H.	23. PRIOR AUTHORIZATION NUMBER	
	L.L.		
	#DUPPER SEMILICAS ON SUPPLIES BY UNION CHISTOPHER CHISTOPHER POINTER		ROYOGRAD #
10 17 Mar (0) 17 [Dome Emp] (3 1 M.)	SO HARVEY FORTER	and the last of	
		1071	
		1 21	
		581	
		non .	
		1 191	
S REDGRALTAX ID NUMBER GON DN DE PATENTO	ACCOUNT NO. 27 ACCOURAGED TO	29. TOTAL CHARGE 29 AMEXIMIT PAID 3	Contraction of the contraction o
S FEDERAL TAX ID HUMBER GON DN DE PATENTS	ACCOUNT NO 27 ACCOUNT ACCOUNT NO	SS TOTAL CHARGE 20 AMOUNT PAID S	B Revesto MUCCUM
	NOLITY LOOKTION INFORMATION	SS BILLING PROVIDED INFO 4 PH # ()	
O CATTY THE THE STANFAST CONTROL OF THE STANFAST CONTR			
(pginy t) this tall and one shallow a part thereof (

HEALTH INSURANCE CLAIM FORM APPROVED BY NATIONAL UNIFORM CLAMICOMMITTEE MAJOR 08/12 (Midrand) (Midrand) (CACIO) 2. PATERITY WAS CASTRANA, POSTNANA, MISSA INSIS. tidl: 4 and Higmo, First Namo, Matter by LaC COSTSS Per Steel 5. PATIENT'S ACCPUESS INC., SHARE STATE IS RESERVED FOR MUCO USE FSILEPHORE Inches Resp Code) IS \$994CNIE SHIDUGE THEIR CORRE 9. OTHER RIGHTS NAME CLICK NAME & Right Name & Michigan Line (1997) 4. OTHER INSURED/S POUCY OR GROUP ILLMEEN A EMPLOYMENTY (Current or Provious) IL PROBRISO FOR MUCCUME B. AUTO ACCOUNT? G. CEHRICLASKE (Designated by BUCC) PLACE GRAD a regarded for succuse OTHER ACCIDENTS I NOURWICE PLAN NAME OF PROGRAM NAME 160 4. NEUTANCE PLAN NAME OF PROGRAM NAME OCUPY of Sent Spring and Committee of the Committee of th I. IS THERE ANOTHER HEISTH GENERAL PLANT 1800 BO Byes, complete Berlin N, Ma, and RO BEAD BACK OF FORM REFORE COUPLETING A BENNIS THEFORE. 2. PATICATS OF ACTION CENTROPICS SIGNATURE LAUREDGE BY HIRE AND PROJECT OTHER Internation receiving. INSURED'S OR AUTHORIZED PERSONS SYSTALTURE I ARRIVAN payment of medical benefits to the undersigned physician or supplier for its process fire clark. I also require payment of government bandits after to mediate to the party who assigns assignment ZHE. NAME OF REFERENCE PROVIDER OF OTHER SOURCE 179 199 FROM 19 ADDITIONAL CLANSINFORMATION Sungasted to 19200 D CATTROPLANT YES NO COST PRINCIPAL COLUMN C CPE SOUR, FEF. NO. IS PRINCE AUTHORIZATION NUMBER **PICHOCPINO** 1770 GE. SERVICE FACILITY LOCATION INFORMATION INCLUDING DEGREES ON CREDITINGS 5 cartly that the stutements or this revenue opply to the tall and one waste a part flower?)

Line Item 6

• Complete this line item only when Items 4, 7 and 11 are completed

No.	Claim Description	Loop	Field	Data Element Description	Requirements
6*	Patients relationship to insured if (Complete this litem only when litems 4, 7, and 11 are completed)	2320	SBR02	Required when MSP is involved 01 Spouse 18 Self 19 Child 20 Employee 21 Unknown 39 Organ Donor 40 Cadaver Donor 53 Life Partner G8 Other Relationship	



- Insured's address and telephone number when Medicare is secondary payer
- Line 7 completed when Items
 4, 6 and 11 are completed
- Leave blank when Medicare is primary

Item No.	Claim Description	Loop	Field	Data Element Description	Requirements
		N301	Other subscriber address line 1	Enter the mailing address of the insured. Required if other	
	7* Insured's address and telephone number (Complete this MSP claims)	ber 9330A	N302	Other subscriber address line 2	payers are known to potentially be involved in paying this claim and the information is available. If the insured is the patient this
7*			N401	Other subscriber city name	
			N402	Other subscriber state code	would be blank and information reported in the 2010BA Loop
			N403	Other subscriber ZIP code	does not repeat in the 2330A Loop.





ALTH INSURANCE CLAIM FORM			
Duck Duck One of the property of the contract of the contrac			MOATT
MEDICATE MEDICAD TROJEE CHARA GEOGRA	PLAN BOOK DAY	TE PERCENTI D. MANDER	(for Rogan in ten t)
KT SANT IS NAME (LIST Name, Petit Name, Made Initial) D. PAT(SANTY)	समाभ दुस्ताच acx	4 PUBLISHED NAME CASTRONO	, Field Names, Mobile In Each
ATENTS ACCRESS No. Street	M F	7. INSURED'S ADDRESS (No. 1	Street
icar iq	DUSC Chis		**************************************
A SUME 0 MEDERARD	FOR MUCC USE	CITY	STATE
CODE TSLEFHORS INCIDE AND CITES		ZIP CODE	TELEPHONE (Include Area Code)
THER INDURED TO NAME CUST Name & Rest Name & Master Instella	TO CONDITION ABUNTED TO		()
	4000000000		
THER INSURED'S POUCY OR GROUP NUMBER a. EMPLOYME	NT (CARRED PERSON)	a mountain case of enti-	0E4
BIBRIAD FOR MUCCUSE B AUTO ACCO	and the same of th	D. OFFIRM CLASH D. Chee ground	
ESCRICTOR NUCCUES & ORIGINACO	TES NO	c. NOURANCE PLAN NAME OF	PROCESS NAME NAME
	VES NO	E PERSONNEL CAN AGE OF	11000000
EUTANCE PUN NIME OF PROGRAM NAME 103 OLAM CO	X65 Designate by NACO	C IS THERE ANOTHER HEALTH	ODHORT PLAN? Type, conglete family, 9s, and 9c.
SEAD BACK OF FORM REFORE COUNCETING & SEANING BY PATERITS OF AUTHORICES PERSONS SIGNATURE Last accessed as pre-	m romi.	13 INSUREDIS OR AUTHORIZE	PERISONS SIGNATURE I AIR MONEY
E grocess five const. I also roughed payment of government condition from Element in the latest	party-includes adjoined	person described between	he narriged pyrosis a sigliar to
DATE DATE		BOACD	
DATE OF CLARBOUT ELECTRIC CLARK OF PROGRAMOCY (CAR) 15. CENTRE DATE	NW 00 YY	- See - 100 - 100 - 100	THOSE IN CLEREBIT OCCUPATION
NAME OF RETENTIONS PROVIDERS ON OTHER BOURCE 104		is Hoshing paricy pares to	euro to ougrest persons
400TONA, OLANINFORMATION Designated to MICO.		SU CRUMON YARD	TO SCHARGES
		TES NO	
DIAGNOSIS ON NATURE OF LIJNESS OF NUMBER Rends All binerals involved and of	C ICDING	22 PRINCESSON COLUMN	CPUSINAL REP. NO.
5 0	- O.L.	29. PRIOR AUTHORIZATION NU	MICH
A CUATRISCOP REPRINCE M C. D. PRINCECUPANIC GERMAN	ES OR S.PPLIN B	P 0	
From to TS FLETO Charge Charge to TO VV MAX DO VV STREET END OFFICE CO.			D ROYCONNS Re CARL PROVIDER D #
	1 1 1		NP1
			1001
			381
			nafit .
	1 1 1		
			MFI
			tal t
			1671
REDGRAL TAX LO HUMBERI GON DIN DE PATENTE ACCOUNT NO	27 ASSET ASSESSED 117	And the second discount of the second	ABBOUNT PIND 90 Revesto MUCCOW
GOANTURE OF PHYSICIAN OR SUPPLETS INCLUDENCE DEGREES OR CRESCHAUS (SETTINGS FACILITY LOCATIO (SETINGS	ON INFORMATION	SS. BILLING PRICHOST INFO &	Die ()
M. 700 C			

HEALTH INSURANCE CLAIM FORM APPROVED BY NATIONAL UNIFORM CLAMICOMMITTEE MAJOR 08/12 (Midrand) (Midrado) (7040)(00) 2. FINT BATT'S NAME CLASS Hame, FIRST Name, Abdite Initial C PLOURS DIS NAME CARD NAME OF PARTY AND PROPERTY AND PARTY. 5. PATIENT'S ACCPUESS INC., SHARE S PATROT HILATORIST TO HISUPED INSURED SUPPRISONS FOR STORE RESERVED FOR NUCC USE SPCCOR TRANSPIREMENT PROMINENCE OF III. 8 PTH CRUT (IN DUCK) THE A CORNE 9. CTHETHING, PEDITS NAME Auct Name, First Name, Modified 4. OTHER INSURED/S POUCY OR GROUP ILLMEEN a EMPLOYMENTY (Durant or Previous) 160 IL PROBRISO FOR MUCCUME B. AUTO ACCOUNT? D. CENER CLASH E (See graded by B UCC) PLACE GRAD a regarded for succuse OTHER ACCIDENTS I NOURWICE PLAN NAME OF PROGRAM NAME 160 4. NOUTWICE PLAN NAME OF PROGRAM NAME OCUPY of Sent Spring and Committee of the Committee of th I. IS THERE ANOTHER HEW, THREEPIT PLANT NO Byes, complete term 9, 94, and 90 BEAD BACK OF FORM REFORE COUPLETING A BENNIS THEFORE. 2. PATICATS OF ACTION CENTROPICS SIGNATURE LAUREDGE BY HIRE AND PROJECT OTHER Internation receiving. I PASLINED'S ON ALTHONIZED PERSONS SKINKTURE I MIR HOW payment of medical benefits to the undersigned physician or supplier for its process fire clark. I also require payment of government bandits after to mediate to the party who assigns assignment OH. 7 NAME OF PETERPHIO PROVIDER OF OTHER SOUNCE FROM 175 191 9 ADDITIONAL CLANSINFORMATION Swagnated to 19700 D CATTROPLANT YES NO O PRICERON COL CPERIOR, FEP. NO. DESIGNATION AUTHORIZATION NUMBER CHONOR **PICHOCPINO** TYTE I GE. SERVICE FACILITY LOCATION INFORMATION INCLUDING DEGREES ON CREDITINGS 5 cartly that the statements on the lower on opply to the tall and one waste a part flower?)

- Reserved for future NUCC use
- Not mapped electronically





Line Items 9, 9a-9d

- Medigap or supplemental data is appended when claims are not automatically crossed over to medigap or supplemental insurer
- If same as line Item 2, list same
- If different from line Item 2 complete, name of insured
- Policy and/or group number preceded by Medigap or MGAP or MG or payer ID
- Medicare Coordination of Benefits Agreement





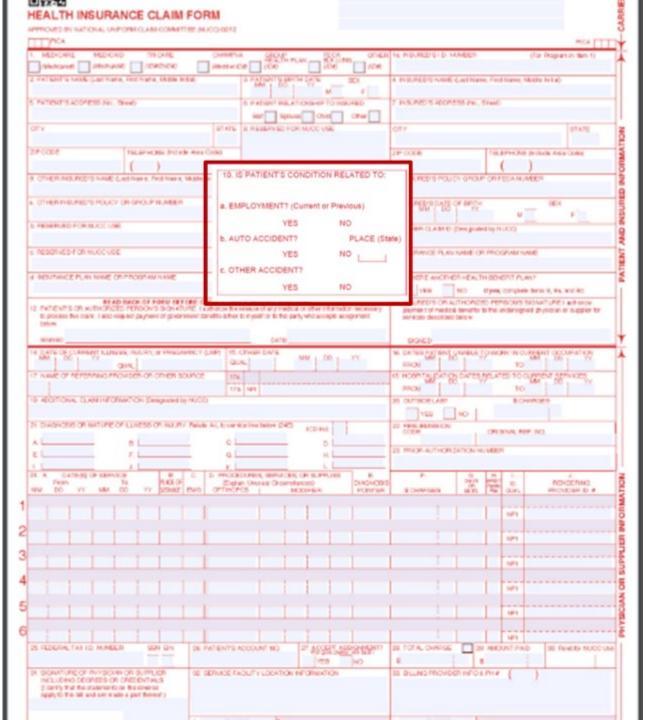
MEDICATE MEDICAD TROJAE CHARTY					PICA TT
	HE S. TH PLAN	HE R LLEWIS	1s. POURCE'S: D. MANDER	(6)	or (Rogram in Itam 1)
(Stational) (Machinal) (CADIO)	(10)	towi			
FRESHE'S NAME (Last Name, Fest Name, Writte britis)	S NATIONAL BEAUTY CALL	M F	A PUBLINED'S NAME CASTING	no, First Nano, Next	te fv1x0
STERITS ACCORDING THE SHARE	O PATION HILA STORM		7 INSURED SHORESSING	Steel	
	provide provide	No. One			
Y SIME	COUNTRO! CEVERBER II	156	OFF		GTA70
CODE TSUSH HORE Droads Area Code			2P COLB	THE REPORT OF	Divide Area Codes
()		744 (0.00 4.0000 347)		()	-
OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)	O IS PAREMES CONCIN	ON HELATED TO	H. Maunicina housy and	in Child Downsones	-
OTHER INSURED'S POLICY OR GROUP NUMBER	L EUPLOIMENT (DAW	(or Province)	a. INSURED/S DATE OF BRID		004
OTHER MASURED S POLICE ON GROUP NUMBER	100	MO MO	WW 7 00 1 19	u	F
RESERVED FOR NUCC USE	E AUTO ACCESAT?		D. OTHER CLASS D. CHESTIN	ed by NUCCO	
	168	100 L			
RESERVED FOR NUCC USE	E ORIEN ACCIDENTS		C PORUPANCE PLAN NAME O	PLPROGRAMINAM	
NOTE OF THE PARTY	OC CLAW CODES (Design	160 markin 2000	C. IS THERE ANOTHER HEX.	DI CONCET ON AND	
INSURANCE PLAN NAME OR PROGRAM NAME	- Carrier Carrier		199 HO	O'yes, conquest to	
	SENNS BUSIONS		13 INSUREDIS OR AUTHORIS	TED PETROCALS SAD	WOUND LANGUE
PATIENTS OF AUTHORIZED PERSONS SIGNATURE. LAURISON BAL Is process the claim. Lato rogated payment of government candito-ather	result of any redical or other to report or to the party who a	cape wagenest	payment of medical benefits services described below	bits incorrigred	ploce a vitte p
trion					
MOPHO	pere		03400		
MAL DO 1 YY	CEHBRIDATE NW	00 1 17	at because the property	TOWNS NO. 10	BRIT CECCMATION
NAME OF REFERENCE PROVIDER OF CONCER SOURCE US			IS HOSPITAL DATES DATES	NO ATED TO CUE	DENT SERVICES
the same of the sa	191		FROM MO BO	TO.	100 VV
ACCITICANA, CLARA INFORMATION CHARGINGS TO PACCO.			20. Олгасециал	80448	Sen .
			YES NO		
DIAGNOSIS ON BATURE OF LUXESS OF BUURY Reals AL briefs	torine better C4D (CD)	ns	22 PRINC RECEIVED CON	CHINNA, RIP. I	10
8 C		0	23. PRIOR AUTHORIZATION I	A. LANCOS	
		H.			
	CLERCK, SERVICES, CR. S.		P. 0.	B 1	4
W DO YV MAK DO YV STRAZ ENG OPTINCE	P United Charestwood CS BEXERGE	PONESIA	N CHARACTER IN TO	Plan CLIAL	PROVIDER D. #
	F 7 1	7 7			
				1671	
	1 1 1	1 1	7 7 7	1	
				1071	
	1 1 1	1 1		100	
	2 2 11				
				6671	
				1	
				1971	
1 1 1 1 1 1 1 1 1	1 1 1	1 1	1 1 1	1 1971	
	COOLET NO 127 AC	CET ASSESSED IT	29. TOTAL CHANGE :	D AND SAUCHAN O	SS Feverto NUCC U
FEDERAL TAX ID HUMBER GON GN DE PATENTE A		ASSESSMENT OF THE PARTY OF	The state of the s	the second second	
RESCRIPTION OF PATENTS		TO NO	6	8	
TE TOTAL		to NO	SS. SILLING PROYEST INFO	S A Cite (

EMC Equivalent Lines 9, 9a-9d

- Medigap or supplemental data is appended when claims are not automatically crossed over to medigap or supplemental insurer
- Name of insured for Medigap plan and ID
- Insured group and plan number
- Enter the city, state and ZIP code of the insurer

Item No.	Claim Description	Loop	Field	Data Element Description	Requirements
	Other insured's		MM103	Other insured last name	
9*	Name (Last, First,	2330A	MM104	Other insured first name	Name of insured for Medigap plan
	Middle Initial)		MM105	Other insured middle name	
		2030A	NM108	Identification Code Qualifier (MI Moniber Identification Number)	Medigap policy ID
İ	Other insured's policy or group number (Medigap only)		MM109	Other insured identifier	Medigap
Sw*		2320	58801	Payer responsibility	P Primary 5 Secondary T Tertary
			28R03	Insured group or policy number	Enter the insured's group or plan number
96*	Other insured's date of birth and sex				
	Employer's name or		M401	Other payor city name	Enter the city, state and ZIP code of the insurer. Required if any
1940	school name (Medigap	20308	14402	Other payer state code	other payers are known to potentially be involved in paying this claim.
	Address)		14403	Other payer ZIP code	
96"	insurance plan name or program name	20305	MM108	Other payer identification Code Qualifier	Medigap plan only
			NM109	Payer last or organization name	
			NM103	Insured's group/policy no.]





Line Items 10a, 10b and 10c

- Employment, auto liability, or other accident involvement
- If checked "YES," identify primary insurance and submit to the primary and enter the two-letter state postal code for auto liability

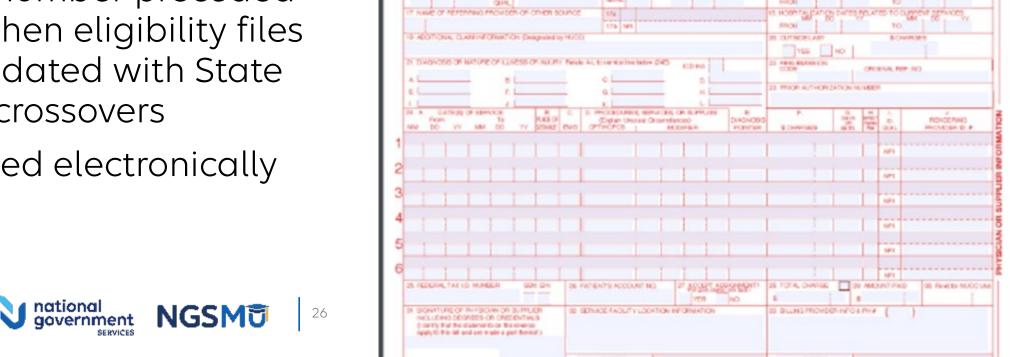
Item No.	Claim Description	Loop	Field	Data Element Description	Requirements						
	Is patient's condition related to employment?								CLM11- 1	Employment related indicator (EM)	Enter the name of the Insured's other insurance
10a,	Auto Accident?	2222	CLM11- 1	Auto accident indicator (AA)							
b, c	Place (State)	2300	CLM11- 4	Auto accident state	Required if Related cause code (CLM11-1,-2) = Auto Accident (AA) to identify the state in which the automobile accident occurred.						
	Other Accident		CLM11- 1	Other accident indicator (OA)	Required if Date of Accident (DTP01 = 439) is used and the service is employment related or the result of an accident.						





Line Item 10d

- Medicaid crossovers are automatic via eligibility filebased crossover process
- Medicaid number preceded by MCD, when eligibility files are not updated with State Medicaid crossovers
- Not mapped electronically



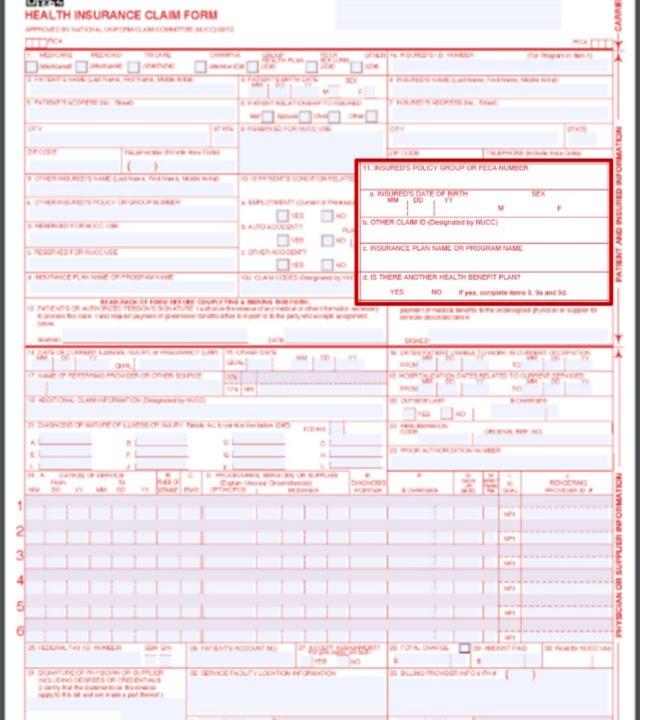
PATRICULA ACCOMPGE DAY DEVAN

PRINCIPLATED FOR MIXECUM

RESERVED FOR MUCCUSE

SLEPHONE DESIGN FREE CORN.





Line Items 11, 11a-11d

- If Medicare primary, enter word "NONE" proceed to line Item 12
- If Medicare is secondary (MSP)
 - Insured's policy or group number and proceed to line items 11a through 11c
 - 11a-insured eight-digit DOB and sex code
 - 11b-leave blank
 - 11c–MSP plan name
 - 11d–Not required





EMC Equivalent Line 11, 11a-11c

Item No.	Claim Description	Loop	Field	Data Element Description	Requirements	
		2320 or 2000B	SBR01	Payer responsibility P = Primary S = Secondary T = Tertiary *Note: If Medicare is Primary, use letter "P" and skip to item 12.	, ,	
		2320	SBR03	Insured Group or Policy Number		
	Insured policy group	2330A	NM108	Identification Code Qualifier (MI Member Identification Number)		
		0.0000000	NM109	Insured's identifier		
		olicy group		Insurance Type Code		
11*			SBR05	Indicator's must equal one of the following values: 12, 13, 14, 15, 16, 41, 42, 43 or 47 if 2000B SBR01 = "T" or "S"	If there is an insurance primary to Medicare, enter the Insured's policy or group number. Required if other payers are known to potentially be involved in paying this claim.	
	or FECA number		CLM01	Claim submitter's identifier		
		2300	CLM02	Monetary amount		
			AMT01	Amount qualifier code = D		
		2320	AMT02	Monetary amount (Primary Paid Claim Level)		
			CAS01	Claim adjustment reason code (CO, PR. OA)		
		2320 or	CAS02	Claim adjustment reason codes		
		2430	CAS03	Adjustment amount		
			CAS04	Adjustment quantity		
		2330B or	DTP01	Primary insurance adjudication date		
		2430	DTP02	Date time period qualifier		
			DTP03	Date paid		

Item No.	Claim Description	Loop	Field Data Element Description		Requirements
Item No.	Claim Description	Loop	Field	Data Element Description	Requirements
		2300 or 2400	CN102	OTAF amount	
			SVD01	Identification code	
			SVD02	Primary payer paid amount (line level)	
			SVD03	Medical procedure identifier	
		2430	SVD03-	Service ID qualifier	
			SVD03-	Service ID	
			SVD05	Quantity	
			NM101	Entity identifier code	
			NM102	Entity type code	
		23308	NM103	Last name or organization	
			NM108	Identification code qualifier	_
_			NM109	Identification code	
11a*	Insured date of birth and sex-				
11b*	Employer's name or school				
		2320	SBR04	Other Insured Group Name	Enter the complete insurance plan or program name
110	Insurance plan name or program name	23308	NM103	Other payer organization name	Enter the complete insurance plan name
	- programmano	2330B	NM109	Other payer primary identifier	Enter the payer ID of the other insurer

Electronic Data Interchange: Medicare Secondary Payer ANSI Specifications for 837P





- Signature and date
 - Informed consent to release medical information for conditions or diagnoses regulated by Federal Statutes
 - Statement permitting release of medical billing data related to claim

Item No.	Claim Description	Loop	Field	Data Element Description	Requirements
Detionfo or outhorize	Dation to an authorized	2300	CLM09	Release of information code	This item authorized release of medical information necessary to process the claim. It also authorizes payment of benefits to the provider of service when assignment is accepted on the claim.
12	Patient's or authorized person's signature (Release of Information)	2320	0106	Release of information code	I-Informed Consent to Release Medical Information for Conditions or Diagnoses Regulated by Federal Statutes. Required when the provider has not collected a signature and state or federal laws do not require a signature to be collected. Y Yes, Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim.





NOVED BY NATIONAL UNIFORM CLAM COMMITTEE (MUCC) 681	1		
Duck			MOATT
MEDICATE MEDICAD TRICATE CHAMA SAUGUAGE DESCRIPTION DESCRIPTION SAUGUAGE DESCRIPTION SAUGUAGE	THE REPORT OF THE PLANT AND THE RELIGIOUS	1s. NOURCE'S LD. NAMBOR (For Re	agran in ten ()
KTERE'S NAME (Last Name, Prot Name, Made mital)	D. PATIGOT IN GRATIN CATES DEX	4. EN (UPIED'S NAME GARD NAME, FIRST NAME, AND RES	110
ATTEMPS ACCORDED TO: TRANS	M F	7 INSURED S ADDRESS Po. Street	
TION SACOPESS NO. SENSO	6 PATIENT HILATICHER TO HEAVED	P Promes o Aponeso Politimo	
v (2145		OFF	(ITA76)
CODE TSLAFFHCHS Include West Codes		2P CODE TRIAPHONE BUILDING	INEA CORRE
THEST INICA, RECOVE NAME CLIEST Name . Their Name at Mastile In Fact.	IS IS PATEMED CONCENCIABLATED TO	H. INSURED'S POUCH GROUP OF FECA HUMBER	
THER INSURED'S POUCY OR GROUP NUMBER	a EUPLOIMENTI (Carento Previous)	e exponence date on each	60K
EMPLIED FOR MUCCLISH	E AUTO ACCOUNT? OF AVE COME.	B OFFER CLASS (Including NOCC)	
	160 NO		
ESQN/ED FOR NUCCUSE	c onien Accident?	C. INSURANCE PLAN HAME ON PROGRAM HAME	
ENTANCE PLAN NAME OF PROGRAM NAME	100 O.AM CODES (Swignwest) NACO	C IS THOSE ANCIDED HEN THOSEOST PLAN?	
		1908 MO Dyes, conjuste term 9	PA YOR
READ BACK OF FORM BEFORE COMPLETE		5 INSUREDIS OR AUTHORIZED PERSONS SIGNATU payment of needed benefits to the undersigned physic	PET ARTICLE
 PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE: I authorize to process this claim. I also request payment of government benefits eith below. 	the reveale or any medical or other information necessary er to myself or to the party who accepts assignment.	peniloso described beraiv	
SIGNED	DATE	9960	
Maria Committee of the	NW 1 00 1 NV	in the last payment of which to compare	QCOFATQN
OTH.	Z.I.C.	mov to	
	75 797	ABON TO CHEST OF THE TO CHEST	SETWICED VY
MOTORIAL CLANS INFORMATION CHARGE SE NUCCO.		20. OUTSIDELARD BOWNSES	
		165 160	
DIAGNOSIS ON BATURE OF LUXESS OF BAURY Bands ALLEYS	retarine belon (CD HG	22 FBHS, BERNELON CHURCH, REP. NO.	
		29. PRIOR AUTHORIZATION NUMBER	
Pron to PAGEO (Co	DECEMBER, GERMACES, CRI SLAPPLIES E. DENOMOSIS DENOMOSIS	P. Daris program D. St. St. St. St. St. St. St. St. St. St	novocnika
to vv MAX to vv (steat two OPTIM	PCS BODINER PONTER	SCHWISSES SEE SE CONT.	ROVER D #
		1 20	
		301	
	TITI	1 1 101	
		101	
1 1 1 1 1 1 1 1		1 1 100	
		1 191	
PEDIGHAL TAX LD. HUMBER GON GN DE PATIENT	ACCOUNT NO 27 ASSESSMENTS	And the second s	B Riversy MUCCO
DOMESTICAL OF THE BOOM OF BUTTLESS MOLICING DEGREES OF CREENINGS CONTY For the disconnection to the chartes (page to the bill and are was also a part thereof)	FACULTY LOCATION REFORMATION	S S SILING MONSON INFO A PINA ()	

HEALTH INSURANCE CLAIM FORM APPROVED BY NATIONAL UNIFORM CLAMICOMMITTEE MAJOR 08/12 Ministration (Ministration) / (DWD) (DE 2. Fix Table 12 house Guard Hame, First Name, Matter British PUBLIFIE D'S NAME CONTRARY, CIVIL NAME, AND ADDRESS OF THE PERSON, PARTIES AND ADDRESS OF THE PERSON. S. PATIENT'S ACCPIESS INC., SENSO S PATISHT HIS AT CHEEP TO HOUSED INSURED SUPPRISONS FOR STORE isst ipous Chis Char STATE S RESERVED FOR MUCCUSE FSILEPHORE Inches Resp Code) IS \$994CNIE SHIDUGE THEIR CORES 9. OTHER INSURED/S NAME Cost Name First Name, Middle Note: 4. OTHER INSURED/S POUCY OR GROUP ILLMEEN A EMPLOYMENTY (Current or Provious) IL PROBRISO FOR MUCCUME B. AUTO ACCOUNT? D. CENER CLASHED (Designated by BUCC) e regarded for succuse I NOURWICE PLAN NAME OF PROGRAM NAME 4. NEUTANCE PLAN NAME OF PROGRAM NAME E. G THERE AND PHEN THE BENEFIT PLANT BEAD BACK OF FORM RETORIC ONVENTIONS & BENNING BREFORD. 2. PATIENTS OF AUTHORICED PERSONS SIGN ATURE: Luchardy for House of any rediction of the information received. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE Lauthorize payment of medical benefits to the undersigned physician or supplier for services described below its process fire clark. I also require payment of government bandits after to mediate to the party who assigns assignment NAME OF REFERENCE PROVIDER OF OTHER SOURCE 179 199 19 ADDITIONAL CLANSINFORMATION Sungasted to 19200 TO CALT THE PER LAND YES NO 2 FRIG.RADIO CIN CPE SENAL PERF. INC. IS PRINCE AUTHORIZATION NUMBER **PICHOCPINO** GE SERVICE FACULTY LOCATION INFORMATION INCLUDING DEGREES OF CREDENTINGS 5 cartly that the stutements or this revenue apply to the tall and one waste a part flower?)

- Signature and date
 - This item authorizes payment of medigap medical benefits to physician

Item No.	Claim Description	Loop	Field	Data Element Description	Requirements
42	Insured's or	2300	CLM09	Benefits Assignments Certification Indicator	This item authorizes payment of medical benefits to the physician.
13	Authorized Person's Signature	2320	Q103	Assignment of Benefits Indicator	N No; W Not applicable. Use code "W" when the patient refuses to assign benefits; Y Yes





- Six-digit or eight-digit date of current illness, injury, or pregnancy (LMP)
- Do not enter qualifier (QUAL) in item 14

Item No.	Claim Description	Loop	Field	Data Element Description	Requirements
	Date if current illness.	2300	DTP03 (439)	Accident Date	Required if Related Cause code (CLM11-1, -2 or -3) = Auto Accident (AA) or Other (OA). Enter the date of current illness or injury.
14		2300	DTP03 (431)	Onset of current illness or injury date	Required for the initial medical service or visit performed in response to a medical emergency when the date is available and is different than the date of service
14	injury, pregnancy	2300	DTP03 (454)	Initial treatment date	Required on all claims involving spinal manipulation.
		2400**	DTP03 (454)	Initial Treatment Date	Required when the Initial Treatment Date is known to impact adjudication for claims involving spinal manipulation, physical therapy, occupational therapy, or speech language pathology and when different from what is reported at the claim level





CENTS WAS CARRIED AND RESERVED	ST ATE	DE PATIENT HILATORE	SCALE SCALE	A POLICE STANDED		PICA (I
Steckpard (Steckpard) Franklin NASE (Latinum, Pethic ATESIT'S ACCRESS DID. Steet) Franklin (Steet) Franklin (Steet)	(COACION) Shreture Coacion (Coacion Coacion Co	E PATIENT NILATERS	SCALE SCALE	Section and the section is a second		en in ten ti
CODE THE SECOND CODE ON COME	ere, Utilia Intia)	D PATIENT Y SENTH CAT O PATIENT HILLAT CHES SEET SECURE	M F	4 INSUREDS NAME CASTRON	o Field Nigelo Michig No. 4	
CODE 196,00		C PATION HILA COO		A STATE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.		
CODE 196,00		Seat Seption	elf fig inskurision	and the same of th		
CODE 150.00		the second second		7. INSURED SHORESSING, S	Heat.	
CODE 150.00		IN THE REST OF THE PARTY OF THE PARTY.	ONE OPE	Off		GTA76
(and the second s			OI 7		014/6
THE PROPERTY OF NAME CASE FAME	PHONE INCOME WAS CITED			2P CCCR	THE REPORT OF THE REAL PROPERTY.	in Child
THEM INDUSTRIES IS NAME CARE FROM)				()	
	e, Frot Name, Mostle In Edi-	IO IS PATENTS CONCI	TICH RELATED TO	H. MOURED'S POUCH Should	ORFECARIMEER	
THER INSURED'S POLICY OR GRO	D.P.H.ARED	a EMPLOYMENTY (CLAY	et or Programs	A INSCRIPTION DATE OF BRIDE	004	
	and the state of t	T YES	T NO	e warmens ovice on easily	u u	F.
ERERUED FOR MUCCLISE		B AUTO ACCIDINT?	PLACE (BAN)	D. OFHER CLASS D. CHE profes	High I/CO	
		168	MO L			
gan so non muccust		c onien Accobing		C. FIGURANCE PLAN NAME OF	PROGRAFINALE	
DUTWICE PLAN NAME OF PROOF	FAM NAME	100 O.AW OOD 50 Deep	MO MO	c is thethe anothern nexcts	1904001034001	
				Total Street	O year, complete Berst V, He	WC RO.
WEAD BACK O	OF FORM RETCHE COMPLETING	A BENNS BUTTORS.	a internative security	IS INSURED SON AUTHORIZE	D PERSONS SKINKTURE	Lasterior
process the diam. I also roughed pay year.	priest of government condition than t	Engage of the party who	scape angenera	payment of medical benefits to services described below	the matrigles princip	e ritte o
ATE OF CURRENT ILLNES	SS IN ILIEV OF DRECHAN	CV (LMD)		DOMED CATALOGUE I	CHICAGO SECURIORIO CO	CARACES
MM DD YY	NAL!	01 (000)	.00	an Depart of Separation of Sep	10 181	177
9	UNL			на новять раскору онгезу	PLATED TO CUMPENT OF	PHICES.
		nes .		FROM	10	
COTTONAL OLANINFORMATION	(Designated by MUCC)			20 OUTSIDELAST NO	8-CHARGES	
HONORED ON HATUPE OF LINES	55 OF NUME Finds AL BOARD	or involutes (245)	rms	22 PARK BEAUCHICEN		
	e L		0	CORR	CPERIOR, PEP. NO.	
F.L	9		14	29. PRIOR ALTHORIZATION IN	MEN	
	1		L			
From To DO VV MM DO	PLACE OF CONTRA	(Karacia, Islamus (Bris, CAN IS. In Umoraia Carcameteropo)	DIAGNOSIS			очостию
DO VV MM DO V	TY STREET THE OPTIMEN	CS BEXERT	R POSTAR	\$ CHANGES 18.75	Re CLIP. PRO	NOSE D #
					1671	
					581	
1 1 1 1 1	1 1 1	1 1 1	1 1		1001	
					1071	
	1 1 1					
					1971	
1 1 1 1 1	1 1 1	1 1 1	1 1	1 1 1	1971	
REDURAL TAX ID HAMBER	GON GIN DE PATENTS A	CCOUNT NO 27 A	CONTACTOR ASSESSED	29. FOTAL CHANGE 20	According to the second se	Revietor MUCCO
			VER NO	6 8		
SCHAFTURE OF PAYRICARS ON BUT MCLLCHAS DESPRESS ON CHEEN CONTY that the statements on the so- iggs, to the fall and an made a part t	NTHES NOTO	OUTY LOOKTION INFOR	MATION	ss acces movements	nie ()	

HEALTH INSURANCE CLAIM FORM APPROVED BY NATIONAL UNIFORM CLAMICOMMITTEE MUCCLISHS (Midrand) (Midrand) / (DADIO) 2. FINT BATT'S NAME CLASS Hame, FIRST Name, Abdite Initial C PLOURS DIS NAME CARD NAME OF PARTY AND PROPERTY AND PARTY. S. PATROT HIS ATTOMAP TO HOUSE 5. PATIENT'S ACCPUESS INC., SHARE INSURED SUPPRISONS FOR STORE ist ipous Cha Cha STATE OF RESERVED FOR MUCCUSE SPCCOR FSILEPHORE Inches Resp Code) IS \$994CNIE SHIDUGE RISE CORE 9. OTHER RIGHTS NAME CLICK NAME & Right Name & Michigan Street A. OTHER INSURED'S POLICY OR GROUP ILLINEER a. EMPLOYMENTY (Current or Province) IL PROBRIMO FOR MUCC LIMI E AUTO ACCOUNT? G. COVER CLASS D. Chee graded by BUCCO PLACE GRAD e regarded for succuse CONTRACODERED I NOURWICE PLAN NAME OF PROGRAM NAME 160 4. NOUTWICE PLAN NAME OF PROGRAM NAME OC CLAW CODES (Designated by NECO) I. IS THERE ANOTHER HEW, THREEPIT PLANT NO Dyes complete bens 9, 94, and 90 BEAD BACK OF FORM REFORE COUPLETING A BENNIS THEFORE. 2. PATICATS OF ACTION CENTROPICS SIGNATURE LAUREDGE BY HIRE AND PROJECT OTHER Internation receiving. I PUBLIFIED S ON ALTHORIZED PERSONS SKINWTURE I WIRWIN payment of medical benefits to the undersigned physician or supplier for its process fire clark. I also require payment of government bandits after to mediate to the party who assigns assignment 15. OTHER DATE NAME OF REFERENCE PROVISER OF OTHER SOUNCE 9 ADDITIONAL CLANSINFORMATION Swagnated to 19700 YES NO 2 FERG. BARRIOTON CPERIOR, FEP. NO. DESIGNATION AUTHORIZATION NUMBER CHONOR **PICHOCPINO** TYTE ! SE SERVICE FACILITY LOCATION INFORMATION INCLUDES DEGREES OF CREDENTIALS 5 cartly that the statements on the lower on opply to the tall and one waste a part flower?)

- Not required
- Not mapped electronically





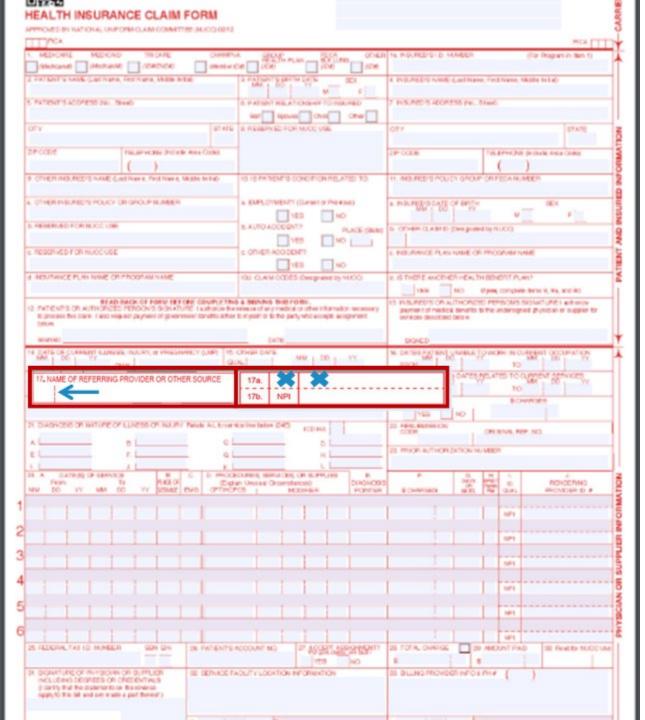
- Not required
- Six-digit date (MM/DD/YY) or eightdigit date (MM/DD/CCYY) when patient is employed and unable to work in current occupation
- An entry in this field may indicate employment-related insurance coverage (e.g., MSP workers' compensation)

No.	Claim Description	Loop	Field	Data Element Description	Requirements
	Dates patient unable to work in current		DTP03 (360)	Initial disability period start	Enter the date(s) when patient is employed and unable to w in current occupation. An entry here may indicate employmentated insurance coverage.
16	occupation (from and to)	2300	DTP03 (361)	Initial disability period end	





PROJED BY HATIONAL UNIFORM CLASS COMMITTEE!	MX0036842				
Discr					PICA
MEDICATE MEDICAD TRICATE SMARRAME SMARRAME (CARDICO)	CHAMBAYA SECUP MERCHANIAN (CO)	ICK UNIS OF SIZE TO	NOUNCE STEEN NAMED IN	(FOY RE	agran in tain ()
KTERETS SAME (Last Name, Prot Name, Under Britis)	DE PLATFORM SHATTH CO		IN SUPERIOR NAME CALL NAME	, First Name, Moths Iv	1.0
		M F			
KTISHT'S ACCRESS No. Steed	& PATIENT HILATICH		NAMED TAXONESS INC. 5	Feed)	
Y	Total a constant const	ONE ORG	**		Tenent
	STATE IS RESERVED FOR NO	C. San	47		STATE
NODE TRANSPORTATION AND AND AND	is Crisis	21	POOLE	FILEPHONE provide	Anica Code)
()				()	
THER INDURED S NAME COST Not a. First Name, Made	e NHO IS INTENTO CON	H OF OBTA, BRINGING	, Malesta Pouch shour	ORFECANIAREN	
CTHER INSURED'S POLICY OR GROUP BLASER	a EMPLOYMENTY (CA	cont or there are a	and declaration of the con-		W
	The state of the s	T NO	Market of Self-		EX.
RESIDENCE FOR MUCC LISE	B AURO ACCOUNT?		OTHER CLASS DICTION (\$100)	High I/OG	
	169	NO			
reserves non wood use	E OTHER ACCIDENTS		POLIFANCE PLAN NAME OF	PROGRAMINALE	
	YES	90			
NOUTHINGE PLAN NAME OF PROGRAM NAME	190 OLAW 00089 (0x	mgrane is NOOS E	THERE AND THE AND THE	Ppes, complete bens it.	
PATIENTS ON AUTHORIZED PERSONS SIGNATURE	COUPLETING & BISNING BIREFORD	. 13	INSUREDIS OR AUTHORIZE		
	2.00				
DRIVE WINTED SETS OF CLARBERT ELDEUR, BLUEY, B' PRESIDENCE SETS OF CLARBERT ELDEUR, BLUEY, B' PRESIDENCE OSING.	CARE TO CEHER DATE MM	16, DATES PATIEN	NT LINABLE TO WORK	TO CURRENT OF	CCLPATION
BONNESS CHEST LUNING MULTING PROGRAMS	CONTRACTOR OF STATE O		W, 10 , 11	то	CCLPATION
DATE OF PETERNING PROJECTS OF OTHER SOUND	7 GARN TO CEHER DATE MM C 156 129 199	FROM	MON DO 1	то	CCLPATION
CYME OF CHRISPIAL STREETS WITH SALES MARKET MARKET STREETS AND SALES MARKET.	7 GARN TO CEHER DATE MM C 156 129 199	FROM	FROM BO 11	то	CCLPATION I
DATE OF PETERNING PROJECTS OF OTHER SOUND	7 (J.89) 10. CEHNIN (JATE JAM JA	FROM	PROV DO N	TO SEE	CCLPATION DI I
THE CONTRACT CLASSIFF CONTRACT ON CONTRACT OF THE CONTRACT OF CONTRACT OF THE CONTRACT OF CONTRACT OF THE CONTRACT OF CONTRACT	7 (J.89) 10. CEHINE (JATE JAM JA	FROM 20	FROM SER DO TO THE TOTAL PROPERTY OF THE TOT	TO SECURISES CHISNA, REP. NO.	CCLPATION DI I
TO ANY ONE OF MATURE OF LINESS OF MALES.	7 (J.89) 10. CENSUS (JAPE) AM (JAPE) 108 109 100 100 100 100 100 100 100 100 100	FROM 20	PROV DO N	TO SECURISES CHISNA, REP. NO.	CCLPATION D
THE CONTRACT LINES OF LINES OF SHIPMEN THE CONTRACT OF	C Sta	FROM 20 20 20 20 20 20 20 20 20 20 20 20 20	PROVIDE LARP 1 COLTRIDE LARP 1 TES NO 2 PRIOR AUTHORIZATION NO	TO SECUMBER	CCLPATION D
THE OF CHARGET LUMBER THAT IS PRECIOUS. DATE OF REPORTING PROVIDER OF CHIEF SOURCE ACCITICAN, CLANSING STORY ON CHIEF SOURCE DIAGNOSIS ON INSTANCE OF LUMBS ON MALIES FAIR A GAZEGO OF SERVICE OF LUMBS OF MALIES FAIR A GAZEGO OF SERVICE	COMPANY CONTRACTOR CON	FROM 20 20 20 20 20 20 20 20 20 20 20 20 20	PROVIDE LARP 1 COLTRIDE LARP 1 TES NO 2 PRIOR AUTHORIZATION NO	TO SOLUTION TO SCHOOL REP. NO. LEEDT	NOVOCNIKO
DIVISION CHARGET REMOVED COLORS OF PRECIOUSES. GUAL GUAL GUAL CHARGE OF REFERENCES PROVIDED OF CHARGES SOUNCE ACCITICANA, CLARA INFORMATION CAN EMPERATE SOUNCE CHARGES ON HATURE OF LINESS ON HALVEY FAN B A GUATES OF REPORTS B C C C C C C C C C C C C	COLUMN CANADA CA	FROM 20 20 20 20 20 20 20 20 20 20 20 20 20	FROM SER DO TO THE TOTAL PROPERTY OF THE TOTAL PROPERTY OF THE TOTAL PROPERTY OF THE TOTAL PROPERTY ON THE TOT	TO SOLUTION TO SCHOOL REP. NO. LEEDT	
DEFECT OF CHARGEST REPORTED TO COLORS SOURCE ACCUTOMAL CLARKING CHECKET ON CHARGEST SOURCE ACCUTOMAL CLARKING CHECKET ON CHARGEST SOURCE BY THE CHARGEST ON HATCHE OF LENGTH ON THE CHARGEST SOURCE A CLARKET OF SERVICE BY THE COLORS OF SERVICE SOURCE A CLARKET OF SERVICE BY THE COLORS OF SERVICE SOURCE A CLARKET OF SERVICE BY THE COLORS OF SERVICE SOURCE A CLARKET OF SERVICE BY THE COLORS OF SERVICE SOURCE A CLARKET OF SERVICE BY THE COLORS OF SERVICE SOURCE A CLARKET OF SERVICE BY THE COLORS OF SERVICE BY TH	COMPANY CONTRACTOR CON	FROM 20 20 20 20 20 20 20 20 20 20 20 20 20	PROVIDE LARP 1 COLTRIDE LARP 1 TES NO 2 PRIOR AUTHORIZATION NO	TO SOLUTION TO SCHOOL REP. NO. LEEDT	NOVOCNIKO
DIVISION CHARGET REMOVED COLORS OF PRECIONAL COLORS FOR COLORS OF	COMPANY CONTRACTOR CON	FROM 20 20 20 20 20 20 20 20 20 20 20 20 20	FROM SEE DO 11 OUTSIDE LAST NO 2 FROM BEAUTION CON COORS	TO SOUTH TO	NOVOCNHO
THE CONTRACT LINES AND THE CONTRACT OF THE CON	COMPANY CONTRACTOR CON	FROM 20 20 20 20 20 20 20 20 20 20 20 20 20	FROM SEE DO 11 OUTSIDE LAST NO 2 FROM BEAUTION CON COORS	TO SOUTH TO	NOVOCNIKO
DIVISION CHARGET REMOVED COLORS OF PRECIONAL COLORS FOR COLORS OF	COMPANY CONTRACTOR CON	FROM 20 20 20 20 20 20 20 20 20 20 20 20 20	FROM SEE DO 11 OUTSIDE LAST NO 2 FROM BEAUTION CON COORS	TO SOUTH TO	NOVOCNIKO
THE OF CHARGET LUMBER THAT IS PRECIOUS. DATE OF REPORTING PROVIDER OF CHIEF SOURCE ACCITICAN, CLANSING STORY ON CHIEF SOURCE DIAGNOSIS ON INSTANCE OF LUMBS ON MALIES FAIR A GAZEGO OF SERVICE OF LUMBS OF MALIES FAIR A GAZEGO OF SERVICE	COMPANY CONTRACTOR CON	FROM 20 20 20 20 20 20 20 20 20 20 20 20 20	FROM SEE DO 11 OUTSIDE LAST NO 2 FROM BEAUTION CON COORS	TO SEE TO	NOVOCNIKO
THE CONTRACT LINES AND THE CONTRACT OF THE CON	COMPANY CONTRACTOR CON	FROM 20 20 20 20 20 20 20 20 20 20 20 20 20	FROM SEE DO 11 OUTSIDE LAST NO 2 FROM BEAUTION CON COORS	TO SEE TO	NOVOCNIKO
DIVISION CHARGET REMOVED COLORS OF PRECIONAL COLORS FOR COLORS OF	COMPANY CONTRACTOR CON	FROM 20 20 20 20 20 20 20 20 20 20 20 20 20	FROM SEE DO 11 OUTSIDE LAST NO 2 FROM BEAUTION CON COORS	TO TO SCHURSES OPERIOR, REP. RC MECH. NOVOCNIKO	
THE CONTRACT LINES AND THE CONTRACT OF THE CON	COMPANY CONTRACTOR CON	FROM 20 20 20 20 20 20 20 20 20 20 20 20 20	FROM SEE DO 11 OUTSIDE LAST NO 2 FROM BEAUTION CON COORS	TO TO SCHARGES GRISHAN, RIPP, RICK MEET APT APT APT	NOVOCNIKO
THE CONTRACT LINES AND THE CONTRACT OF THE CON	COMPANY CONTRACTOR CON	FROM 20 20 20 20 20 20 20 20 20 20 20 20 20	FROM SEE DO 11 OUTSIDE LAST NO 2 FROM BEAUTION CON COORS	TO TO SCHOOLSES OF THE TO SCHOOLSES OF T	NOVOCNIKO
DUTE OF CURRENT RATIONAL HANDER, OF PROJUNES. GUIL. I MADE OF PETERNINA PROJUDEN OF OTHER SOUND ACCOTOCHA, CLANSING CHARLES OF SAURY NA B F A GUITESIG OF REPRINCE B F A GUITESIG OF REPRINCE B TO W MAR DO W DORSE BAR	T (J.MP) CT. CTHINK (J.MT) JAM Z	FROM 20 20 30 31 32 32 33 34 35 36 36 37 38 38 38 38 38 38 38 38 38	FROM SERVICES IN DO 2	TO TO SCHARGES GREENAL, REP. NO. MECH NP1 NP1 NP1 NP1 NP1 NP1 NP1 NP	NOVOCNIKO
DUTE OF CURRENT RATIONAL HANDER, OF PROJUNES. GUIL. NAME OF PETERNINA PROJUDER OF OTHER SOUND ACCITOTION. CLANSING CRIST ON DROUGHES OF BUILTY FOR B F A GUIDAGE OF REPORTED BY THE OF SOUND ACCITOTION. CLANSING CRIST ON DROUGHES OF BUILTY FOR B F A GUIDAGE OF REPORTED A GUIDAGE OF SOUND A GUIDAGE T (J.MP) CT. CTHINK (J.MT) JAM Z	FROM 20 00 10 10 10 10 10 10 10 10 10 10 10 10	FROM SERVICES IN DO 2	TO TO SCHARGES GRISTAN, REP. RO. MECH NP1 NP1 NP1 NP1 NP1 NP1 NP1 NP	RONOCONKO RONOCON DI P	



Line Items 17 and 17b

- Type of specialty legally eligible to order and refer Part B clinical laboratory and imaging services
- First and last name of referring or ordering physician as it appears in PECOS
 - Qualifier DN, DK or DQ to left of vertical line
 - Do not use Item 17a
- List NPI of referring, ordering or supervising physician or NPP in Item 17b





EMC Equivalent Lines 17 and 17b

• Medicare Part B CMS-1500 Crosswalk for 5010 Electronic Claims

Item No.	Claim Description	Loop	Field	Data Element Description	Requirements	
	Name of Referring physician or other source	2310A	NM103 (DN)	Referring provider last name		
			NM104	Referring provider first name		
			NM105	Referring provider middle name	Required if claim involved a referral or services were ordered.	
		2420F**	NM103 (DN)	Referring provider last name	When reporting the provider who ordered services such as diagnostic and lab utilized the Referring Provider Name (2310A)	
17			NM104	Referring provider first name	loop at the claim level. Required if a service or supply was ordered by a provider and that provider is a different entity than	
			NM105	Referring provider middle name	the rendering provider for this service line. When a claim involves multiple referring and/or ordering physicians, a separa	
	Name of Ordering physician	2420E	NM103 (DK)	Ordering provider last name	claim must be billed for each ordering/referring physician.	
			NM104	Ordering provider first name		
			NM105	Ordering provider middle name		
17a	Other ID number of Referring physician					
17b	NPI	2310A	REF02 (1C)	Referring provider primary ID		







HEALTH INSURANCE CLAIM FORM APPROVED BY NATIONAL UNIFORM CLAMICOMMITTEE MAJOR 08/12 (Michael Stokes) /OACHOE 2. Fix Table 12 house Guard Hame, First Name, Matter British PUBLIFIE D'S NAME CONTRARY, CIVIL NAME, AND ADDRESS OF THE PERSON, PARTIES AND ADDRESS OF THE PERSON. 5. PATIENT'S ACCPESS NO. SHARE S PATISHT HIS AT CHEEP TO HOUSED INSURED SUPPRISONS FOR STORE isst ipous Chis Char STATE OF RESERVED FOR MUCCUSE FSILEPHORE Inches Resp Code) IS \$994CNIE SHIDUGE THEIR CORES 9. OTHER INSURED/S NAME Cost Name First Name, Middle Note: A. OTHER INSURED'S POLICY OR GROUP ILLINEER A EMPLOYMENTY (Current or Provious) IL PROBRISO FOR MUCCUME B. AUTO ACCOUNT? D. CENER CLASHED (Designated by BUCC) e regarded for succuse I NOURWICE PLAN NAME OF PROGRAM NAME 160 4. NEUTANCE PLAN NAME OF PROGRAM NAME 100 CLAW CODES Designate by NUCO I. IS THERE ANOTHER HEISTH GENERAL PLANT 1996 NO Dying complete Berkl N, Wa, and Ro. BEAD BACK OF FORM REFORE COUPLETING A BENNIS THEFORE. 2. PATICATS OF ACTION CENTROPICS SIGNATURE LAUREDGE BY HIRE AND PROJECT OTHER Internation receiving. INSUREDIS ON AUTHORIZED PERSONS SIGNATURE I WHINKIN payment of medical benefits to the undersigned physician or supplier for its process fire clark. I also require payment of government bandits after to mediate to the party who assigns assignment ZHE. NAME OF REFERENCE PROVIDER OF OTHER SOURCE 179 199 19 ADDITIONAL CLANSINFORMATION Sungasted to 19200 NO CPE SENAL PERF. INC. IS PRINCE AUTHORIZATION NUMBER **PICHOCPINO** VER GE. SERVICE FACULTY LOCATION INFORMATION INCLUDING DEGREES ON CREDITINGS 5 cartly that the stutements or this revenue opply to the tall and one waste a part flower?)

- Not required
- Admission and discharge hospital care codes related to services

Item No.	Claim Description	Loop	Field	Data Element Description	Requirements
	Hospitalization dates		DTP03 (435)	Related hospitalization admission date	DTP01 Admission or Discharge qualifier 435 or 096
18		DTP03 (096)	Related hospitalization discharge date	Enter the date when a medical service is furnished as a result of, or subsequent to, a related hospitalization. DTP (435) is required when 2300. CLM05-1 = 21, 51 or 61	





- Certain claim submissions do not always require an attachment
 - Enter certain dates, facts or information about service(s)
 - Routine foot care
 - Hematocrit/hemoglobin
 - Homebound
 - Not otherwise classified codes/drugs
 - Shared post operative care
 - Demonstration/clinical trails
 - Anti-markup/purchased tests
 - Claim notes





			PICA [T
MEDICAL MEDICAD TROJE CHARAC	FERENCE PLAN HEX LINES	TE PODUNCO O D. NAMEDO	(For Rogian in ten t)
FRESHE'S NAME (Last hand, Frot hand, Under hitse)	D. PATIGHT'S SENTE CATE DEX	4. POSCHEDIS NAME CARRIED	o, First Name, Mothe Initial)
	M F		
PATIENT'S ACCOMESS INC. SWAG	6 PATISN'I HISLATICASHEP FO TOSKURED SEET SECULO ONE OTHER	7. INSURED SHORESS INC. O	(Fast)
Y SME	B RESERVED FOR MUCCUSE	OFF	STATE
CODE TRAUBH HORSE BY BY MAN CODE		2P CODE	TILLEPHONE DIVINOS REACONS
OTHER INSURED IS NAME CASE Name . First Name , Middle in Each	10.15 PATEMES CONCIDENTE, ATED TO	H, MBURIED'S POUCY SHOUP	ORFECAMARER
OTHER INSURED'S POUCY OR GROUP NUMBER	a EUPLOYMENTY (Current or Province)	* Marketta CASE On Balti-	00x
MESSENJED FOR MLCC LISS	had had	D. OTHER CLASS D. CHIEF (MIN.)	
	160 00		
reserves For Audiouse	e onien Acopenies	C. FIGURANCE PLAN NAME OF	PROGRAFINAL
NOUTHINGE PLAN NAME OF PROOFAMINAME	10s OLAWOCKS Designated y NUCC	c of THERE AVERHER HEALTH	HODIOTEUR?
		The state of the s	Oyes, conçues sens 9, 94, and 40.
BEAD BACK OF FORM REFORM COUNTLETING PATIENTS ON AUTHORIZED PERSONS GROWN UNIT. LIMITED BAN	make of any medical or other information recessors.)	payment of medical benefits to	O PERISONS SIGNATURE I Advancer to the undersigned physicish or supplier for
to process this claim. I also requised payment of government ton-dits after to follow.	Enjoir o Etio party encourage ausgement	services described below	
WATER TO THE PARTY OF THE PARTY	(476)	09400	
MA DO YY OU	OTHER DATE NW DO YY	ar expensive and Panery?	уманся оледыя оролеятак
OHL.		And the Control of th	
NAME OF REFERENCE PROVIDER OF OTHER SOURCE. 104		IS HOSPITAL DATES!	10
NAME OF REPORTING PROVIDER OF OTHER SOURCE		IS HOSPITALE AND DATES!	10
NAME OF REFERENCES PROJUCES OF OTHER SOURCE 19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		IS HOSPITAL CATION DATES!	NO.
1		IS HOST LESS ON THE STATE OF TH	TO SCHWISES
1		IS HORN THE PARTON SAFEST PROVIDE LART TO CATHODE LART TO THE NO DO	YOU AT STANDARD SERVICES, TO BECHANISHS
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		IS HOST LESS ON THE STATE OF TH	YOU AT STANDARD SERVICES, TO BECHANISHS
9. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) F G G A GAZINGO OF REPROCES B G D PROCESS	CAPPING WIRMLAND SE	IS HOOM TO CATOON CATOON IN COLORS AND COLOR	SO SERVICES TO CAMPION SERVICES OF TO SECURISH SERVICES OF THE SERVICES OF T
9. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	CUPPING NEWFOLDER OF SUPPLIES B. CUPCINCOS CHICANOS CHICA	IS HOOM THE CAT ON SAFESY FROM IS CAT THOSE CARD THE NAME OF THOSE OF THOSE 23 PRINCIP AUTHORIZATION IN	YOU AT STANDARD SERVICES, TO BECHANISHS
9. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	CUPPING NEWFOLDER OF SUPPLIES B. CUPCINCOS CHICANOS CHICA	IS HOOM TO CATOON CATOON IN COLORS AND COLOR	SOUTH TO CONTROL SETNICES OF TO SECRETARISTS OF SETNICES OF THE SET OF SETNICES OF THE SET OF SETNICES OF THE SET OF SET
9. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	CUPPING NEWFOLDER OF SUPPLIES B. CUPCINCOS CHICANOS CHICA	IS HOOM TO CATOON CATOON IN COLORS AND COLOR	YOUNTED TO CHANGE SETWICES, TO BOWNING MET NO.
9. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	CUPPING NEWFOLDER OF SUPPLIES B. CUPCINCOS CHICANOS CHICA	IS HOOM THE PARTON OVEREST PRODUCTION OF THE PARTON OF THE	SOUTH TO CONTROL SETNICES OF TO SECRETARISTS OF SETNICES OF THE SET OF SETNICES OF THE SET OF SETNICES OF THE SET OF SET
9. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	CUPPING NEWFOLDER OF SUPPLIES B. CUPCINCOS CHICANOS CHICA	IS HOOM THE PARTON OVEREST PRODUCTION OF THE PARTON OF THE	SCHWISSEN SCHWISSEN SCHWISSEN CONSISTANCES TO SCHWISSEN CONSISTANCE MEEN TO
9. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	CUPPING NEWFOLDER OF SUPPLIES B. CUPCINCOS CHICANOS CHICA	IS HOOM THE PARTON OVEREST PRODUCTION OF THE PARTON OF THE	SO STANDARD SETNICES OF SECURITY SECURITY SETNICES OF SECURITY SECURITY SETNICES OF SECURITY SECURI
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	CUPPING NEWFOLDER OF SUPPLIES B. CUPCINCOS CHICANOS CHICA	IS HOOM THE PARTON OVEREST PRODUCTION OF THE PARTON OF THE	SCHWISSEN SCHWISSEN SCHWISSEN CONSISTANCES TO SCHWISSEN CONSISTANCE MEEN TO
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	CUPPING NEWFOLDER OF SUPPLIES B. CUPCINCOS CHICANOS CHICA	IS HOOM THE PARTON OVEREST PRODUCTION OF THE PARTON OF THE	SOURCE TO CAMPINE SETWICES OF TO SECURITION OF THE SET
19, ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	CUPPING NEWFOLDER OF SUPPLIES B. CUPCINCOS CHICANOS CHICA	IS HOOM THE PARTON OVEREST PRODUCTION OF THE PARTON OF THE	SCHARLER TO CHARLES ASTRACES AND SCHARLER TO SCHARLER
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) A CLAIM INFORMATION (Designated by NUCC)	(Appeig semial(seq on surveyuse)	IS HOOM THE PARTON OVEREST PRODUCTION OF THE PARTON OF THE	SOURCE TO CAMPINE SETWICES OF TO SECURITION OF THE SET
19, ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	CAPACIA SERVIZIONI CHI SLEPPLINI BI DIAGNASSI DI SELEPPLINI DI SEL	IS HOSPITAL CAPTON CAPTON IN CAPTON LAND IN	SO STANDARD SETNICES OF SCHOOL S
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) A GLATERING OF REPRINCE IN PLACE OF COLUMN TO VICE OF THE CO. A GLATERING OF REPRINCE IN PLACE OF THE CO. A GLATERING OF REPRINCE IN PLACE OF THE CO. A GLATERING OF REPRINCE IN PLACE OF THE CO. A GLATERING OF REPRINCE IN PLACE OF THE CO. A GLATERING OF REPRINCE IN PLACE OF THE CO. A GLATERING OF REPRINCE IN PLACE OF THE CO. A GLATERING OF REPRINCE IN PLACE OF THE CO. A GLATERING OF REPRINCE IN PLACE OF THE CO. A GLATERING OF REPRINCE IN PLACE OF THE CO. A GLATERING OF REPRINCE IN PLACE OF THE CO. A GLATERING OF REPRINCE IN PLACE OF THE CO. A GLATERING OF REPRINCE IN PLACE OF THE CO. A GLATERING OF REPRINCE IN PLACE OF THE CO. A GLATERING OF REPRINCE IN PLACE OF THE CO. A GLATERING OF REPRINCE IN PLACE OF THE CO. A GLATERING OF REPRINCE IN PLACE OF THE CO. A GLATERING OF REPRINCE IN PLACE OF THE CO. A GLATERING OF REPRINCE IN PLACE OF THE CO. A GLATERING OF	(Appeig semial(seq on surveyuse)	IS HOOM TAY PARTON ON TOOL PROOF TO THE PARTON ON TOOL PARTON ON TOOL PARTON ON TOOL PARTON ON THE P	SO STANDED TO CAMPION SETWICES AT TO SECRETARISES AND SETWICES AND SECRETARISES AND SETWICES AND SETWICES AND SETWICES AND SETTING AND SETWICES AND



EMC Equivalent Line 19

- Loops2300/2400/2310D/2320/2420D
- Segment/fields may differ
- For loops and fields, refer to guide for electronic claims crosswalk
 - Medicare Part B CMS-1500
 Crosswalk for 5010 Electronic
 Claims

- Diagnostic tests subject to anti-markup price limitations
 - Item 32 is the NPI of the provider the test were purchased from
 - Item 33 is the billing provider

Item No.	Claim Description	Loop	Field	Data Element Description	Requirements
		2400	PS101	Purchased Service Provider ID	Required if there are diagnostic tests subject to the anti-markup
20	Outside Lab charges	2400	PS102	Purchased Service charge amount	payment price limits. 2420B is required when a 2400 PS1 is
	Colored Edit Glidiges	2420B	NM1	Purchase service provider	present. When submitting a PS1, you must also submit the facility info in 2310C or 2420C.





ALTH INSURANCE CLAIM FORM		
LOGS BY HYDONY ON LOGH CYNYCOMMILES (NYCC) (6).	u.	MCA [7]
MERCHIE MEDICAD TRICKIE CHIM	THE REPORT OF THE PLANT AND REAL PROPERTY.	1s. INSURED'S D. NAMBER (For Region in ten 1)
(Shebigana) (Merinana) (CADNOA) (Meren (CADNOA) (Merena) (Merena) (Merena)	STATISHTS SATING CATES SEX	4. PLEASED'S NAME C. and Names. Final Names. Makkin In LaC
	M F	
ATIONE'S ACCIPEDE DIO, TRANS	SET SECULO CHES COMPANY	7 HISLARD'S ADDRESS PK. STING
V (614)	BU DOWN FOR FOR MAKE BY	OFF STATE
CODE TOURS AND AREA CODES		2P CODE TREPHONE BUSINESS RESIDENCE
()		()
THER INDURED'S NAME CONTRACT. POLICES, Made IN LO.	ID ID PATENTO CONDITIONAD, ATED TO	H. MOURED'S POLICY GROUP OF FECA MUNEER
THER INSURED'S POLICY OR GROUP BUREER	a ESPLOYMENT (Curerior Previous)	a industrial parts of define dec
	TYES NO	WW 100 PF W
BRIBRIAD FOR MUCC LISE		is off-emicLAMID designating NUCCI
esanico ran nuocuse	c onign accopany	c. BIBLIDANCE PLAN NAME OF PROGRAM NAME
	THE NO	
ENTHICE PURI NAME OF PROGRAM NAME	10: OLAW CODES Designate by NECO	C IS THOSE AND THE MEDICATE PLANT
BEAD BACK OF FORW BEFORE COUPLET	NS & SENNE BURFORL	13. INSURED'S OR AUTHORIZED PERSONS SIGNATURE I ARRIVAL
PATIENTS OF AUTHORIZED PERSONS BYON ATURE TAURISMS to process the dark. I also keep sid payment of government conditional takens.	for the right of the party who scrape, singlement	payment of medical benefits to the undersigned physician or ougplan for services described between
enric	bere	9960
CHIE OF CLERRING KLINEVE HALVEY, OF PRESSIONICY (CHE)	IS CHARLOWS NO . W	м ситегруганд умень дожож и следый оссинаток
QIA.	QUAL III	IS HOSPITAL DATED OVER HELATED TO CAPTURE THE SERVICES.
A Company of the Comp	175 199	4 10 17 18 18 18
ADDITIONAL CLAIM INFOFMATION (Designated by HUCC)	20.	OUTSIDE LAB? S CHARGES
DIVENCES OF SATURE OF LINESS OF SURE NUMBER ALES	er significations (145) (CD trick)	22 FERGELEGICON OFFISION, FIFF, NO.
	0	A CONTRACTOR OF THE CONTRACTOR
	14	29. PRIOR AUTHORIZATION NUMBER
	CROUPING SERVICES ON SUPPLIES B	PO PER DE PROPOCANO
	gligh Unionel Originalismosti CPCS BEDSHER PONTAR	S CHARGES IN ST. THE CO. PROVICENCE OF
		I NAT
		1001
		1971
		MI
		191
	1 1 1 1 1	
	S ACCOUNT NO 27 ACCOUNT ACCOUNTED TO	29. FOT AL CHARGE 29. ABBOURT PAID 38 Reviets MUCC
	inter NO	6 8
GOUNTLINE OF THIS DOWN ON BUTTLESS GO GETWACE INCLUDING DESTROSS ON CREEDENT HALS (GETTY that the disconnection the inventor apply to the set and up water a part thread)	SNOUTY LOOKTION REPORTATION	30. DILLHO MONDON INFO & PHIP (

HEALTH INSURANCE CLAIM FORM APPROVED BY NATIONAL UNIFORM CLAMICOMMITTEE SHACO (0212 Michael (Michael) /040100 2. Fix Table 12 house Guard Harris, First Harris, Middle British PLEASEDS NAME Coll Range, First Name, Matter to Lab S. PATIENT'S ACCPUESS INC., SHARE S PATISHT HIS AT CHEEP TO HOUSED INSTANCE ADDRESS ON SHAP isst lipous One Oher STATE OF RESERVED FOR MUCCUSE TSILEPHONE BY DYDING May Colle 16.8794CNR (Include Avea Code) 4. OTHER INSURED'S POUCY OR GROUP HUMBER A EMPLOYMENTY (Current or Provious) IL PROBRISO FOR MUCCUME B. AUTO ACCORDITY D. CENER CLASHED (Designated by BUCC) e, regarded for succlude INSURANCE PLAN NAME OF PROGRAM NAME 4. NOUTHICE PLHI NAME OF PROGRAM NAME I. IS THERE ANOTHER HEISTH GENERAL PLANT NO Dyes, complete bens 9, 94, and 90 BEAD BACK OF FORM REFORE COMPLETING A BENNING THE FORE. 2. PVP ENT'S OF AUTHORIZED PERSON'S SIGN (FUTE: Lauthbook to release of any medical or other information receivery.) INSUREDIS ON AUTHORIZED PERSONS SIGNATURE I ARRIVA pament of needed benefits to the undersigned physician or supplier for to process this claim. I also king and payment of government bandits after to missiff to its the party who accept accepts as granted. ZIN. I NAME OF REFERENCE PROVIDER OR OTHER SOURCE 175 191 FROM 9 ACCITICAL, CLANINFORMATION Seagured by NUCC OLD STREET, AND **BCHVMTMT** YES NO FRICALISM CIV. CPE SOLAL FEEF, INC. PRINCIPALITHORS ENTRON HAVE MEETING POYCENIA INCLUDING ODGREES OF CREDIDITING 5 can't be the student of the reverse apply to the fall and one made a part through

- Enter up to 12 diagnoses in priority order
 - primary, secondary condition
- Code to highest level of specificity for service
- ICD-10-CM indicator should be "0" for paper submitters





EMC Equivalent Line 21

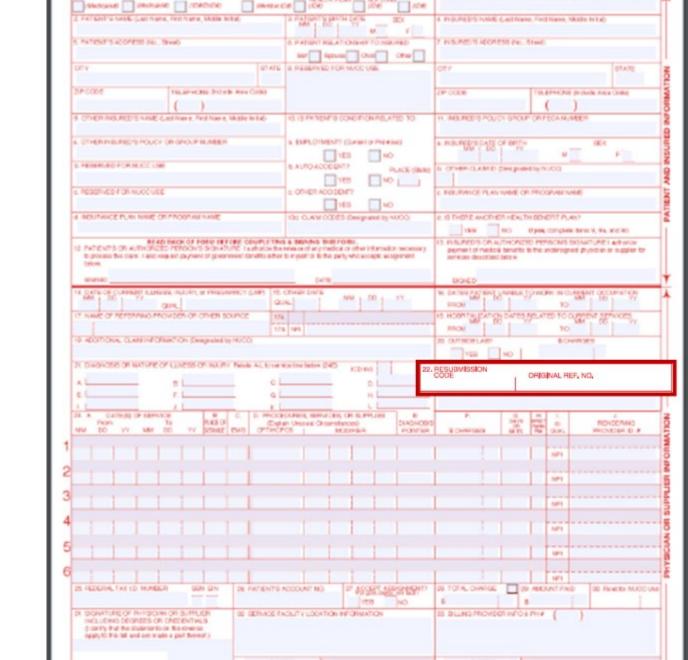
- Loops 2300
 - Segment/fields HI01-02-HI12-02
- For loops and fields, refer to guide for electronic claims crosswalk
 - Medicare Part B CMS-1500 Crosswalk for 5010 Electronic <u>Claims</u>







- Not required
- Not mapped electronically



HEALTH INSURANCE CLAIM FORM





HEALTH INSURANCE CLAIM FORM APPROVED BY NATIONAL UNIFORM CLASS COMMITTEE SALICIDADES (Michael Stokes) /OACHOE 2. FINT BATT'S NAME CLASS NAME, FIRST NAME, 64-556. PLEASEDS NAME Coll Range, First Name, Matter to Lab INSURED SUPPRESS PR. STEEL S. PATIENT'S ACCPUESS INC., SHARE iat lipous Cha Cha STATE SUPERENCE FOR MUCC USE FSLAPHCRIS-Probeile Resi Code POCER IS APPROPRIE DESCRIPTION THEIR CORNE 4. OTHER INSURED'S POLICY OR GROUP ILLINEER A EMPLOYMENT (Curwit or Pre-4045) S. PRIMERUSO FOR MUCC LIMI B. AUTO ACCOUNT? D. CENER CLASHED (Designated by BUCC) E RESERVED FOR NUCCUSE INSURANCE PLAN NAME OF PROGRAM NAME 4 NEUTWICE PLAN NAME OF PROGRAM NAME I. IS THERE ANOTHER HEALTH GENERAL PLANT BEAD MACK OF FORM REFORE COMPLETING A BROANS BURFORD. 2 PATICUTS ON AUTHORIZED PERSONS SIGNATURE: Lastracia have made of any medical or other information receivery. INSURED'S OR AUTHORIZED PERSONS SYSTATURE I ARRIVA pament of needed benefits to the undersigned physician or supplier for to process the claim. I also keeped payment of government brieffs after to myself or to the party who accepts an govern OH. INVALE OF REFERENCE PROVIDER OF OTHER SOUNCE 175 195 S ADDITIONAL CLASH INFORMATION CONGRESSES IN NOCCO D CATTROPLAN **BCHVMTMT** YES NO C PRINCASCONICIO OFF SOUR, FREE, INC. 23. PRIOR AUTHOFIZATION NUMBER INCLUDING ODGREES OF CREDIDITING 5 can't be the student of the rowers. apply to the fall and one made a part through

- Ambulance ZIP code point of pick up
- CLIA ten-digit certification number
- NPI of the home health or hospice facility
 - Billing for CPO, HCPCS G0181 (HH) or G0182 (hospice)
- Prior Authorization
 - <u>Unique Tracking Number</u>
- Seven-digit IDE number when investigational device is used in an FDA-approved clinical trial



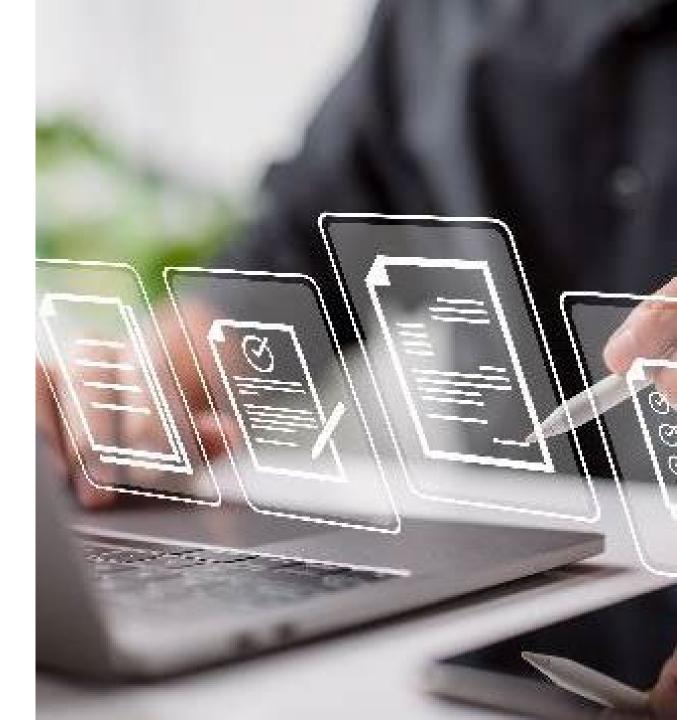


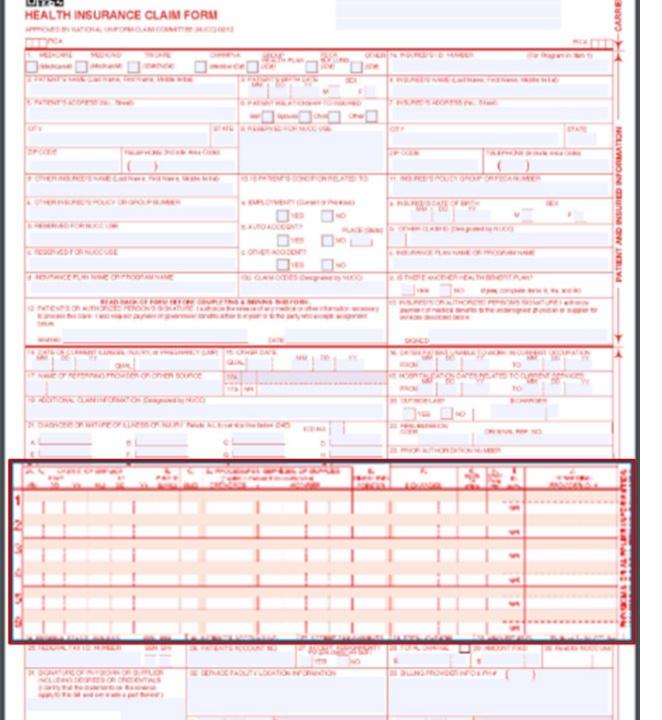
EMC Equivalent Line 23

- Loops 2300/2300B/2310E/2310F
 - Segment/fields REF02 with appropriate qualifier
- For loops and fields, refer to guide for electronic claims crosswalk
 - Medicare Part B CMS-1500 Crosswalk for 5010 Electronic Claims









Line Items 24A-24J

- Paper claim contains six-line items
 - 24A: Date of service
 - 24B: Place of service
 - 24C: Not used
 - 24D: CPT/HCPCS, modifier(s)
 - 24E Diagnosis code pointer
 - 24F: Charge/fee for service
 - 24G: Units
 - 24H: Not used
 - 24I: Not used
 - 24J: Rendering/performing physician or NPP





EMC Equivalent Lines 24A-24J

- Loops
 - 2010AA/2300/2310B/2400/2420A
- Segment/fields
 - DTP/CLM/SV101-107/REF/NM109/AMT
- For loops and fields, refer to guide for electronic claims crosswalk
 - Medicare Part B CMS-1500 Crosswalk for 5010 Electronic Claims







HEALTH INSURANCE CLAIM FORM APPROVED BY NATIONAL UNIFORM CLAMICOMMITTEE MAJOR 08/12 (Midrand) (Midrand) / (DADIO) 2. FINT BATT'S NAME CLASS Hame, FIRST Name, Abdits India. 4. Ph. St. Phil. D'S NASABL C., and Pharmon, Fried Franco, Adultion for Lab. 5. PATIENT'S ACCPESS NO. SHARE S PATISHT HIS AT CHEEP TO HOUSED INSURED SUPPRISONS FOR STORE isst ispose that the STATE OF RESERVED FOR MUCCUSE FSILEPHORE Inches Resp Code) IS \$994CNIE SHIDUGE THEIR CORES 9. OTHER INSURED/S NAME Cost Name First Name, Middle Note: 4. OTHER INSURED/S POUCY OR GROUP ILLMEEN A EMPLOYMENTY (Current or Provious) IL PROBRISO FOR MUCCUME B. AUTO ACCOUNT? D. CENER CLASH D (Designated by BUCC) PLACE Glates a regarded for succuse OTHER ACCIDENTS INSURANCE PLAN NAME OF PROGRAM NAME 160 4. NEUTANCE PLAN NAME OF PROGRAM NAME OCUPY of Sent Spring and Committee of the Committee of th I. IS THERE ANOTHER HEISTH GENERAL PLANT 1996 NO Dying complete Berkl N, Wa, and Ro. BEAD BACK OF FORM REFORE COUPLETING A BENNIS THEFORE. 2. PATICATS OF ACTION CENTROPICS SIGNATURE LAUREDGE BY HIRE AND PROJECT OTHER Internation receiving. INSURED'S OR AUTHORIZED PERSONS SYSTALTURE I ARRIVAN payment of medical benefits to the undersigned physician or supplier for its process fire clark. I also require payment of government bandits after to mediate to the party who assigns assignment ZIN. NAME OF REFERENCE PROVIDER OF OTHER SOURCE 179 199 FROM 19 ADDITIONAL CLANSINFORMATION Sungasted to 19200 OLD STREET, AND B-CHAMINET YES NO O PRICERON COL CPE SOUR, FEF. NO. IS IMPOUNDED AUTHORIZATION HUMBER **PICHOCPINO** 25, FEDERAL TAX LD. NUNBER SSN EIN VER () can'lly that the students for the revenue of apply (i) the fall and are made a part three of)

Line Item 25

 Enter provider of service Federal Tax ID, EIN or SSN of billing provider/group

Item No.	Claim Description	Loop	Field	Data Element Description	Requirements
					_
	Federal Tax ID number		REF02	Billing Provider Tax ID	
25	SSN Indicator	2010AA	REF01	Social Security number	Enter the provider of service Federal Tax ID/EIN (EI) or SSN (SY) of the billing provider/group.
	EIN Indicator		REF01	Employer's ID number	



- Enter patient's account number assigned by provider
- An account number will be returned up to 20 characters

Item No.	Claim Description	Loop	Field	Data Element Description	Requirements
26	Patient's Account number	2300	CLM01	Provider Assigned Account number	Enter the patient's account number assigned by the provider of service's accounting system. As a service, any account number will be returned to you up to 20 characters.





HEALTH INSURANCE CLAIM FORM	
PPTO/ED BY NATIONAL UNPOWN CLASS COMMITTEE SNUCCE (SEE)	MONIT
MEDICATE MEDICAD TROJE CHARVA SEQUE TECA COER 14 POJREDS	
	NAC CASTRANO, FIRST NAVO, Michie Intia)
PATENIT'S ACCPESS DO. SHAD D. SHAD D. SHAD T SISTEMBER TO DISCHALD 7 SISTEMBER TO SISTEMBER S	CONTRO Pic. Street
Y STATE IS RESERVED FOR MICCUSE OFF	grant)
PCCODE TRALIFFECING PHOTOGRAPHIC CODES	FIRE REPORTAGE (In claude Avide Code)
() (hepinas,reprina,reprina,reprina (hepinas e, Masse Instal) (13.15 Ph/Testina Concilio (10), A750 TO (11, Masses)(13))	POUCH SHOUP OF FEGA NUMBER
UKS NO WK	u F
TE W	M.D. (Dee graded by N.CC)
ESCRICE FOR NUCCUSE CONTER ACCIDENTY C. MIRLEMANCE	PLAN WARE ON PROGRAMMAN
ENTRINCE PLAN NAME OF PROSPAN NAME ISS CLAN CODES Designated by NACO IS IS THERE AN	CD-CD-EXCTHOD-CDT PLAN? HO Dyek conclude term is, the and so.
BEAD RACK OF FORM REFURE COMPLETING A MICHOS BIRD FORM. 13. INSURED S PATENTS ON AUTHORICED FEROOVS SIGNATURE Lactures the release of any medical or other information receivery. Page 107.	OR AUTHORIZED PERSONS SKINACURE (#8-wile) redict benefit to the indenigned physician or ougster for
No.	orded below
DELEGE CHARREST STREET ATTENDED AND AND AND AND AND AND AND AND AND AN	едумент (оновк и следен оссинаток
GIFC GIFC RROW	NO NO NOTES AND AND TO CAMP OF A SERVICES.
175 NR FROM ADDITIONAL CLASSIFICATION Suspensed to NICCO 201 CHITEGORY	10
The state of the s	100
DIAGNOSIS ON NATURE OF LLIKESS ON NAURIC Paleda AL Expensione balon (DAS) (CD total COSER)	
F. C. S. H. Z3 PRIOR AUT	RIBBAUM MORTAS PROH
A GUIZEGO DE REPONDOS B. D. D. PROCEDERROS GERMACIES CAN SUPPLIES B. P. POIN TE PLUE DE CONTROL DE	S IN THE CLUB PROJECTION OF
	NP1
	NP1
	(P)
	MFI
	191
FEDERAL TAX ID MUNICIPAL GON GIVE 1 24. PATIENTS AGROUNT NO. 27 45 COPT AGRICPMENT? 30. TOTAL CHA	NGC 00 ABBOUNT PAID 00 Revelop MUCCO
YES NO S	8
GONATURE OF PAYORIAN OR SUPPLIED. SO SELEND PRO SO SELEND	oviden in/ox Pir# (

	HEALTH INSURANCE CLAIM FORM		
	APPROVED BY HATIOTIAL UNIFORM CLASS COMMITTEE SHUGGIGETS		
	TTD/cx		PICA TT
١	1. MEDICATE MEDICAD TRICATE CHARACTER MEDICAD TRICATE CHARACTER MEDICADO TRICATOR ME	FERSON PLANS	1s. Provincia (For Program in ten 1)
1	2 FR/SAFFS NAME (Lackware, Festivare, Matte Mate)		4. PHSL/REE/S NAME; quel Harno, Froit Name, Modife Initial)
		M F	
	5 PATIONT'S ACCPESS (No. 1944)		7 INSURED SIZEONESS INC. STIME
١	OTV UTATE		OTY STATE
	ZPCCDE Fiscar-victor drouble even Cross		ZP CODE THUMPHONE IN DURING MAN COME
١	9 OTHER RESURED NAME CASE Range Red Name & Maddle Inches	10.18 PKTENES CONDITIONABLATED TO	H. MISURED'S POUCY SPOUP OF FESA HUMBER
	3. CHEROMONIO CHARLES CARROLLES PROTORIES MODERNICO	O ISTA SER STOKET GRAEN IST	11. Heartes a rough order on resonance
1	OTHER INSURED'S POUCY OR GROUP ILLMEER.	a EXPLOYMENT (Current or Pre-equit)	a insuring page of argu-
١		TABLE WO	U F
	b RESERVED FOR MUCC USE		to conversion countries (over greated by INVCC)
١	c. nesanvep ran Nucciose	L OTHER ACCOUNTY	c Policifiancia PLAN HABIÉ CE PROSENBIANASE
		Uses No	
1	4. REVITABLE PLAN NAME OF PROGRAM NAME	10c CLAW CODES (Designated by NUCC)	E. IS THERE ANOTHER HEALTH BENEFIT PLANT
١			160 Dyes, conçues serio 9, 94, 910 90
	BEAD BACK OF FORM (BY ORC COUPLETS) 12 FACE ATE OR AUTHORICED PERSONS SIGNATURE I AUTHORIA BACK OF GOOD ATERIOR SIGNATURE I AUTHORIA BACK OF GOOD ATERIOR SIGNATURE I AND	release of any medical or other information secretary	 PUBLIFED'S OR ALTHORIZED PERISONS SKINATURE I with enter payment of medical breaks to the undersigned physician or outgains for services described bear in
	(ston)		an can anches and
١	Minici	(416)	BOKED
	MARK - COL - VV	CEHRILDING NA DO 1.	ar display have former to neger to creek the con-
١	17 NAME OF REFERENCE PROVIDER OF OTHER SOURCE ST		IS HOSPITALIZATION CATES AS ATES TO CAMPBUT SET WORD,
١	10 ADDITIONAL CLASSING OFFICE CHARGE and to MUCCO	s ners	FRON TO
	to Authoric Contraction on paragraphic mice		SI OUTBOOLANT BOWNSEN
	21 DIAGNOSIS OF BITCHE OF LUXESS OF BULEY AND ALL SHE	Extra late D45 conta	22 MERC BARRIED COURS (SPEEDING MER NO.
		0	ACCOUNT OF THE
	E	*	28. PRIOR AUTHORIZATION NUMBER
١	DE A GATE-SQ CP SERVICE B G D PROCE	CLIPER, GREATER, OR SUPPLIES B.	F 9 8 1 4
	NW TO YY MR DO YY STREET EVO OFFICE	gn Unicial Organisaces) DIAGNOSIS POS BEODRAGIN: POSITION	S CHAMICAGO IN ST. AN CONT. PROVIDEN D #
1		TITILI	1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2			1091
3			
			1991
4			1 1 100
٦			191
6			1 1 100
	25 FEDERALTALIO MANGER GON ON DE PATIENTS		IS FOLK CHALCE 29 MEDINE LINE 38 BRIEF WOODING
		YES NO	6 8
	DE DIGNATURE OF REPUBLISH OF DEPUBLISH INCLUDING DEGREES OF CREDINALS OF DEPARTS OF	OUTY LOOKING BY CHEKING	to acces moved informire (
	g contry that the statements on the knowledge appropriation set and are made a part thereof o		

- Assignment: check yes or no
- Mandatory assignment for certain services
 - Clinical diagnostic laboratory services and physician lab services
 - Physician services to individuals dually entitled to Medicare and Medicaid
- Mandatory assignment for certain practitioners and providers
 - Physician assistants, nurse practitioners, clinical nurse specialists, nurse midwives, certified registered nurse anesthetists, clinical psychologists, clinical social workers, registered dietitians/nutritionists, anesthesiologist assistants, and mass immunization roster billers

Item No.	Claim Description	Loop	Loop Field Data Element Description		Requirements
27	Accept Assignment?	2300	CLM07	Assignment or Plan Participation code	A=Assigned B=Assignment accepted on Clinical Lab services only C=Not assigned





Line Items 28, 29 and 30

- Item 28 is total charges on claim
- Item 29 leave blank
 - Often misunderstood
 - Allocates payment to beneficiary
- Item 30 is not used

Item No.	Claim Description	Loop	Field Data Element Description Rec		Requirements
28	Total Charges	2300	CLM02	Total claim charge amount	Enter total charges for services.
29	Amount paid	2300	AMT02	Total patient amount paid	AMT01 Amount qualifier code=F5 Required if the patient has paid any amount towards the claim for covered services only.





EALTH INSURA	NCE CLAIM FORM		
MOJED BY NATIONAL UNIF	OPH CLAN COMMITTEE (MACC) (021)		
MERCHIE MEDICAL	D TROVE OWN	VA SECUE TECH OTHER	TIL ROUNDED (for Rogan in ten t)
SNOOMS TROOPS	and the same	FREATH PLAN IEX LINES	
KTENER SHIPE (LIST NAME)	, Pert Numer, Unide Initial	D. PATIGHT'S SETTIN CATE SEX	4. EVELPEEPS NAME CASTRONO, FIRST NORM, Mobile first all
		M F	7 NS-ARCS ACCRESS DV. Street
NTENTS ACCORDS No. 5	Teleo	S PATISN'S HILLATICASSHEP TO INSCHED SIGN SECURIOR ON OTHER	7 FISCHEL'S ACCRESS PIC. STIME
Y	gr ers		OFF STATE
			2P CODE TREEPHONE (HONG AREA CHAR) 11. BESURED'S POUCH GROUP OR FEGA HUMBER
cone	TRALEP HEARS STOCKE Mars Codes		2P CODE TILEPHONE provide more Code;
	()		()
THER INDURED S NAME O	act Name , First Name, Master In Edit	IG IS PATENTS CONDITIONABLATED TO	H. HISUNED'S POLICY GROUP ON FEGARLAGER
THEREIS PEOPLE POLICY	TROPO PRIME	a ESPLOYMENTY (Current or Province)	a the desired Carlot Addition
THERETONION IN PODOCE	ALCOHOLD INVOINED	THE NO	a moneypo care of decine and F
BREAKED FOR HUCCLOSE		B AUTO ACCOUNTY PLACE (BASE)	
		160 NO	
ESCRIPTION NUCCUSE		c on en Accident?	E DESTRANCE PLAN INSEE OF PROGRAMMANE C POSTRANCE PLAN INSEE OF PROGRAMMANE C OF THE SANCTHEE AND THE THEORY OF THE SANCTHEE
		YES NO	
ENTWICE FLAN NAME OF	PROGRAMNAME	10s OLAW COSS (Swignases) NACO	The state of the s
8740	BACK OF FORM IN FORE COMPLETE	NO & RECEIVE THE FORM	15 IN SUPPLY ON AUTHORIZED PERSONS SIGNATURE I ARRIVA
PATIENTS OR AUTHORIZED	DIPERSONS SIGNATURE TAURISHED BY	e tries of any medical or other information recessary or things and to the party who accepts as agreement	payment of mades' benefits to the undersigned physician or sugglier for services described below
(plose			
WINNE		(476)	9960
	1	CONTRACTOR NO. 100 NA.	AT DIVIDED SALERAL CHARGES TO MODEL OF CHARGES LOCKER TANK
and the second second second second second second	AT-C	Ta .	IS HOSPITALISHED ENTER FOLKTON TO CARREST ASTROCTO
	The state of the s	5 191	FROM TO YY
ACCTIONAL CLANING OFF	INT On Designated by MVCCs		20. OUTSIDELARD B-CHARGES
			166 NO
DIMBHOSIS ON HATURE OF	PLEASESS OF RECEIP Thresh ALL bree	retarine below D4D ICD NO.	22 PRINCERATION CRESSIAN, REP. NO.
	8 L	0	23. PRIOR AUTHORIZATION NUMBER
	F 0	14	23 PHILIP ROTHOROGENION POWER
A 0479.00 OF 1899550	2	SCUPPER, REPLACES, OR SUPPLIES B.	P. 0 M L 4
	TE PLACE OF COME OF THE CONTROL OF T	##P United Chambrood DIAGNOSS PCS MICEPAR PONITION	S CHANGES IN THE CO. PROVIDER D F
			SCHIMMAGES IN THE COLUMN CO. PROVIDENCE OF
			1871
1 1 1 1	7 1 7 1	1 1 1 1 1	
			100
			1 00°1
			501
1 1 1 1	1 1 1 1	11111	
			91
1 1 1 1	1 1 1 1	T T T T T	
PEDERAL TAX 10 HUMBER		28, TOTAL CHARGE	29. AMOUNT PAID 30. Rsvd for NUCC Use
		5	s
SOMETHE OF BUYSONS INCLUDED DESPESS OF		FACILITY LOCATION REPORTATION	SS BILLING PROVIDED INFO & PHI # ()
grantly that the statements of ages, to the fell and are made	or this victorials		
	SAID ROOMS		

APPROVED BY NATIONAL UNIFORM	CLAM COMMITTEE SALICO	0012							
TT YOU									PICA TT
1. MEDICARE MEDICAD		PERSON	_ APRIL PLAN	- 550m		14. POURIDIGI D. MAN	000	(For Rogra	1 in ten 1)
(Medicanal) (Medicana)	d bud	HEW CO		((CW)	10,40				
2 PRIMIT'S WAR CARRIED, PRI	Name of the least		MATHEMAT WIRESTON D	M	EX.	A PHOLINEETS NAME CO.	ct higher, myct high	o, fakidio hitao	
S PATIENT'S ACCOPESS NO. SHARE		- 6	PATIENT HILATICA			7 HS ARC S ACCRESS	Per Steel		
			Sear Septiment	Chie	Onw	the contract of the contract			
OFY		ONE S	PERSONAL FOR M	APR 200	hand	Off			STATE
zecose ru.	arried this disclosure Residence Code					2P-0068	10.69%	Prit princip train	CERRIE
()						()	
9. OTHER HIS PROPER NAME CARRIES	er e. Froil Name, Mostle fortid		DISPASSIFIS CON	OUTCOM RELATION	10.0	H. MOLPEDIO POLICY (SHOWN ON FECA	W, MEET	
A. OTHER EVEL PRED'S POLICY OR OF	OPHARES	-	EMPLOYMENT (D.	erant or Printer	40	A PASS METERS DATE OF	Deli Fu	964	
	and the second second		TYES	MO		a machinera date of	11	U	6
S PERENTED FOR MUCCURE			AUTO ACCOUNT?	Second .	LACE GRAND	G. OTHER CLASSED COM	graded to NUCCO		
			169	■ MO					
e, negatives half invocade		G	OTHER ACCIDENTS			C. POSLEWICE PLANNING	ME OF PRODUM	FILME	
			YES	140					
4. NOUTHINGS PLAN NAME OF THO	OTAM NAME	- 4	DE CLAW CODES (O	es grave by s	000	E. G THERE AND DIED	EN, THODIENT	PLANT	
						1900 190		DATE SE'UL IL, MA	
12 PATIENTS ON AUTHORIZED PEN		On the sale	man of any medical or a	other informatio		13. EVSLIPED'S ON ALTH payment of needed by	nefts to the under		
to process the plant, I also king soring fations.	be yours or government canditi	l-athor Ex	rigano ti to priye	пожиную жи	gwed	services described bet	14		
winte			DATE			SIGNED			
NA CHEE OF CLAREST RUSSIAN INC.	URCO PRESIDENCY GMP	16. CF	HER DATE			w. cerespy and year	MAKETOWORK #	OVERNIT OCC	APATER.
OHL.		QUA	MA	.00	VY.	FRON		10	
it made or nerennals movisé	n on othern sounce	17k	191			HS HOSPITALEXTICS OF		to Comment of	PARKED V
IS ARCHIONAL CLANING CRIMOTO	N Seeguated by NACO					25 OUTSOR LAST		снимаев	
IN DIMONOTED OF HISTORY OF LUN	ESS OF HUNTY Panels AL	boards.	ine lates (145)	CD No.		22 PRICERON CIV.	CPENNA	-	
A		c.L		0.			500	100	
E. F.		0		14		23. PRIOR AUTHORIZATI	ON HAMEER		
11	1	1						_	
24. A CATE-90 CF SERVICE FROM TE NW TO VY MM DO	[FL 403: OF]	Chellen Tinches	Prent, Igenia Cles, CM Unicesi Orcanofasco MODE	10	DINGNOSIS PONESIS	E CHANGES	Service Control		CONTROL SORR D #
1 1 1 1 1			7 7 7	- 1			1 100		
							100		
							1 10		
					-		-		
							198		
							107		
							100		
11111	1 1 1		1 1 1	-		1 1 1	1		
31, SIGNATURE OF PHYSICIAN OR S	posto os para	NTS ACK	COUNT NO 27	ASSET_48	SCHOOL STORY	29 FOTAL CHANGE	29 MEDUNT	_	retty NUCCUM
INCLUDING DEGREES OR CREDE (It certify that the statements on the r	INTIALS			VO STR. SHEET	IND SHEET	6	8		
apply to this bill and are made a part		NOS FACI	LITY LOCATION INFO	PINATION		05 BILLING PROVIDER I	MOLPH# ()	
SIGNED	DATE								
ROBERT CO.	CONTRACTOR OF THE PARTY OF THE								

- Paper submitters
 - Signature of provider or representative and six-digit or eight-digit date form was signed
- Electronic submitters
 - Y=Provider signature on file
 - N=Provider signature not on file

Item No.	Claim Description	on Loop		Data Element Description	Requirements
30	Balance due	N301			
31	Signature of physician or supplier including degrees or credentials	2300	CLM06	Provider or supplier signature Indicator	Y=Provider signature is on file N=Provider signature is not on file





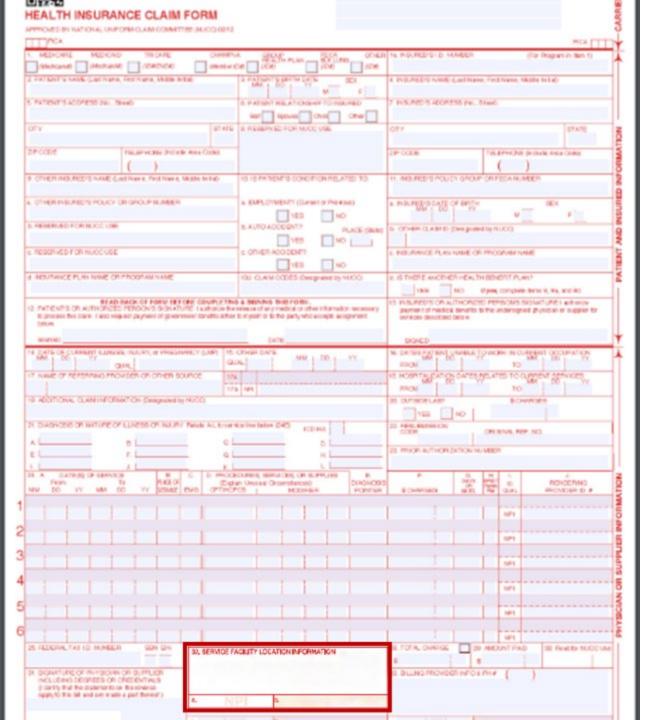
- Place of service required on all claims
 - Name, address and ZIP code

	2310C	NM103 (77)	Laboratory or Service Facility Name	NM101 Entity Identifier code=77 - Service Location Required when the location of the service is different than that carried in 2010AA-Billing Provider (Item 32). Enter the name, address of state, and ZIP code of the location where the services were rendered. Providers of service (namely physicians) must identif
		N301	Laboratory or Service Facility address 1	
		N302	Laboratory or Service Facility address 2	
		N401	Laboratory or Service Facility city	the supplier's name, address, and zip code. Required when the
		N402	Laboratory or Service Facility state	location of health care service is different than that carried in the
Name and address of		N403	Laboratory or Service Facility ZIP code	Billing Provider Name (2010AB) loops.
facility where services were rendered (if other	rendered (if other	NM103 (77)	Laboratory or Service Facility Name	Required if the service was rendered in a Health Professiona Shortage Area (QB or QU modifier billed) and the place of service is different than the HPSA billing address. If an independent laboratory is billing enter the place where the ter were performed. Complete this information for all laboratory wo performed outside a physician's office. If the service was
than home or office).		N301	Laboratory or Service Facility address 1	
		N302	Laboratory or Service Facility address 2	
		N401	Laboratory or Service Facility city	referred to an outside lab, enter the reference labs name and
		N402	Laboratory or Service Facility state	address. Providers of service must identify the supplier's name,
		N403	Laboratory or Service Facility ZIP code	address and NPI when billing for anti-markup tests. If the acquisition provider is out of jurisdiction, you should use the billing provider's NPI. Only bill one unique facility number pe





EALTH INSURANCE CLAIM FORM			
PROJED BY HATIONAL UNIFORM CLASS COMMETTER SELECT OF	M2		
T)vcx			PICA
	MEVA SECUP PLAN STOCK CONCR.	THE PROPERTY OF D. MANAGER	(For Rogian in ten 1)
NT SOLET IS NAME (Last Name, Port Name, Made Britis)		4. PSSUPEEPS NAME CACHRISTO, FIRST NO	no Materialis
The state of the s	D. PAYIDAT IN CATTLE CATTLE DEX	A Principle round distribution of the	200, NOOR 11140
TIENT'S ACCRESS No. Sevilo	& PATISN'T HIS AT CHOSEF TO MISSIFED	7. PLBLASD S ADDRESS pe. Steel.	
	Seat Seption Over Other		
v gr	Jan COUNTRO FOR MODE OF ART	OFF	STATE
CODE TRAJECTOS PODES PER CORO		2P CODE TRLEPS	HOW DECIMAL VALUE COMM
()		()
THER INDURED S NAME Cost Name , Test Name, Mistle In Fab	10.15 PATENTS CONDITION RELATED TO	H. Mauricina Pouch Group On FSC	ARAGER
THER IN BURIED'S POUCY OR GROUP BURIEDS	a EUPLOIMENTI (CAMITO PREADU)	a. INSURED'S CATE OF BRIDE	001
ENERGED FOR MUCE LINE	B AUTO ACCESSITY		U F
	PLACE DESIGN	D. CENER CLASS D. CHIE printed by NUC	O.
sanuabili an Nucciuse	c onign Accopany	c. INSURANCE PLAN HAME OF PROOF	MC NAME
and the state of t	Type Type	C PERSONNEL PERSONNEL OF PROGRE	
SUBMICE PLAN NAME OF PROGRAM NAME	10s OLAW OCIES Designated NUCC	E IS THOSE ANOTHER HEX.TH SONER	TPLRE
		Secret days	ngani brock, na arciko.
BEAD BACK OF FORM IN FORE COMPLE	TNS & SEANS THE FORU.	13 INSURPRISON AUTHORIZED PERSO	
WTIENTS OR AUTHORIZED PERSONS SIGNATURE: Luchason process the care. Laco logues payment of government condition	the minute of any medical or other information recessary.	payment of medical benefits to the undo	asiding biloding stitles p.
rion.			
new C	Date	00400	
CATE OF CURPORT RANGES, NAMES, OF PROGRESS CARD	15 CEMBEDA'S NO L DO L 3Y	те ситемуляму учина домож	ян ошерения оргоментально
OIN.	QUE NO 100 17	FROM	10
unit or retentions provides on other sounce	174	IS HORATAL CATES OFTES NO. ATES	TO CLEMENT SETWICES
	175 195	FROIL	10
COTTONAL CLASS INFORMATION (Designated by MICO)		20. OVTROPLARY	B-CHARGES
		169 10	
DAGNOSIS ON BATUPE OF LUXESS OF BUURY Revise AL E	resident page (CD NO.	COUR CHEST	AL PRIP. NO.
8	0	29. PRIOR AUTHORIZATION NUMBER	
F.	9 H	23 THIS RETHINGS IN THE RESERVE	
A 0479/30 CF 1889/A1CR N C D PR	COSCUPIES, SIGNACIES, OR SUPPLIES B	F 0 H	
Fron 1s (NEO) d	Distant Unionic Circumstances DIACHOSIS INCPOSIS BECOMES POSITION		D. ROYCERNO
to 11 me to 11 pontal tanal or 1	ELOS I MANAGEMENT I PORTOR	Towns Mile No O	OF PRODUCE OF
			PI
			PI
			A Company
			PI
			FI
			PT
		A STATE OF THE PARTY OF THE PAR	er
FEDCHALTAN ID HAMBER CON DN 32, SERM	CE FACILITY LOCATION INFORMATION	TOTAL CHANGE 20 MICON	the state of the s
S. SCHW	DE FACILITY LOCATION INFORMATION	E FOTAL CHARGE 20 AMOUNT	the state of the s
SCHATURE OF PHYSICIAN OR SUPPLEM	CE FACILITY LOCATION INFORMATION	A STATE OF THE PARTY OF THE PAR	the state of the s
SCHITCHE OF REPSICIAL OR SUPPLIED	CE FACILITY LOCATION INFORMATION	E FOTAL CHARGE 20 AMOUNT	the state of the s



Line Items 32 and 32a

- All claims require place of service line item 32
 - Ambulance claims
 - Laboratory or service facility
 - Mammography certification
- Purchased test require both 32 and 32a

		2310C 2420C''	(77) NM109 (77)	Laboratory/Facility Primary Identifier							
		2400	PS101	Purchased service provider identifier	Enter the NPI of the Service Facility. Enter "XX" in the NM106 to indicate the NPI is present in the NM109.						
		2420B	NM101	Identification code qualifier =QB							
374	NPI	NM109 NM101	NM108	Identification code=XX							
			1 1	1 [1 [NM109 Identifica	Identification code	indicate the NPI is present in the NIV IVs.
			NM101	Identification code qualifier #QB	1						
			NM108	Identification code							
			NM109	Identification code							
			REF01	Reference Identification qualifier =EW							
			REF02	Mammogram FDA number							





Line Items 33 and 33a

- Required on all claims
 - Provider's billing name, telephone number, address and ZIP code
- Item 33a contains NPI of billing practice

Item No.	Claim Description	Loop	Field	Data Element Description	Requirements
	Physician's supplier's		NM103 (85)	Provider last or organizational name	NM101 Entity Identifier code=85- Billing Provider
22	33 billing name, address, zip code & phone	2010AA or	NM104	Provider first name	NM101 Entity Identifier=87-Pay-to-provider
33		2010AB	NM105	Provider middle initial	
l	number		N301	provider address 1	NM102 Entity Type code 1 Person 2 Non-Person Entity
		N401 N402		Provider city Provider state	Enter the provider or service/supplier's billing name, address, zip
			N403	Provider ZIP code	code and telephone number. Must be a physical address with
			PER04	Provider phone number	nine-digit ZIP code.
33a	NPI	2010AA	NM109 (85)	Provider ID	NM101 Entity Identifier code=85-Billing Provider NM101 Entity Identifier code=87-Pay-to-provider Enter the NPI for the Group Number or for the performing provider of service/supplier who is a member of a group practice. Enter "XX" in the NM108 to indicate an NPI is present in the NM109





TTYCA			
			HEALTT
MERCARE MEDICAD TRICATE CHIMEN	HE R LI PRIS	t 1s. INDUREDIG I D. MANDON (For Program in 1	ten t)
(Sledcard) (Sledcard) (CADIO)	Diff (KDIA) (KDIA)		
FRT ENT'S WARE (Last Name, First Name, Middle Initial)	D PATIENT'S BRITIS CALL DEX	4. PV(ILPED'S NAME quel Namo, First Namo, Mothe Intial)	
PATISHE'S ACCOPESS (No. 1844)	& PATIGNT HILLAT CRISHED TO HISLINGS	7. EVSUPED IS ADDRESS ENC. STIME	
	Set Space Over One		
ET ET ATE	B RESERVED FOR NUCCUSE.	OFF 91	ATE
PCCDS Transported British Rea Color			
PCCDE TSLSH-HCMS Shot Min Res Code		ZPF CODE TREATMONE provide Area One	No.
OTHER INSURED S NAME CAST NAME A POST NAME & MASTER IN EACH	10.16 PATEMPS CONDITION AS ATED TO	H. MISURCE'S POLICY GROUP OR FECA NUMBER	
OTHER HOUSE OF NAME CONTINUES, THE TABLE IS SHOWN IN THE	O TO THE REAL OF CONCENTRAL PROPERTY TO	THE HOLDER OF COLOR OF THE CONTROL O	
OTHER INSURED'S POUCY OR GROUP INJAMER	a EUPLOIMENTY (Current or Province)	a. INSURED/S DATE OF BRIDH SEX	
	THE THO	WW 100 111 W F	
RESIDENCE FOR MICCLUSE	tool had	B. OFHER CLASH D. CHIS presiding RUCCO	
	TIES NO TO		
RESONALD FOR NUCCUSE	c OTHER ACCIDENT?	C. BISURANCE PLAN NAME OF PROGRAM NAME	
	VED NO		
NOVEMBE FLAN NAME OF PROOFAM NAME	10: 0.4 V 00055 (beignand to NOO)	C. IS THOSE ANOTHER HEX, THEODERST PLANT	
		1900 BO Dyes, Congless Strot V, He, W.C.S.	KO.
READ BACK OF FORM REFORE COMPLETING PATIENTS OR AUTHORICED PERSONS SIGNATURE LEast-scot than	a a septima stati nome.	 Insureors on Authorized Pensions stolarched allegations of pages of needed binefits to the undersigned physician or supplied to the control of the pages of the p	
to process this case. I also ring and payment of government standits when \ensuremath{tripe}	tinger a time peryonal supprier	services described below	
WORKS	CATE:	034040	
MAR - CO - VV	CHARLONE NW 1 DD 1 YY	ar expensive and hinery to work as craftent occurs	199
QIAC QU	AL INDIANA	FROM TO	
NAME OF REFERENCE PROVIDER ON OTHER SOURCE		is nonregion of the period to aggree gener	Ty.
	199	FROM TO	
ADDITIONAL CLAIM INFORMATION (Designated to HUCC)		20 OUTSCHLAST SCHARGES	
Displaced on sature of Livess of SURY Resident Every	in the lates Call	755 NO 22 ABRUSTON	
	ED NO	COOR CRISINA, REP. NO.	
8	0.	29. PRIOR AUTHORIZATION NUMBER	
	CUPICS, SERVICES, OR SUPPLIES B.	F. 9 H 1 4	
W to YY MAY DO YY STRATE BUD OFFICE	yn United Charestynoso DIAGNOSS CS BESSPER PORTUR	S CHARGES BY THE GUAL PROVIDER	WED #
		1871	
		581	
	1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		191	
		601	
		601	
		601	
S FEDERAL TAKE OR HAMBERS GOW DAY TO S PAUTENTES	COOM NO 12 ACCUS ASSIGNATION	1671 1671	
	INTER NO	10F1	
		1671 1671	

Medicare Part B CMS-1500 Crosswalk for 5010 Electronic Claims

Medicare Part B CMS-1500 Crosswalk for 5010 Electronic Claims

The information contained in this crosswalk is for reference purposes only.

^{** =} Use if different than information given at the claim level. 7/6/2012 - KJT 1

Item No.	Claim Description	Loop	Field	Data Element Description	Requirements	
	1 Type of Health Insurance	2000B	SBR09	Claim editing indicator code	Must = MB for Medicare Part B	
1			SBR01	Payer Responsibility Sequence Number Code	Primary Payer Responsibility (P = Primary, S = Secondary T = Tertiary	
			SBR02	Individual Relationship Code	Individual relationship code (18 = Self)	
1a*	Patient's Medicare Beneficiary ID Number (MBI)	2010BA	NM109	Subscriber Primary Identifier	Patient's Medicare Beneficiary ID Number (MBI)	
		Patient's Name 2010BA or 2010CA	NM103	Last Name		
2	2 Patient's Name		NM104	NM104	First Name	Enter the patient's name as shown on their Medicare card
			NM105	Middle initial	Enter the patient's harrie as shown on their Medicare card	
			NM107	Suffix (e.g., Jr. Sr.)		
3	Patient's Birth Date	2010BA	DMG02	Birth Date	Enter the patient's birth date. Must be formatted as CCYYMMDD.	
	and gender	201000	DMG03	Gender	Date qualifier (DMG01) = D8	
	Insured's name (When	ere is insurance nary to Medicare, 2330A	NM103	Other insured last name	Enter the insured's name. Required if any other payers are	
4*	primary to Medicare,		NM104	Other insured first name	known to potentially be involved in paying this claim. If the insured is the patient this would be blank and information	
	Items 4, 6, 7, and 11 are required items.)		NM105	Other insured middle name	reported in the 2010BA Loop does not repeat in the 2330A Loop.	





^{* =} If Medicare Secondary Payer or Medigap is involved, refer to the 5010 TR3.

Claim Rejection Reminders

- Claim rejections CO16, MA130
 - Claims received that contain incomplete or invalid information will be "rejected" and returned as unprocessable
- Unprocessable claims have
 - No appeal rights
 - No reopening rights
- Resubmit a new claim with corrected information
- Unprocessable Claim Rejections and Corrections



Resources, References and Tools

Resources and References

- NGS website
 - CMS-1500 Claim Form Completion Instructions
 - Medicare Part B CMS-1500 Crosswalk for 5010 Electronic Claims
 - Top Claim Errors
- CMS website
- Place of Service Code Sets
- CMS IOM Publication 100-04, Medicare Claims Processing Manual
 - Chapter 1, General Billing Requirements
 - Chapter 26, Completing and Processing Form CMS-1500



Questions?

Thank you!







Connect with us on social media

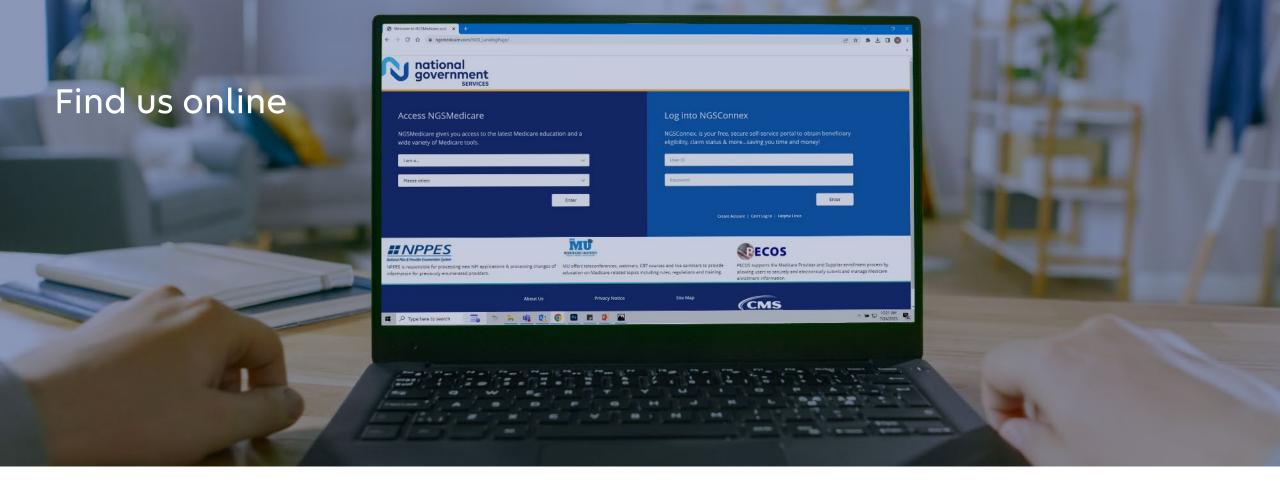














www.NGSMedicare.com

Online resources, event calendar, LCD/NCD, and tools



IVR System

The interactive voice response system (IVR) is available 24-hours a day, seven days a week to answer general inquiries



NGSConnex

Web portal for claim information



Sign up for Email Updates

Subscribe for Email updates at the top of any NGSMedicare.com webpage to stay informed of news



