



Proper Medicare Part B Claim Submissions

6/27/2023





1991_0623

Provider Outreach and Education Consultants

- Arlene Dunphy, CPC
- Carleen Parker









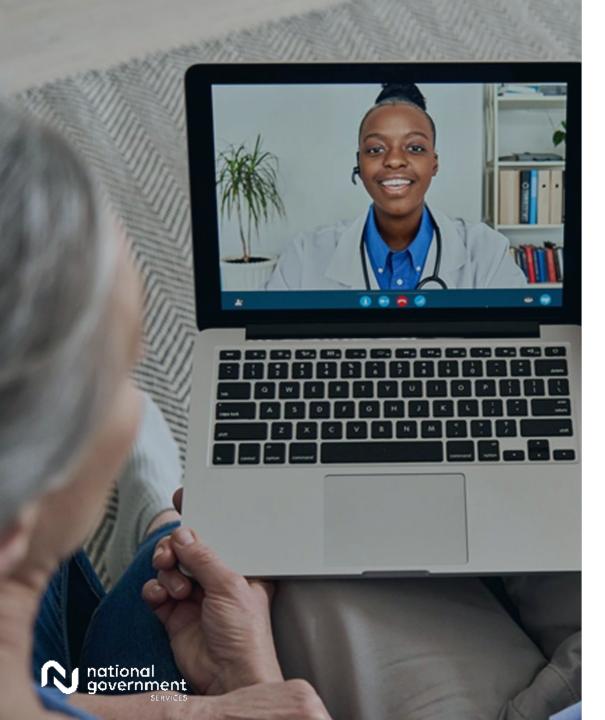


Disclaimer

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 <u>CMS website</u>.







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.

Objectives

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





Claim Form Requirements

Claims Filing Time Limit

Administrative Simplification Compliance Act

Paper and Electronic Claim Overview

Resources, References and Tools







Claim Form Requirements



Claim Submission Requirements

- Paper
 - Original CMS-1500 Claim Form
 - 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



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
 - \checkmark Beneficiary cannot be charged
- Exceptions
 - MLN Matters[®] <u>MM7270 Revised: Changes to the Time</u> <u>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







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
- <u>ASCA Requirements for Paper Claim</u> <u>Submissions</u>



Claim Form Overview

CMS-1500 Claim Form (02/12)

		HEALTH INSURANCE CLAIM FORM
		L MARCHARE MARCHARE CHARD'S COMPARY & COMPARY Co
Beneficiary	1	Open Open <th< td=""></th<>
data		
		ADDITIONAL PLANE AND PRODUCTS AND ADDITIONAL STATEMENT ON ADDITIONAL STAT
		100 100
	1	A. B. D. E.L. C.L. B.L. Mark All CONSTRACTION NAMES I. S.L. B.L. Mark All CONSTRACTION NAMES
Provider data	\rightarrow	
		A THE A THE ALL A THE ALL AND A THE ALL AND A

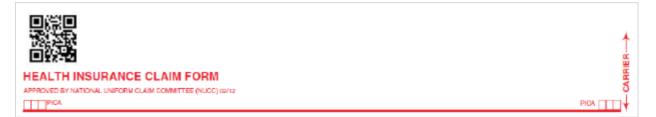






NUCC Approved OMB

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





		FORM							
	AIFORM CLAIM COMMIT		2						
									PICK
MEDICARE MEDI		CHONN				CITHER 14 IDWD	NSURED BILD. N	MEEN	For Rogian in ten 1)
	The second se		NAME OF T				INSURED'S NAME	LarlName, First Name, Mc	de litta)
PATIENT'S ADDRESS (N	Drost		O. PATIENT PE		M F	7	INSURED IS ADORE	ID Ob. Obsef)	
			and a second	ause O	-				
rv.		STATE	E O RESERVED	FOR NUCCI	RE .	a	ŧγ.		STATE
PC008	TELEPHONE (NAM	B Aves Code)	-			28	POODE	TB_EPHONE (hidude Area Code)
	()							()	
OTHER INSURED S NAM	E (Last Name, Rind Name,	widte nitia)	10.18 PATIEN	SCONDING	N FIELATED TO	11	maunetra POUC	Y GROUP OF FECA NUM	C.N.
OTHER INSURED'S FOU	CY OR GROUP NUMBER		a EMPLOYME	_	added and a second and	н.	INSUREDIS DATE O		SEX
RESERVED FOR NUCC	100		E AUTO ACCE	VES	PLACE	Shates 15	OTHER CLAMID	Designated by NUCCI	P
				768	NO				
RESERVED FOR NUDCO	ISE .		c. OTHER ADD	VES	NO	C.	INSURANCE PLAN	NAME OF PROSEAN NAM	
INSURANCE PLAN NAME	OR PROGRAM NAME		18a CLAM CO	and a second sec	hannal	a		R HEALTH BENERT PLAN	9
	AD BACK OF FORM BEI	OPE COMPLETE	US & DEDARCE THE	SLOP		10		NO If yes, complete I THORIZED PERSON'S SIL	
PATENTS OF AUTHOR to process this claim. Lists	(ZED PEPISON'S SIGNAT program payment of gover	UPE 1authorize #	e release of any me	dical or other i	viornation naces tepts assignment	intry .		benefits to the undersigned	
talow.									
DATE OF CURRENT ILL	NEGS. INJURY, & PREGR	WHOY 6.MPS 15	DATE S OTHER DATE			16	DATES PATIENT	инеге 20 моек и соб	EBIT COCUPATION
	QUAL	-	AUNE		00 YY		FRON	TO	
NAME OF REFERRING	HOWDER ON OTHER B		7a MP1			18	FROM	DATES RELATED TOCH	M CO YY
ADDITIONAL CLAMINE	ORMATION (Designated s		- Look			20	OUTSIDE LART	E CHA	RGER
DIAGNOSIS OR NATUR	E OF LLNESS OR NULR	Falicito A.L. ID CO	receile beiter Git	ICD IN		20	FEBUEMISSION CODE	ND	
L		L e	-			_		CRIGINAL REF	NO.
-	F	- 0	1		-	- 20	PRICE AUTHORS	ATION MUMBER	
A DATE(B) OF SEP	TO PACE	C D PRO	SECURES, GERWI	ER, OR BUP		E HOBIS	E	0.75 5 5 0 KL	PENDERIHO
M DO YY MM		ENG OFTIN	den Unisse Dirce DPCS	NCOFER		NTER	8 CHWHOES	and the guil	PROVIDER ID #
					1		and the	849	
1 1 1				1	1		100		
						103		NP1	
							1	NPI	
			and band	- F	I I	1		NP1	
1 1 1		100	100		1	1			
								NPI	
					11		1	NPI	
PEDERAL TAX ID: MUN	001 001 014	35 FATIENTS	ACCOUNT NO	=7 ASS	BIAR AND	8 117 20	TOTAL CHAVIDE	29. AMOUNT PAID	30. Pevelity NUCC Use
SIGNATURE OF PHYSIC INCLUDING DEGREES (carify that the clattere apply to the tail and aren	OF CREDENTIALS vts on the revense	32. SERVICE	PAOLEY LOCATE				ашна точо	n 1401 mix ()
		4	121 121	_		4			

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

1.	MEDICARE	MEDICAID	TRICARE	CHAMPVA		OTHER
	(Medicare#)	(Medicaid#)	(ID#/DoD#)	(Member ID#)] (ID#)	(ID#)

ſ	ltem No.	Claim Description	Loop	Field	Data Element Description	Requirements	
I				SBR09	Claim editing indicator code	Must = MB for Medicare Part B	
	1	Type of Health Insurance 2000B SBR01 Payer Responsibility Sequence Number Code			Primary Payer Responsibility (P = Primary, S = Secondary T = Tertiary		
L				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); if you use lowercase letters, our system will convert them to uppercase letters. MBIs are assigned by SSA

	1a. INSURED	"S I.D.	NUMBE	R	(For Program in Item 1)
ltem 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)

NGSMU

CPATIBLY GADDREED (bit, Greek) CPATIBLY GA	4. INSURED'S NAME (Suit Name, Port Name, Nable Millio) 7. INSURED'S ADDRED'S (No. Direct 7. INSURED'S ADDRED'S (NO. DIRECT) 7. INSURED'S ADDRED'S (NO. DIRECT) 7. INSURED'S (NO
PATENT NAME OF PROCEED TO CARE ADDRESS OF ADDR	4. INSURED'S NAME (Suit Name, Port Name, Nable Millio) 7. INSURED'S ADDRED'S (No. Direct 7. INSURED'S ADDRED'S (NO. DIRECT) 7. INSURED'S ADDRED'S (NO. DIRECT) 7. INSURED'S (NO
MEDICARE MEDICAD TRICATE CHARANT COUNT AND A SEARCH TO REAL CONDITION OF ALL AND A SEARCH TO REAL TO A SEARCH TO A SE	4. INSURED'S NAME (Suit Name, Port Name, Nable Millio) 7. INSURED'S ADDRED'S (No. Direct 7. INSURED'S ADDRED'S (NO. DIRECT) 7. INSURED'S ADDRED'S (NO. DIRECT) 7. INSURED'S (NO
Josephile (Josephile	
ANDER OF ADDREED (W. Sheet) C PATERING VENERATION C PATERING C PATERING VENERATION C PATERING C PATERING VENERATION C PATERING C PATERING	7. INCURED'S ADDRESS (No., Drivet) OTY ETATE 2PF DODE TREAPHOLISE INDUSCE PLANE 11. NEXURED'S POLICE OR OUT OR FECA NUMBER INTERPECTATION RULE OF RENTH 4. REX.PHICSED.ATE OF RENTH REI 6. D. OTHER CLAIM OLDER SYNAME OF PROJECTION RULE INCURRENT PLANE 6. INDURATE PLANE INDUCT OF PECANDUMEER INCURPECTATION RULE OF RENTH 8. INDURATE PLANE INDUCT OF PECANDUMEER INCURPECTATION RULE OF RENTH 9. OTHER CLAIM OLDER SYNAME OF PROJECTING BOST N. 45, xol Hit INCURPECTATION RULE OF RENTH PLANE 13. INSERVICE CREATER INFORMATION RULE IN FUNCTIONAL RULE INFORMATION RULE IN FUNCTIONAL RULE INFORMATION RULE IN FUNCTION RULE IN FUNCTION RULE INFORMATION RULE IN FUNCTION RULE INFORMATION RUL
CEY See Source Ore Ore	OTV STATE 2P-0.006 TELEPOLE (Final State Code) 11. INSURED INFOLION ON OUR OF PECANUMEER INSURED INFOLION ON OUR OF TECANUMEER II. INSURED INFOLION ON OUR OF PECANUMEER INSURED INFOLION ON OUR OF TECANUMEER II. INSURED INFOLION ON OUR OF PECANUMEER INSURED INFOLION ON OUR OF TECANUMEER II. INSURED INFOLION ON OUR OF TECANUMEER INSURED INFOLION ON OUR OF TECANUMEER II. INSURED INFOLION ON OUR OF TECANUMEER INSURED INFOLION ON OUR
CETY INTELE INTELE	2P 0006 TELEPHORE (notice area code) 11. NEURED INCLOS OF OUR OF PECANUMBER ()) 11. NEURED INCLOS OF OUR OF PECANUMBER ()) 11. NEURED INCLOS OF OUR OF PECANUMBER ()) 12. NEURED LINE OF ENTITY ()) 13. OTHER CLAIM OF Designated by HUCQ ()) 14. OTHER CLAIM OF Designated by HUCQ ()) 15. INSURTICE PLANTICE PERALTH (DEEDT PLANT) ()) 14. OTHER CLAIM OF Designated by HUCQ ()) 15. INSURTICE PLANTICE PERALTH (DEEDT PLANT) ()) 160. INSURE ON OWNED THE DESIGN OF MANY AND PLANTICE I LINE ORD PLANTICE
Chieffi INSURED'S HAME Guill have, Rivel have, Muster Halso Chieffi INSURED'S CONCITION RELATED TO CONCIDENT INSURED'S CONCITION RELATED TO CONCIDENT INSURED FOR INJOR OF GUIDENT CONCIDENT INSURE OF PROGRAMME INSURED FOR INJOR OF GUIDENT CONCIDENT INSURE OF PROGRAMME INSURE OF GUIDENT CONCIDENT INSURE OF PROGRAMME INSURE OF GUIDENT CONCIDENT INSURE OF PROGRAMME INSURE OF GUIDENT CONCIDENT INSURE OF FOR INSURE OF GUIDENTIAL INSURE OF GUIDENT CONCIDENT INSURE OF FOR INSURE OF GUIDENTIAL INSURE OF GUIDENT	() (() (() ((((((() (((
	() (() (() ((((((() (((
CONERN INSURED'S HARE Call mane, frai haine, Malte Hillio CONERN INSURED'S CONDITION RELATED TO A CONERN INSURED'S FOLICY OR GROUP HUMBER A CONERN INSURED'S FOLICY OR GROUP HUMBER A CONERN INSURED FOR HUGC USE A CONERN INSURANCE FOR HUGC USE A CONERN INSURANCE A CONERN INSURANCE A CONERN INSURANCE FOR HUGC USE A CONERN INSURANCE A CONERN INSURVICE A CONERN INSURAL AND A CONERN INSURANCE A CONE	11. NASURED B POU OF GROUP OR PECKNOWEER 1. REURING SDATE OF BRITH 1. REURING SDATE OF BRITH 1. REURING SDATE OF BRITH 1. REURING PLANT OR DESIGNATION 1. STHERE ANOTHER REALTH GENERATION 1. STHERE ANOTHER REALTH GENER
ENDERWED FOR NUCC VISE IND NESSERVED FOR NUCC VISE NO NESSERVED FOR NUCC VISE NO NESSERVED FOR NUCC VISE OTHER ACCOLUNT NESSERVED FOR NUCC VISE OTHER ACCOLUNT NESSERVED NO NO NESSERVED FOR NUCC VISE OTHER ACCOLUNT NESSERVED NO NO NESSERVED NO NO	B CTHERT CLAM ID (Desgnated by NUCC) E CTHERT CLAM ID (Desgnated by NUCC) E NOUTHING PLAN NUMBER E NOUTHING PLAN ID (DESGNATED HILD) E NOUTHING PLAN ID (DESGNATED HILD) E NOUTHING CLAMERTS E NO
ENDERWED FOR NUCC VISE IND NESSERVED FOR NUCC VISE NO NESSERVED FOR NUCC VISE NO NESSERVED FOR NUCC VISE OTHER ACCOLUNT NESSERVED FOR NUCC VISE OTHER ACCOLUNT NESSERVED NO NO NESSERVED FOR NUCC VISE OTHER ACCOLUNT NESSERVED NO NO NESSERVED NO NO	B CTHERT CLAM ID (Desgnated by NUCC) E CTHERT CLAM ID (Desgnated by NUCC) E NOUTHING PLAN NUMBER E NOUTHING PLAN ID (DESGNATED HILD) E NOUTHING PLAN ID (DESGNATED HILD) E NOUTHING CLAMERTS E NO
DE RESERVED FOR HUGC VIEE DE NOTO ACCOUNTY PLACE Claim VIE NO VIE NO VIE VIE NO VIE VIE	E. INDURINGE PLANTAME OF PROGRAMMAN E. INDURINGE PLANTAME OF PROGRAMMAN E. INDUE ANOTHER HEALTH EDUE TO THAN . E. INDUE ANOTHER HEALTH EDUE TO THAN . E. INDUE TO THE END OF THE
PEDERANDE FOR NUISCUIGE C. OTHER ACCORDING NE NE	4. IS THEFTIE ANOTHER HEALTH BENEFIT PLANY 155 155 15 155 15
INSUMWCE PLAN NAME OF PRODUNAN NAME ISSUED AND NAME ISSUED AND NAME OF PRODUNAN NAME ISSUED AND NAME OF PROVIDENT NAME OF PRODUNAN NAME ISSUED AND NAME OF PRODUNAN NAME OF PRODUNAN NAME OF PRODUNAN NAME ISSUED AND NAME OF PRODUNAN NAME OF PRODUNAN NAME OF PRODUNAN NAME ISSUED AND NAME OF PRODUNAN NAME OF PRODUNAN NAME OF PRODUNAN NAME OF PRODUNAN NAME ISSUED AND NAME OF PRODUNAN NAME OF PRODUNAN NAME OF PRODUNAN NAME OF PRODUNAN NAME ISSUED AND NAME OF PRODUNAN	4. IS THEFTIE ANOTHER HEALTH BENEFIT PLANY 155 155 15 155 15
READ BACK OF FORU REFORE COOP, ETHIS & SEAMER THESPORE ANT ENTRE OF ANTHOR SEP FERSION S (IS OWN, FIG. 1 without a measured are made at a dream to make at a dream terminal te	165 HO Pyrec congene tens 9, 34, and 95 15 URL PECKS CP AUTHORIZED PERIOD RESIDENT UP 1 althorson parenter for medical batteries to the undersigned physicilie or support for sentosis described batteries PRIVED
adox DOHEDDATE	IS THE REPORTS CAN UP HOW TO REPORT REPORT THE ADVISOR TO parent of the matcal attended to the undersigned physical at trapplet for services described basis. REPORT
adox DOHEDDATE	0348D
	81 (P - 81 P
14 DATE OF CUMPENT ALLASSE INVITE & PREDMANCY CAMP IS CTHER OVER	HE DATES THE BATTER TO WORK IN CORRECT OCCUPATION
IZ. WARE OF REFERENCE MOVED OF OTHER SOURCE 17a	FROM TO TO AND
17B MP1	TO
12 ADDITIONAL CLAM INFORMATION (Designated by NUCC)	20 OUTSDELAST BOWRDES
21 DUARNORS OF MATURE OF LUNERS OF MUTHY ReaD ALLIS SENSITIVE DODE VIE 100 HIS	22 REALEMENTSION CHICANIAL REF. INC
A 0 0	23 PRICE AUTHOR 24TICRI MUNIER
A DATE(S) OF SERVICE B C D PROCEDURES, SERVICES, OF SUPPLIES Engine Crusical Cramitances DIADYCE Mat. DD V Mail CO VY SERVE GUID OF SERVICE, MCCORE POINTIN	
NAL DO YY NAL DO YY SERVE DVG OPT-KOPCE I VICEMEN (POINTER	T ECHARGES WITH THE SURL PROVIDER ID #
	001
	1 1 1 1
	1991
	1 No.
	1991
	NP
25. RECEIVELT AS LD NUMBER GEN EIN 26. PATIENT'S ACCOUNT NO. 27. ACCOUNT AGAINMENT	29. TOTAL CHARGE 29. AMOUNT PHID 30. Revalor NUCCU E 8
SI BONATURE OF PHYSICIAN OR BUPPLIER INCLUSING DROPERS OF ORDERING (carthy but clasmon to m is an evenue aggy/of the bit and are made a pertitional)	
- HPL -	a Not a

	RANCE CLAI							
TIPICA.								PICK
MEDICARE ME	DICAD TRICAPE		AMPVA GEOUP	ITLAN	EXLUNG OF	HER 14. INSURED BILD.	NUMBER	(For Rogram in Barn 1)
PATENT'S NAME (LIS	Name, Pist Name, Weble	1121	S. PATIENT'S B	the second se	SEI.		E (Lart Name, First Name, I	Made Initia)
	NO. IRON		20 20		M P	7. INSURED IS ADD		
ALLER & ADDRESS	(NO , MERINE)		O. PATIENT PE	-		1	reason (Mc., salvet)	
Y		8	TATE & RESERVED	FOR NUCCI	USE	CITY		STATE
0008	TELEPHONE ON	Inter Aven Code				20000	TR IPsch	E (Inducte Area Code)
	()					at cools	()
THER INSURED S N	WE Cast Name, First Nam	e. Mate na a	IQ. IS PATIENT	SCONDER	IN FIELATED TO	11. HISURED'S POL	UCY ORCUP OR FECANO	WEER
THER INSURED'S PO	LICY OF GROUP NUMBE	10	A ENFLORME	NTP rourset	or President)	a INSUREDIS DAT	COLUMN TH	SEX
				YES	NO	MM 1 D	M	P P
EBERNED FOR NUC	C UNE		E AUTO ACCE	-	PLACE (B	the) IS OTHER CLAIME	D (Designated by NUCC)	
ESBINED FOR NUD	CUBE		c. OTHER ADD	YES DENT?	110	C INSURANCE PLA	NINAME OF PROGRAM N	ANE .
				YES	NO NO			
NSURANCE PLAN NA	VE OR PROGRAM NAME		184 CLAM CO	DES (Desgr	aled by NUCC)		HER HEALTH BENERIT PL	
	READ BACK OF FORM B	EF ORE COMP	ETING & SIGNING THE	SFORM.		YEB	NO Fees complet	
to process this claim. I	0412ED PEPISON'S 340N Iscrequest payment of gas	ATUPE 14,859	to the release of any the	tical or other	information necessa cepts assignment		cal benefits to the undersign	ed physician or suggier for
LEICH.								
DATE OF CURRENT	LINESS, INJURY, or PRE	GNANCY AMP	15 OTHER DATE			IRONED	PRIVATE TO MOUNT IN C	NEEDILL OCCUPATION
	QUAL		QUAL	MU	00 97	FRON	TO	
NAME OF REFERRIN	S PROVIDER OR OTHER	BOURCE	174			FROM	ON DATES RELATED TOO	
ADDITIONAL CLAMI	FORMATION (Designate	EDy MUCCS	175, 1691			20. OUTSIDE LAST		HARGES
						VES	NO	
	RE OF ILLNESS OR INJU	FIT FREED ALL	to car was the beam gra	TOP II		22 PEBUEMASSION	CREGINAL RE	EF NO.
<u> </u>	8		al		H L	23 PRICE AUTHOR	IZATION NUMBER	
	ERVICE R	1	x [L E	_		
A DATE(B) OF S From U DO YY N	TO PLACE M DO YY SERVI	E ENG OF	Coden Unase Droe THOPOS	naturces) MODIFIER	PONT		OF PROT D OF ANY OCAL	PROVIDER ID #
I BOLD	LLL	1.1			land -	1	NP1	
	11 No. 19	1 1		100	1			
						-	191	
	1 1	1 1			1 1	1	NPI	
1 1 1	1. 1. 1.	1 1			1		1 1	
				1		di di	1	
111	1 1 1	IL	1				I NPI	
1 1 1					1			
PEDEMAL TAX ID M	ANDERI DON EN	26 PATE	NT'S ACCOUNT NO	27.45	AN IS ALL ALL ALL ALL ALL ALL ALL ALL ALL AL	TT 28. T CT AL CHAPTER	NPI 29. AMOUNT PA	D 00. Pevel Ry NUCC U
				12	SS NO	6	8	100
INCLUDING DEGREE Is carity that the state		32. SETV	ICE FACILITY LOCATIO	NI INFORMA	CION .	33. BLUNS PROV	DELINFOLMIX ()
			NUS N			a INP		

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

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

Item No.	Claim Description	Loop	Field	Data Element Description	Requirements
	Deficitie Maria	2010BA	NM103 NM104	Last Name First Name	Fater the action is some as about as their Madison and
2	Patient's Name	or 2010CA	NM105 NM107	Middle initial Suffix (e.g., Jr. Sr.)	Enter the patient's name as shown on their Medicare card





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

3. PATIEN			SEX	
IVIIVI	00	M	F	

Item No.	Claim Description	Loop	Field	Data Element Description	Requirements
	Patient's Birth Date	004004	DMG02	Birth Date	Enter the patient's birth date. Must be formatted as CCYYMMDD.
3	and gender	2010BA	DMG03	Gender	Date qualifier (DMG01) = D8

EALTH INSURANCE CLAIM FORM								
THONED BY NATIONAL UNPOPINICLAM COMMITTEE INVCC/02/	12						PICA IT	-
MEDICATE MEDICAD TRICATE CHAN	TEALTH PL	AN		IA NOVED BLD. N	AREA	(For I	Nogram in Ham 1)	-
Dispectaneet () (Mindraidet) () (Dispected () () (Dispected () () () (Dispected () () () () () () () () () () () () ()	- Contraction of the second se	in the second	(04)	INSUFEDISTORE	Contribution Pro-	Andrew Balance		- 1
	D PATENTS BAT	M	-	PEOPED 3 IONE		in reality, resources		
PATENT'S ADDRESS (m., Breat)	O PATIENT NELAT	CHEMP TO MR	_	INDURED'S ADORE	00 (No., Greet			
ary late	54F Span	hand hand	one	oty			STATE	-
in the second second second								
IF CODE TELEPHONE (Induite Area Code)				2P-000E	18	EPHONE (Police	IB AVB B COdeo	
CTHER INSURED'S NAME Cast mane, Rist name, Made In this	10.18PATEVTS (CARTERINA DELAS	10.10	11. NASURED B POUR	CORPORE COR	()		
					Contraction of the	2011040201		
OTHER HEURED'S POLICY OR GROUP HUMBER	& EMPLOINER		6)	NRUPHERSDATE	OF BRITH		583	
PEDETVED FOR HUGO VIE	D AUTO ACCEEN	and the second	-	5 CTHER CLAMIC	Center steriling in	M	10	-
		15 NO			and a second of			
RESERVED FOR NUCCUSE	C OTHER ACODE			L INSURANCE PLAN	NAME ON PRO	OR AM NAME		
INSURANCE PLAN NAME OF PRODUMINAME	104. OLAM CODE	instant .	ueca	1. IS THERE ANOTHE	D HEALTH DEV	COT PLAN?		-
				165		complete terra		
READ BACK OF FORV REF OR COUPLET 2. PATIENT'S OR AUTHORIZED FERSION'S GRAATURE 1 authorized	NG & SEAME THEFT	or other information	necessary	 INSURED'S OF ALl payment of medical 	Devictory to the	ABOARS BRANK	ILPE I arthorac- scian of sugginer for	
to process this claim. I also request psymethol government bandits all takes.	er to myself or to the par	ty who accepts as a	post	services described	Call of Ph.			
DONED	DATE			BRISHED				
A DATE OF CURRENT ALLARDE, INCURR, & PREDMANCY CARE	6. OTHER DATE	NN 10	YR.	PROM PATIENT	INVELT TO ME	TO TO	T OBCUPATION	
	78	1 1		IS HOSPITAL EXTING	OATES TELA		IT SETVICES	-
	78 991			FROM		TO		-
P ADDITIONAL CLAM INFORMATION (Designated by NUCC)				10 OUTSIDE LART	NO	8 CHARGE	8	
DIABACERS OF NATURE OF LLNESS OF NUMBER PARADIAL DIS	a vice the beam grait	ICD end		22 RESUBARSION		SHALTER NO		-
a a		0	13	23 FEIOR AUTHORIZ				
· · · · · · · · · · · · · · · · · · ·		-		20 Philor Admides	ALLOW NO MORE			
A A DATERS OF SERVICE B. C. D. FRO	CECUMES, SERVICES	ON SUPPLIES	E DIADNOORD	F.	G H	L.	пенрелика	
AN DO YY MAN OD YY BENKE GWG OPTH	plan United Orsensh CPCB	CPER	POWTER	E CHALOES	UNTO Ne	OLVE	PROVIDEN ID. #	_
						101		
		1.1						
						1441		
A Real and the Real Provide Street				1		1471		-
		1 1						
I I I I I I I I						NPT		
		11		1		1411		-
1 1 1 1 1 1 1 1 1	1							
S. FREEPAL TAR LD MUNICER GEN EIN (2), PATIENT	B ACCOUNT NO	27 AGGETLAR	CHARLENTS	29. TOTAL CHARIGE	25.446	NP1 XUNT PAID	30 Revaltor NUCC 1	1.040
		vea	NO	6	8			
L SOMATURE OF PHYSICAN OR SUPPLIER INCLUDING DISPRESSOR OF SUPPLIER (southy both displayments on the reverse appryce this of and are made a part therest)	FAOLTY LOCATION I	NECEMATICN		30 BLUNG PROVIDE	TINFOS Pro	()		
				a NGH				



192-12		FORM						
	NAL UNIFORM CLAIM COMMIT		2					
TIPICA.								PICK
MEDICARE (Medicared)	MERCAD TRICARE Modulate (DAD/DE	CHONN (Monto)	PEALD	ITLAN DECO	ING CTHEN	14. INSURED BILD. N	(MEEN I	for Rogian in Itan 1)
PATENT'S NAME	Last Name, Prist Name, Middle P	(84)	O. PATIENT'S P	янтн руде	SEX.	LINSUPECIS NAME	Gard Name, First Name, Mo	de kita)
PATIENT'S ADDRE	25 (No., Street)			M LATIONERIP TOUR	P	7. INSURED'S ADDR	DSD (No., Street)	
neen zaksessen	Markey Souther States		Set _ Sp	Chill	Cityle	Sector Contractor		
TY .		TA TO	C RESERVED	FOR MUCC USE		CITY		STATE
1000	TELEPHONE (Indus	B Avea Code)	-			ZP CODE .	TBJEPHONE (I	Idude Area Code)
THER WE REFT	I NAME Class Name, Prot Name,	Markey and all	10 10 DATIENT	SCONDITION RE	ATRID TO	11 100 001/0 0/01	CY GROUP OR FECA NUME	
OTHER INSORED I	a novale qualiticative, rend callore	wate nas,	IQ. IS PAREN	a condition He	LATED TO:	TT, INSCRED & POU	of anoth of Federaday	en .
OTHER INSURED'S	POLICY OF GROUP NUMBER		a EMPLOYME	NT? (Current or Pre	(aution)	A INSURED S DATE	OF BRITH	SEX P
RESERVED FOR N	NCC VBE		E AUTO ACCE		PLACE (State)	IS OTHER CLAMID		
RESERVED FOR N	LINE LINE		C OTHER ACC		10			
NESETVED FUR N	ODC DBE		C. OTHER ADD	-	10	C INSURANCE PLAN	NAME OF PROSEAN NAM	
INSURANCE PLAN	NAME OR PROGRAM NAME		18d CLAIM CO	DES (Designated t	V NUCC)		R HEALTH BENEFIT PLAN	
	READ BACK OF FORM BEI	ORE COMPLET	NG & SIGNING THE	SFORM.			IIO If yes, complete to THORZED PERSON'S SIL	
to process this clair	THORIZED PEPISON'S SIGNAT 1. I discretagest payment of gover	UPE 14 shallon 1	he value of any me	tical or other inform	don necessary asignment		i benefits to the undersigned	
BROWED			DATE			PONED		
	TUNESS INJURY, & PRES	NANCY 6.MPS 1	S. OTHER DATE	MM ; 50 ;	**		инивые Догиканк ин сие	NO INFORMATION
	GUAL -		2004L			FRON	TO	
1			(7h NPt			FROM	DATES RELATED TO CH	61 00 YY
ADDITIONIAL CLA	M INFORMATION (Designated s	WINCO				20. OUTSIDE LAST	S CHA	1965
DIAGNOBIS OR N	ATURE OF LLNESS OR NULP	Patieto A.L. ID C	er vice into bolo w Grid	R ICD Ind	1	22 PEBUEMASSION	CRIGINAL REF	-
L		4	1	aL	1		and the second second	
-	FL			L		23 PRICE AUTHOR	DALING N. N. MERCH	
A DATE(B) From M DO YY	TO PLACED	C D PRO	CEDURES, GERVIC den Unuser Drox CPCS	ES, OR SUPPLIES MODIFIER	E DIAGNOBIS POINTER	F. SI CHAMBES		PENDERING PROVIDER ID #
		1					NPI	
1 1					10			
1					18 9		141	
							MP1	
diam lines	In Loss Loss Loss	les l	and the state	1.1		1 1	100	
		1.1			11 3			
					-		NPI	
	tent men fons in th						NPI	
PEDERAL TAX 10	MUMBERI ODH EN	SE PATIENT	S ACCOUNT NO	TANGER IN	12P.2P.MENT	5 TOTAL CHARGE	SP. AMOUNT PAD	30. Pevelitor NUCC Use
INCLUDING DEGI dicarity that the st	HYBCAN OF SUPPLIER SEES OF CREDENTIALS attempts on the lower so if are made a part fivered.)	IS: SERVICE	FAOLEY LOCATIC	NUMBER		33. BLUNS PROVID	anneorma ()
		4	121			e NPI		

- 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
- 4. INSURED'S NAME (Last Name, First Name, Middle Initial)

Item No.	Claim Description	Loop	Field	Data Element Description	Requirements		
	Insured's name (When there is insurance		NM103	Other insured last name	Enter the insured's name. Required if any other payers an		
4*	primary to Medicare, Items 4, 6, 7, and 11	2330A	NM104	known to potentially be involved in paying thi	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
 5. PATIENT'S ADDRESS (No., Street)

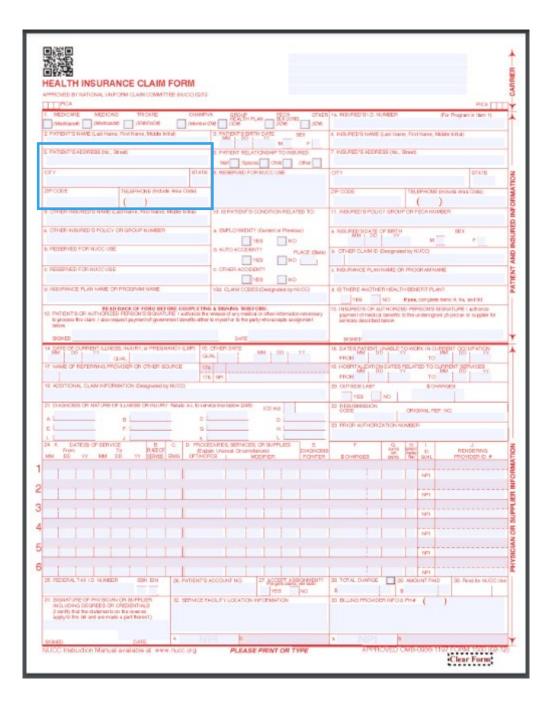
 CITY
 ST

 ZIP CODE
 TELEPHONE (Include Area Code)

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

NGSM

STATE



		FOR									
EALTH INSURANCE PROVED BY MATIONAL UNIFORM											
TPICA										PICK	П
MEDICARE MEDICAID	TROATE (DADIOR	_	Wetter Die (DA)	P. P. AN	T LOU	ICHEF	14. INSURED BILD. N	(MEEN	1	or Program in Barn 1)	
PATIENT'S NAME (List Name, Re		- Internal Internal	3. PATIENT	вити с	termine the second seco	SER	4. INSURED'S NAME	(Larf Naray, F	inst Name, Mid	de killa)	-
PATIENT'S ADDRESS (NO., Shoel	-		6. PATIENT P	С.,	M	P	7. INSURED'S ADORE	000 (A) (B)	erf)		
				tpruse [04	Citre					
ry .			STATE O RESERVE	D FOR N	1001186		CITY			STATE	
PC008	LEPHONE (Indud	Ales Co	(30)				ZP CODE	1	BLEPHONE (IN	dude Area Code:	-
)								()		
OTHER INSURED IS NAME (LIKE)	Varia, First Name, 1	Vidte nit	IØ) IQ IS PATIER	1800	OTION ABL	ATED TO:	11. INSURED'S POUR	CY GROUP O	R FECA NUMB	ER	
OTHER INSURED'S POLICY OF	SHOUP NUMBER		a ENFLOIM	ENT? (Ó	arrent or Pres	(Dati)	A INSUREDISDATE	OF BRITH		SEX	-
RESERVED FOR NUCC USE				YES	П н				M	P	
Sev powers and a second			a AURO ACC	VES	-	PLACE (State)	6 OTHER CLAIM D	Designated b	ANTOO		
ESERVED FOR NUCCUSE			C. OTHER AC				C INSURANCE PLAN	NAME OF P	IOSPAN NAM		
				YES							
NEURANCE PLAN NAME OR PR	OGHAN NAME		104 CLAIM C	ODES (sequence by	NUCC	a IS THEFE ANOTHE			erro 9, 9a, and Rd	
READ BA	CK OF FORM BEF	DRE COM	PLETING & SIGNING T	IS FOR	N.	the nonsectory	13 INSURED'S OR A	THOREED	CREAKING SIG	NATURE Lathorize	_
to process this claim. I also request below.	payment of govern	ment bone	fis etter tri njesil a to t	to party a	Acaccepts a	signment	services described	talla el	a maarigree	physician or suggive to	·
RONED			DAT				PONED				
DATE OF CURRENT LUNESS.	NURY, or PREGN	ANCY 6.8		- 12	4 1 00 1	-	16. DATES PATENT	Anvere 104	NORK IN CURE	NOT NOT SHOP	_
QUAL NAME OF REFERRING PROVID		LECE	QUAL 171	_			FRON IS HOSPITALZATIO	N DATES BE	TO ATED TOCLE	RENT SERVICES	_
Constant Constant			178. 161				FROM	0 10	TO	00 97	
ADDITIONAL CLAMINFORMAT	ON (Designated b)	NUCO-					20. OUTSIDE LAST	1011	\$ CHAR	iges.	
DIAGNOBIS OR NATURE OF LL	NERS OR MULRY	Patieto A	L to car vice line below (HB.	ICD Ind.	1	22 REBUEMISSION	NO	0.00000000		-
e			e		aL	1		and the second	RIGINAL REF	NO.	
F F	-	-	a L	-	-		23 PRICE AUTHORS	ATCN M.M.	(ER		
A DATE (B) OF SERVICE	RACOF	C D		CES, CR	SUPPLIES	E	E.	0.98	H L	1	_
From To DO YY MM DO	YT STRINE	EN/S	Cristien Unusue Circ OPT/HCPCS	NCD	FER	PONTER	8 CHWHOER	and a	am	PROVIDER ID #	
distribution in the	LIII	1		I			1		101		
	10.000					10. 1		1			
									1411		
1 1 1 1	LII	1		1		1	1 1	I I	NPI		
		_		-					NP1		
	LII	1		1		1	1	1 1	NPI		
				-							
PEDERIAL TAX ID MUMBER	0094 614	28.04	TENT'S ACCOUNT NO	1	ACCEPT. A	EP-ON WENT	25. TOTAL CHARGE	22.4	NPI VOUNT PAID	GD. Peveliky NUC	C Use
					YES	ANO CAN	6	8			
Sidnakt units of Phyriaicawi off iniculational becatelies on one dicartify that the statements or th apply to the tail and are made a p	DENTIALS a towarso	32.68	NVICE FACILITY LOCAT	ION BP	PRATION		33. BLUNS PROVIDE	IN NO 1 PH	or ()	
			NUCL N				a NPI				-

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

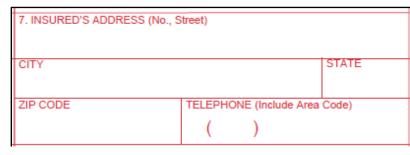
6. PATIENT RELATIONSHIP TO INSURED						
Self	Spouse	Child	Other			

Item No.	Claim Description	Loop	Field	Data Element Description	Requirements
6*	Patients relationship to insured if (Complete this Item only when Items 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	



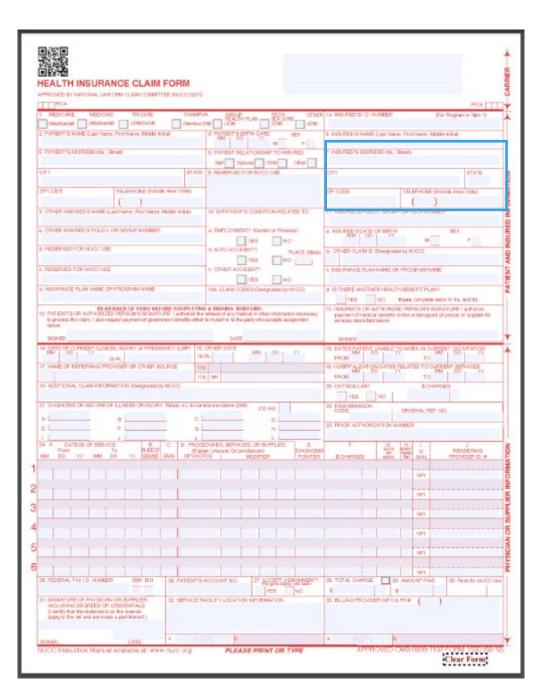


- Insured's address and telephone number when Medicare is secondary payer
- Line 7 completed when Items 4, 6 and 11 are completed
- Leave blank when Medicare is primary



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		N302	Other subscriber address line 2	payers are known to potentially be involved in paying this claim						
7*		23304	2330A	2330A	2330A	2330A	2330A	2330A	2330A	N401	Other subscriber city name
	claims)		N402	Other subscriber state code	would be blank and information reported in the 2010BA Loop						
	(institute)		N403	Other subscriber ZIP code	does not repeat in the 2330A Loop.						

NGSM



	SURANCE CLAI								
PROVED BY NAD	ONAL UNIFORM CLAIM COMM	ITTEE (HUCC) 08/	2					PICK [7]	-
MEDICARE	MERCAD TROAFE	CHONIN	- HEALTH	PLAN (520)	NG	14. INSURED/BILD. N	,MEEN	For Rogian in tan 1)	-
(Medicare#)	(Modeuse) (DADiDA	СМетри	104	(LOUR)	1(04)				
PALIENT S NAME	(Last Name, Prist Name, Webbe	(122)	S. PATIENTS B	M	BEX.	4. INSCRED'S RAME	(Lard Name, First Name, M	ade Elita)	
PATIENT'S ADDPI	(No , Groat)		O. PATIENT RE	LATIONEHIP TO IN	SLIPED	7. INSURED IS ADORE	(Mc., Sheet)		
TY .		IST AT	E S RESERVED	OR NUCC USE		aty.		STATE	_
PC00E	TELEPHONE (NA	udli Area (Codii)				3P 0006	TELEPHONE	Inducte Area Cotte:	
OTHER INSURED	S NAME (Last Name, Pint Nam	e More navi	10.18 PATIENT	S CONDITION HEL	ATED TO:	T1. INSURED'S POUR	TY GROUP OR FECA NUM	BER.	-
OTHER NSURED	S POLICY OF GROUP NUMBE		A EMPLOMB	IT? (Current or Prev VES		A NSUREDSDATE	DF BRITH	SEX P	
REBERNED FOR	NUCC UBE		E AUTO ACCE	di la	PLACE (State)	6 OTHER CLAIMED			
RESERVED FOR	155.100 F		c. OTHER ADD		•				
HESENED FUR	ADDC DBE		C OTHER ADD		0	C INSURANCE PLAN	NAME OF PROGRAM NA	*	
NSURANCE PLAY	I NAME OR PROGRAM NAME		18a CLAM CO	DES (Designated b)	(NUCC)		R HEALTH BENERIT PLAN	0	
	HEAD BACK OF FORM R	E ORE COMPLEX	NO & DECKRO THE	CODE:			NO Fyes, complete /THORIZED PERSON'S SI		_
PATENTS OF A to process his dat	ITHORIZED PEPISON'S SIGNA In. Lasorequest paymentol goa	TUPE 14 Manual	to variable of any mar	ical or other informa-	toe necessary		benefits to the undersigner		-
telow.									
BONED	NT ILLNEGS, INJURY, or PRE	STATES A DES 14	5 OTHER DATE			INCINED	инаге 10 моак и от		-
SAVE OF CUPPE	QUAL		QUAL	MM 00	37	FRON	TO		1
NAME OF REFER	IRING PROVIDER OR OTHER		74				DATES RELATED TO CL	PRENT SERVICES	
ADDITIONIAL CL	WINFORMATION (Designated		75 NF1			FROM 20. OUTSIDE LART	10 8 CH4	AGES	-
							NO		
	WTURE OF ILLNESS OR INJU	RY Relation ALL ID G	r kop i no bolo v Gill	R ICD INS.	L	22 REBURNISSION	CRIGINAL REP	NO.	
<u></u>				a.L		23 PRICE AUTHORS	WTON M.MEER		
				L					
A DATE(B From M DD YY	TO PLACE B. TO PLACE MM DO YY STRVE	F) (E)	CEDURES, GERVIC date Unusual Dircon CPCS	NOCIFIER	E DIAGNOBIS PONTER	S CHARGES	COLVE DATE D	PENDERING PROVIDER ID #	
1.1	In India Ind					I and I at	NPI 1		
1 1		1 1	1		1				
1					8 0		1491		-
							NP1		-
1.1	I I I I	T I	- the fi	Dist.	1		NP1		
					10 1				
]				NPI		
11	LILI	T I	1 1	1.1	1		NPI		
PEDERAL TAX I	NUMBER OFFICE	SS. PATIENT	8 ACCOUNT NO	P ASSETTA	Star Star Star	28. TOTAL CHAPTER	29. AMOUNT PAID	00. Revelitor NUCC	the
Science of the owner	PHYSICIAN OR BUPPLIER	20. H B 4 1	PADLEY LOCATIO	YES	NO	5 33. BLUNS PROVIDE	8		_
INCLUDING DEG dicarity that the s	ALEES OF CREDENTIALS tatements on the reverse rd are made a part thereof.)	Sar derrote					1	/	

- 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

9. OTH	IER INSURED'S NAME (Last Name, First Name, M	iddle Initial)
a. OTh	IER INSURED'S POLICY OR GROUP NUMBER	
b. RES	SERVED FOR NUCC USE	
c. RES	SERVED FOR NUCC USE	
d. INS	URANCE PLAN NAME OR PROGRAM NAME	

EALTH INCLIDANCE OF AIM FORM							
EALTH INSURANCE CLAIM FORM	wa						
MEDICATE MEDICAD TRICATE CHIN	MINA GROUP	TECA	0042.0	14 NR/REPBIO NO	NEED		PICA Do Pogram in Item 1)
	NEALTHY NOTON	LAN DECIDS	(NON)				a respecte term ()
PATENT'S NAME (Lat Name, First Name, Midde Mille)	3 PADENTS DE	ייין דעאַט אדו	587	4. INDUPEDISTURIES	Last Harm, Fit	ithare, Not	te trital)
PATIENT'S ADDRESS (kr., Great)	O PATIENT RD	TIONEHP TO INS	F	T. INDUFEDIG ADORE	00 Ods. Otrael		
	ther Spec		ONE				
ry st	ITE & RESERVED FO	OR INVOCUSE	-	OTY			STATE
PCODE TELEPHONE (Induite Area Code)				29 0006	176	EDist N.C. III	Churter Avera & Conteco
				ar toole	1	()	and was cost
OTHER INSURED'S NAME CLAITMANE, POSTNAME, MODE INBAD	10.18 PATENTS	CONDITION RELA	NTED TO	11. NAMED & POUR	OROUP OR	FECANUME	
	-	Sec. Const.					
OTHER INSURED'S POLICY OR GROUP NUMBER		VER WO		A NRUPED SDATE O	e entite		80
RESERVED FOR NUCCIDE	5 AUTO ACCER		PLACE (BMA)	5. CTHER CLANIC (Decignated by		12
	and the second s	YES NO					
RESERVED FOR WACCURE	C OTHER ACCE			E INDURINCE PLANE	VAME ON PRO	COR AM NAME	
INSUMINICE PLAN NAME OF PRODRIVIN NAME	- Internet	VEG 110 D5 (Designated by		4. IS THERE ANOTHER	D HEALTH OF	COLD AND	
				165			rat 9, 9 a, and 9d
READ BACK OF FORM BEFORE COUPLE PATIENT'S OF AUTHORIZED FERSIONS SIGNATURE Lashages	THE & STANFOR BUSH	FORM.	in mileney	13. INSPECTS OF AU	THORSED PE	PISCAIS SIS	
to process this claim. I also request psymetricit government savelts a below.	ther to myself or to the p	arly who accepts an	signment	services described to	alon.	- services (tellerate in reffigie in
BOHED	DATE			BRONED			
CATE OF CURRENT ALLARDE, INVITE, & PREGNANCY CARE	Q.WL	100 L	¥7	HE, DATES PATENT U PROM	NARLE JOW	TO	Pri geurange
NAME OF REFERENCE PROVIDER OF OTHER SOURCE	378			IS HOSPITAL CATION	CATES PELA	TED TO CUN	TENT SETVICES
CONTRACT OF STATISTICS CONTRACTOR	178 5491			FROM		TO)	
ADDITIONAL CLAM INFORMATION (Designated by NUCC)				20 OUT BOE LAST	NO	80449	
DIABACERS OF NATURE OF LINESS OF INDERY PARADIAL ID	carvoo ino taatiw gale	ICD red		22 RESUBARSION	_	OWN PEP. I	-
a	e i	0					
r		-		20. PRIOR AUTHORIZ	ATTON NUMBER	n	
A DATE(S) OF SERVICE B. C. D. PM	CORDANIES, BERMICES		1 6	E	9 1	I.I.I	1
From Ta PLACEOF 8	HOPCE 1	ACC(FER	PONTER I	B CHANGED	1265	0.VL	PENDERING PROVIDER ID #
1 1 1 1 1 1 1 1							
						101	
I I I I I I I I	11	I I				191	
						1.3.	
			_			NPT	
LINE DEDUCTION	1.1	TI			1	1471	
		Q					
						1471	
1.1.1.1.1.1.1	1.1	T T		1 1 1		NPT	
RECEIVE TAULD NUMBER OF EIN ON PATIEN	PR ACCOUNT NO	P. AGGETAN	PROPERTY I	29. TOTAL CHARGE	25 100	OUNT PAID	30 Revoltor NUCC
		vea	NO	5	3		-
SIGNAT UPE OF PHYSICIAL OF SUPPLIER INCLOSED DEGREES OF CREDITION 3 South the traditionet for the inverse apply the bit and are made a perf thereof)	E PAGLEY LOCATION	NPORMATION .		33 BLING PROVIDE	NINFOS PHA	(
	NOI N			a MCH	2		
DOC Instruction Manual available at www.nucc.org		E PRINT OR 1	_		WED OWB		

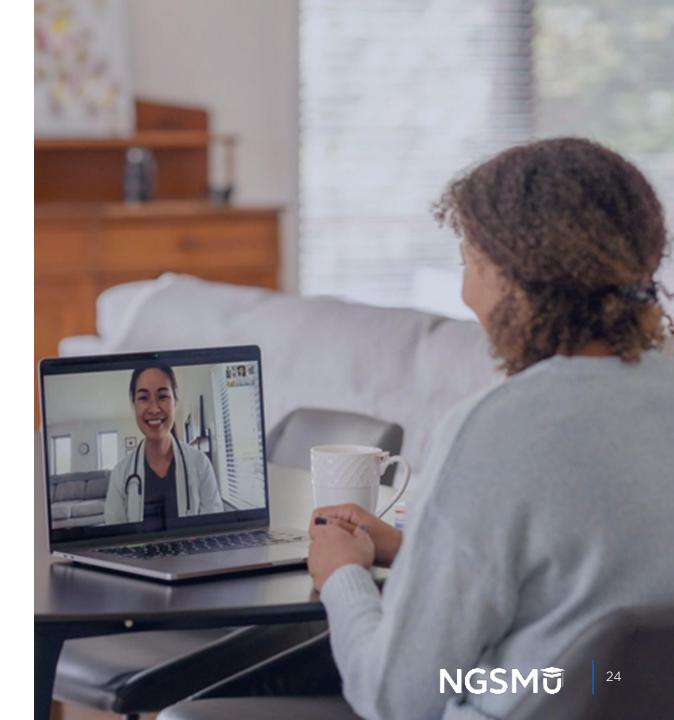


EMC Equivalent Lines 9, 9a-9d

- 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

ltem No.	Claim Description	Loop	Field	Data Element Description	Requirements
	Other insured's		NM103	Other insured last name	
9*	Name (Last, First,	2333A	NV104	Other insured first name	Name of insured for Medigap plan
	Middle Initial)		NM105	Other insured middle name	
		2330A	NW108	Identification Code Qualifier (MI Member Identification Number)	Medigap policy ID
	Other insured's policy		NM109	Other insured identifier	Nedigap
Sw*	or group number (Medigap only)	2320	58R01	Payer responsibility	P Primary S Secondary T Tertiary
			SBR03	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		N#01	Other payer sity name	Enter the city, state and ZIP code of the insurer. Required if any
96	school name (Medigop	23338	N402	Other payer state code	other payers are known to potentially be involved in paying this claim.
	Address)		N403	Other payer ZIP code	
96*	insurance plan name or program name	23305	NW108	Other payer identification Code Qualifier	Medigap plan only
			NM109	Payer last or organization name	
			NM103	Insured's group/policy no.]





EALTH INSURANCE CLAIM FORM PROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 0243	2		
TROA			Pick T
MEDICARE MEDICAD TRICARE CHAMP (Medicarde) (Medicarde) (JARDiche (Meridee	FEALTH PLAN IEKLUNG	ten 14. INSURED/01.D. NUMBER 0	(For Regian in Ban 1)
PATIENT'S NAME (Last Name, Rhit Name, Middle Hold)	S. PATIENT'S BRTH DATE BER	4. INSURED'S NAME (Last Name, First Name, N	kide Irita)
PATIENT'S ADDRESS (No., Shoat)	6. PATIENT RELATIONSHIP TO INSURED	7. INSURED IS ADDRESS (No., Sheet)	
	Set Spouse Child Cityle]	
TY STATE	E & RESERVED FOR NUCC USE	CITY	STATE
PODDE TELEPHONE (Indude Avea Code)		ZIP CODE TELEPHONE	(Inducts Area Colle)
() OTHER INSURED'S NAME (Ust Name, And Name, Middle Initial)	10.18 PATIENT'S CONDITION RELATED TO:	(11. INSURED'S POLICY GROUP OR FECA NUM)
Contract of the contract, residence and filler	A STRICE & CONDITION PELAIED TO.	The second structure of the second	
OTHER INSURED'S POLICY OR GROUP NUMBER	A. EMPLOYMENT? (Gurrent or Previous)	A INSURED SDATE OF BRITH	SEX P
REBETIVED FOR NUCC UBE	E AUTO ACCOBITY PLACE (B	-	ETANE E
RESERVED FOR NUCCUSE	TES HO		
nesemies/Publikuus vae	C OTHER ACCIDENT?	C INSURANCE PLAN NAME OF PROGRAM NA	
INSURANCE PLAN NAME OR PROGRAM NAME	100 CLAIM CODES (Designated by NUCC)	4. IS THERE ANOTHER HEALTH BENERIT PLA	
HEAD BACK OF FORM BEFORE COMPLETE	NG & SIGNING THIS FORM.	13 INSURED'S OR AUTHORIZED PERSONS S	tems 9, 9a, and 9d ISNATURE Lauthorize
PATENTS OF AUTHORIZED PERSONS BIOATUPE I subsidie to to process file claim. I also request payment of government tomatte effected in.	e resease of any metical or other information necessa or to myself or to the party who accepts assignment	V payment of medical benefits to the undersigne benefices described ballow.	d physician or supplier its
BONED	DATE	BONED	
DATE OF CURRENT LUNESS, INJURY, & PRESNANCY (LMP) 15	S OTHER DATE	16. DATES PATENT UNABLE TO WORK IN OU	REPUT OCCUPATION
QUAL	24	IS HOSPITAL CATION DATES RELATED TOO	URRENT SERVICES
	71. NFI	FROM TO	
ADDITIONAL CLAM INFORMATION (Designated by NUCC)		20. OUTRIDE LABY \$CH	ARGER
DIAGNOBIS OR NATURE OF LINESS OR NULPY Relational to co	r ico ine heb v Gil B ICO ind.	22 REBUEMAGION CRIGINAL RE	E NO.
e e	D.	23 PRICE AUTHORIZATION MAKER	
	H		
From To PLACOF (E.s.	CEDURES, GERWICES, OR SUPPLIES E date Units of Circumstances) DIAGNI		PENDERING
M DO YY MM DO YY SHMAD BWG OPTING	PCS NODIFIER POINT	EN BICHWIGES INTS THE QUIL	PROVIDER D #
		NP	PENDERING PROVIDEN ID #
		1	
		1 1 1 1 1	
		A NPI	
		1 1 1 1 1	
	I I I I I		
PEDERVALTAX ID. MUNICEPT	ACCOUNT NO 27 ACCEST ASPONDEN	17 25 TOTAL OHWIGE 29 AMOUNT PAG	00. Pevel Ry NUCC Use
	YES NO	6 8	
Social UPIC OF PHYSICAL OF BUTFLER INCLUEND DENEES OF CHEDRET RULE (cartly the the statements on the reverse applyto this till and are made a part thereo()	FAOLITY LOCATION INFORMATION	33. BLUNS PROVIDEN INFOL PHY)

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

10. IS PATIENT'S CONDIT	ION RELATED TO:
a. EMPLOYMENT? (Curren	t or Previous)
YES	NO
b. AUTO ACCIDENT?	PLACE (State)
YES	NO
c. OTHER ACCIDENT?	
YES	NO

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?		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 file-based crossover process
- Medicaid number preceded by MCD, when eligibility files are not updated with State Medicaid crossovers

NGSM

Not mapped electronically

10d. CLAIM CODES (Designated by NUCC)

EALTH INSURAN	NCE CLAIM F	ORM							
THOSED BY NATIONAL UNIPO	FIN CLAMICOMMITTE	E MUCCH (2/12							BOATTT
MEDICATE MEDICAD		CHMP	a gpou	See 1	CON CONS	ER IN NOUPED BLD	NATER	(Fis	Program in Ham 1)
Caleshianet (Mindvande) PATIENT'S NAME Guet Name		interneuro	in the second se	PA IN	046 (KOM)	4. INSURED STUR			-
			3 PADENTS	Contraction of the		A REAL PROPERTY OF			
PATIENT'S ADDRESS (W), G	ost)					T. INSURED/S ADD	REGS (No., Dre	е.	
f Y		STATE	- Andrew -	FOR NUCC US	tion in the second	OTY			STATE
PCODE	TRUPHONE (HOUR A	New CONNI				28 0006		R.EPHONE (IN	Long Barry Conder
	()	and cooking				ar love		()	
OTHER INSURED S NAME C.	officiere, Postmene, Mo	alle N Bab	10.18 PA 164	re conomor	RELATED TO	IT, MOUPED B PO	UCT OROUP OF	PECANUMEE	A
OTHER INSURED IS POLICY O	IN GROUP IN MILES		a EMPLOIN	Diff? (Current or	Prendous)	NR. PEPSDAT	E CP BRITH		583
PESENVED FOR NUCC USE			D AUTO ACC	VES	HO			M	10
- sector and the sector			a marchide	TES [NO NO	to OTHER CLAM	D (Designated b)	4000	
RESERVED FOR NUCCUSE			C OTHER AC		Tue	L NOURWICE PL	INVESTIGATION PROVIDENT	COR AM NAME	
INSURANCE PLAN NAME OF	PROOPAN NAME		194 CLAM	VER CODES (Designal	NO HE DY NUCCO	4. IS THERE ANOT		DIGRT PLANT	
						165			te 9, 9a, and 9d
PATIENT® OF AUTHORIZED to process this claim. I also real	FERSIONS SONTUPS	6 Lautholde he of lautholde he	b & Starvinets 10 refresses of any m to myself or to the start of the start of t	estical or other in the party who acce	ternalico receisary	13. INSURED'S CH payment of med services described	ICA Izelefts to th	ensons say	VTUPE I arthorophysical and register for
below.									
BOHED	LINUNT OF PREGNAN	CTAMP 10	CTHER DATE			16. DATES PATES	T UNKELE TO I	VOTIK IN CUT	NT OCCUPATION
0			m.] . [100 D	D YF	FRON	S	TO	
F NAME OF REFERENCE PROF	ADEN ON CTHEN SOUR	T21				FROM FROM	BU CATES TO	TO TO CUM	ENT BETWEED
ADDITIONAL CLAM INFORM	KTION (Designated by N					20. OUT BOE LAB		8.04490	£3
DIABACEIS OF NATURE OF	LINESS CRIMINEY R	Math ALL to car	Acte line better o	HE CON	1	22 RESUBURSIO	ND		
	0	el		_ 0	10.	1		HONAL PEP. N	
	F	01				20 PRHOR AUTHO	H2ATION NUM	En	
A DATE IS OF SERVICE	R ATOF	10.000	an United Or:	CES ON SUPP	E DIAGNOS	F.	D NAR	L L	nenbenna
AN DO YY MAN D	D YY SEWCE D	via artika	-CB	NCOPER	POINTE		unto 14	F QUAL	recyclen ic +
							1 1	1471	
In India	TTT	1		1 1		1 1	TT	1971	
		1				-	8 - K.S.	1000	
1 1 1 1		-						.1971	
								1471	
		1				1	TT	1011	
		-							
		SE PATIENTS	ACCOUNT NO.	27. 1000	ET. ABRICHMENT	29. TOTAL CHARG	E 29 M	NP1 KOUNT PWD	30 Revoltor NUCC Use
	ODN DIN			ves		5	3		
E RECENT TALLER I SOURCE DE PERSON I SOURCE DE PERSON INCLUDING DE PERSON SOURCE DE LETERMENT SOURCE DE LE	OR BUPPLIER REDENTIALS	IC. SEMANCE P	KOLTY LOCAT	ON NY CRIMET	ON .	35 BLUNG PROV	Den her Us m	* ()	

	SURANCE CLAI									
TIPICA.	Cred one one cost cost	at the pro-	All Merrie							
MEDICARE	MEDICAD TRICAPE			HERE HIPLAN			14. INSURED BILD. N	A,MEER	For Rogian in	(san 1)
PATENT'S NAME	Cust Name, Rist Name, Most	-		ENTIS BRTH	plow)	SEK.	4. INSURED'S NAME	(LattName, First Nat	re, Made Initia)	
PATIENT'S ADDP	and the strength			1000	M	P	7. INSURED'S ADOR	THE OF THESE		
PARTIES ENDER			Set	ENT RELATIO	ONE	one	- macrus a reson	tion (str.) added		
ΓÝ.			STATE 0. HES	ERVED FOR H	UCC UBE		CITY		8	TATE
PC008	TELEPHONE ON	dude Aves Co	3280)				ZP-CODE .	TBLEPH	Chill (Inducts Area Co	
	()							()	
OTHER INSURED	FS NAME (Last Name, Find Nar	se, Malle ni	88) 10.18 P	ATIENT'S CO	NOTION PE	ATED TO:	11. INSURED'S POU	CY BROUP OR FECA	NAMER	
OTHER INSURED	TS POLICY OF GROUP NUMB	en	A. 614	COMMENT? (C	larrent or Pher	(aut)	A INSURED SDATE	OF BRITH	SEX	
RESERVED FOR	NUCC VIE		D AUT	ACCOUNT		Second Second		Designated by NUCC		1
				Ves		PLACE (State)	o orencembro	Testane di sette		
RESERVED FOR	NUCCUBE		c. OTH	ER ACCIDENT		0	C INSURANCE PLAN	INAME OF PROGRA	N NAME	
INSURANCE PLA	N NAME OR PROGRAM NAME		18a Ci	AM CODES (heard		4. IS THEFE ANOTH	ER HEALTH BENEFIT	PLANO	
							YEB		plete tierro 9, 9x, and	
PATENTS OF /	HEAD BACK OF FORM I IUTHORIZED PEPISON'S SIGN In 1 discrequest payment of go	ATURE 14.0	Natio Bergiote d	any marked or	other informa-	toe nacessary segment	payment of medic pervices described	UTHORIZED PERISO al benefits to the under Litelow.	vigned physician or a	Appler for
LEROW.										_
DATE OF CURP.	ENT ILLNEISE INJURIX, & PRE	GNANCY AL	15. OTHER O	DATE			16. DATES PATIENT	учивые до мояк и	N CUREENT COCUP	(TON
	QUAL		QUAL		0 00	37	FRON		TO	
NAME OF REFE	RRNS PROVIDER OR OTHER	BOURCE	17a MPI				FROM	N DATES RELATED	TO CLARENT SERVI	088 11
ADDITIONAL CL	AM INFORMATION (Designate	4.0y W.CO	Lord Sol				20. OUTSIDE LART		E CHARGES	_
DIAGNOBIS OR	NATURE OF LUNESS OR INJ	Fry Relato /	LL to car size line to	Now C4E	ICD Ind.	1	22 PEB/EMISSION			_
L			e		D.L	1		and the second	L REF NO.	
<u> </u>	F		a L	_	-		23 PRICE AUTHOR	ZATION MUMBER		
A DATE(R	OF SERVICE B.	C 1	PROCEDURES	GERVICES, O	ROUPPLIES	EDIAGHOBIS	E		J	-
M DO YY	MM DO YY SIRM		Contraction Church	NCC	FER	PONTER	8 CHWRIGES	01 10 100 0 101 101 100 0 101 101 100 0	AL PROVIDE	50.4
I I	I I I I	1.1		1			1	1		RHQ F D #
1	1 1 1 1					1				
	1 1 1 1					8		10	2	
								14	1	
I I	I I I I	T			1 1	1	1			
		100			1	19 3				
								1P	1	
		1.1						N	1	
PEDERAL TAX	D MUMBER DEV EN	35.74	TIENT'S ACCOUN	T NO Z	ASSISTA	Regivern No	28. TOTAL CHARGE	SS AMOUNT	PAID 30. Revit	for NUCC Use
INCLUDING DE- dicarity that the	PHYSICIAL OR SUPPLIER SHEES ON CREDENTIALS statements on the lover so and are made a part frend(.)	32.58	PWICE PAOL FY L	OCATION INF			33. BLUNS PROVID)	
		*	101051	1			e NPI			

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
 - \checkmark 11a-insured eight-digit DOB and sex code
 - ✓ 11b-leave blank
 - ✓ 11c-MSP plan name
 - ✓ 11d-Not required

11. INSURED'S POLICY GROUP OR	FECA NUMBER	
a. INSURED'S DATE OF BIRTH	(SEX
MM DD YY		
	М	F
b. OTHER CLAIM ID (Designated by N	ILICC)	
c. INSURANCE PLAN NAME OR PRO	GRAM NAME	
C. MOODINGLY PAYHOME ON THE		
d. IS THERE ANOTHER HEALTH BE	NEELT DLAN2	
G. 13 THERE ANOTHER HEALTH BEI	NETT FLANS	
YES NO If yes,	complete items 9,	9a and 9d.

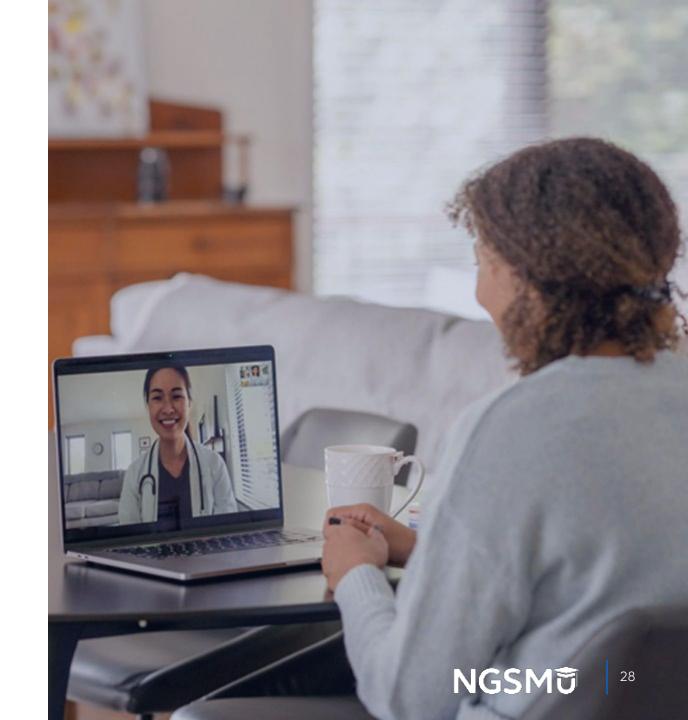




EMC Equivalent Lines 11, 11a-11c

- <u>Medicare Part B CMS-1500 Crosswalk for 5010 Electronic</u> <u>Claims</u>
- <u>Electronic Data Interchange: Medicare Secondary Payer ANSI</u> <u>Specifications for 837P</u>
 - Indication of MSP
 - Insurance type code
 - Coordination of Benefits Payer Paid Amount Claim Level
 - Coordination of Benefits Allowed Amount Claim Level
 - Claim Contract Information Claim Level
 - Claim Adjudication Date Claim Level
 - Line Adjudication Information
 - Line Adjustments
 - Line Adjudication Date





EALTH INSURANCE CLAIM FORM					
PROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC					
MEDICARE MEDICARD TRICARE C	HAMPVA OPCUP	10.04	OTHER 14 INSURED BILD.		Pick
	HOMPVA GEOUP HEALTH P	LAN BOUNG	100	retreption a	or Rogian in Ban 1)
PATENT'S NAME (Last Name, Brit Name, Mode Initia)	3. PATIENT'S BP	TH DATE SEA	and a second	E (Lard Name, First Name, Mid	de killa)
PATIENT'S ADDRESS (No., Shoet)	O. PATIENT RELA	M Transmiller to insure	7. INSURED'S ADDI	REGE (No., Street)	
	Set Spou	hand in head	hand .		
TY.	STATE O RESERVED FO	R NUCC UBE	CITY		STATE
PCCOE TELEPHONE (Inducts Avea Coo	0		2#-000E	TELEPHONE (N	ducte Area Code;
CTHER INSURED'S NAME (Last Name, Rint Name, Middle Intil	A IN IS PATIENTS	CONDITION FIELATED	11 119 960 9 90	JCY GROUP OF FECA NUMB	
	in the second				
OTHER INSURED'S POLICY OR GROUP NUMBER		P (Current or Previous) YES WO	. NSUMEDSDAT	OF BRITH	BEX P
REBERVED FOR NUCC USE	E AUTO ACCES	and a second	COLUMN D. OTHER CLAIM D	D (Designated by NUCC)	
	heard beauty	res no			
RESERVED FOR NUCCUSE	c. OTHER ADDRO	ENT? YES NO	C INSURANCE PLA	N NAME OF PROGRAM NAM	
INSUFANCE PLAN NAME OF PROGRAM NAME	The second se	B (Designated by NUC)		ER HEALTH BENERIT PLANS	
HEAD BACK OF FORM BEFORE COM	UTING & SEAMING DODA	ORN.	YEB	NO Fyes, complete to AUTHORIZED PERSON'S SIG	
HEAD BACK OF FORM BEFORE COM PATIENTS OF AUTHORIZED PERSON'S SONATUPE 1 authority to process this dam. Lasorreguest payment of government lonal	ritie the release of any metro is either to myself or to the pa	al or other information re- n'y who accepts assignm	and payment of medi bendates describe	cal benefits to the undersigned	physician or supplier its
LEON.			and the second second		
L DATE OF CURRENT LUNESS, INJURY, & PRESNANCY LM	5 15. CTHER DATE	MM 1 00 1 YY	16. DATES PATEN	Chiniare To work in crief	INT COCUPATION
QUAL QUAL	QUE		FROM	10	
	174 178 MP1		FROM	DN DATES RELATED TO CLA	W OF W
ADDITIONAL CLAMINFORMATION (Designated by MUCO)			20. OUTSIDE LAST	E CHAR	KES .
DIAGNOBIE OR NATURE OF LUNESS OR INJURY Parate A	to carried line below Citit)	ICD ma	22 PERJEMAGION	140	
B	e	a		and a state of the	NC.
· · · ·	a	-	23 PRION AUTHOR	12ATION MUMBER	
A DATE (B) OF SERVICE B. C. D. From To RACEOF M DO YY MM DO YY SIRVEE ENG C	PROCEDURES, GERVICES (Explan Unuse Dromat PT/HCPCS N	ances) D1	E F.	G H I. OHIG PROT D BR RAD QUAL	A PRENDERING PROVIDER ID #
			1	NPI I	
		1 1 1			
				141	
			1	NPI	
	Total	E I I	1 1	I I NO	
			-	NPI	
		111		NPI	
S. PEDEMALITAX ICI MUNICERI ODIV EN	ENT'S ACCOUNT NO	PT ASSET AREAS		B 29. AMOUNT PAID	30. Pevelity NUCC Use
Schwichulle Of Philipscan Of SUPPLIER Schwichule Of Philipscan Of SUPPLIER Schwichule Of Supplier Suppliers Schwichule Of Sup	VICE FACILITY LOCATION		33. BLUNS PROVI)
	NUCH NO		e nie		

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

 READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

 12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE
 I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

 SIGNED
 DATE





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

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

SIGNED

ltem No.	Claim Description	Loop	Field	Data Element Description	Requirements
	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

NGSM

EALTH INSURANCE CLAIM FORM	E.					
PROVED BY NATIONAL UNPOPINICLAM COMMITTEE (NACC	02/12					
MEDICATE MEDICAD TRICATE O	INNER GROUP	FECA	CENER	14. NBURED'BILD, N	Attn	For Program is (ten 1)
andane 🗌 Mataza 🔛 (DADaDe 🔄 N	wearow one of the sector	in the second se	(NON)			
PATENT'S NAME (Last Name, First Name, Midde Initial	3 PADENT 8 B	MIN DATE	200X	4 INSPEDSIONE	Gast Hare, Finithare,	No.35e triff at)
PATIENT'D ADDRESS (Hz., Street)	O. PATIENT REA	AT IONE HIP TO INS		T. INSURED'S ADDRE	DGG (No., Direct)	
TY	Ser Spi	Chill Chill	Ote	OTY		STATE
PCODE TRUSPHONE OND AND AND COD	0			2P-000E	TELEPHONE	Declaring Armin Codeo
CTHER INSURED'S NAME California, Protinane, Made Nilo	0 10.18 PATENT	S CONDITION RELA	TED TO	11, NANARED B POUR	T GROUP OR FECANU	Veen
		Sector of the				
OTHER INSURED IS POLICY OR GROUP HUMBER		TP (Current or Previ		NRUPER'SDATE	ON ENGLY	
RESERVED FOR NUCCIDE	IS AUTO ACCES	8177	ALACE (BALA)	5. CTHER CLAM D	Designated by NUCC)	
RESERVED FOR WARDING	C OTHER ACCO			A DECEMPTER OF ALL	NAME OF PROOF MAN	10.00
		100				1995
INSURANCE PLAN NAME OF PRODRAM NAME	TOLE OLANN COL	CS (Designated by	NUCC)		N HEALTH BENEAT PL	enor e dense 9, 9a, and 9d
READ BACK OF FORU BEFORE COOP PATIENT'S OR AUTHORIZED FERSION'S SIGNATURE LIAMS	ETNO & SEMING THE	FORM.		D. DESCRIPTION OF M	I HORSEN PERSONS	STORATION CONTRACT
to procee the claim. I also request psymetricitigo environte it active to proceed the claim. I also request psymetricitigo environt tonell below.	a either to myself or to the	party who accepts as	signment	payment of medical services described	benefits to the undersign balant.	ed through a orbiter to
INCHED	DATE			BRONED.		
DATE OF CURRENT ILLNESS, INVUSIT, & PREDMANCY C.M.	S IS OTHER OWTE	MM D0	Y7	16. DATES CATENT	WHELE TO WORK IN O	WERT SECURATION
NAME OF REFERING PROVIDER OF OTHER SOURCE	178	11		FROM	TO YOUNTED TO	
	178 601			FROM	TO	
ACCITICNAL CLAM INFORMATION (Designaled by NUCC)				20. OUTSIDE LART		-Anders
DIABACKIS OF NATURE OF LLAESS OF INJURY RANK AL	to service the testw gray	B ICD md		22 RESUBARSION	CRIGHAL 7	9.140
u	e	•		21 FEIOR AUTHORI		
T	5					
From Ta RACOF	Photecuries, administration (Explain Unavel Orcan	(darcen)	DIADHODIS	Е.	G H L SLAVE BROT D	пенселина
M DO YY MM DO YY (SEMDE GWO) O	PTHÉRES	NCCHER	-GIATH	# CHANGES	UNTO AN OLVL	PRIOVIDENIO #
					101	
I I I I I I I I I	1.1	T D			1	
		1				
		- L.			. NPT	
					NPI NPI	
TITITI		I I			1	
RECENT AND MAREER OF EN OF PATH	ENTR ACCOUNT NO	TT ACCEPT AS	CONTRACT!	29. TOTAL CHARGE	29 AMOUNT PA	D 20 Revolto NUCCO
and the second second second second		Vea	NO	5	8	
INCLUDING DEGREES OF CREDENTIALS	NOE PAOLITY LOCATIO	NUMBER		30 BILLING PROVIDE	minrosme ()
() carify this the clateman to on the reverse apply to this full and are made a pert thereof)						
ONED DATE *	MIN B.	E PRINT OR T	_	 NEL 	a OVED CMB-0836	



EALTH INSURANCE CLAIM FORM			
PROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) O	9A2		
PICA.			PICK T
	MENA BERLEHIRLAN EXCUSS OTHER	14. INSURED DILD. NUMBER For P	togran in tan 1)
PATENT'S NAME (Last Name, Rist Name, Mode Initia)	S. PATIENT'S BATH DATE SEX	4. INSURED'S NAME (Last Name, First Name, Midde II	(Ba)
PATIENT'S ADDRESS (No., Sheet)	M	7. INSURED'S ADDRESS (No., Sheet)	
	S. PATIENT RELATIONSHIP TO INSURED	 Macreto a recontant (ne., savel) 	
ry at	ATE & RESERVED FOR NUCCUSE	OITY	STATE
PCODE TELEPHONE (Indude Avea Code)		ZP CODE TBLEPHONE Indus	Is Ave a Code)
CTHER INSURED'S NAME (Jast Name, Fint Name, Middle Initial)	10.18 PATIENT'S CONDITION RELATED TO:	11. INSURED'S POUCY GROUP OR FECA NUMBER	
OTHER INSURED'S POLICY OR GROUP NUMBER	A EMPLOTMENT? (Current or Previous)	A INSUREDS DATE OF BRITH	BEATE BEATE BEATER BEAT
RESERVED FOR NUCC USE	E AUTO ACCOBITY PLACE (Bute)		
	YES HO		
RESERVED FOR NUCCUSE	C. OTHER ACCIDENT?	© INSURANCE PLAN NAME OF PROGRAM NAME	
INSURANCE PLAN NAME OR PROGRAM NAME	100 CLAM CODES (Designated by NUCC)	4. IS THERE ANOTHER HEALTH BENERIT PLANT	
		VEB 10 If yes, complete items	9, 9a, and Rd
READ BACK OF FORM BEFORE COMPLI- PATENTS OF AUTHORIZED PERSON'S SIGNATURE 15/09/0	the valuation of any mattery or other information necessary	13 INSURED'S OR AUTHORIZED PERSON'S SIGNAT payment of medical benefits to the undersigned physic	
to process his claim. I also request as ynentot government tonellise tokon.	after to myself or to the party who accepts assignment	services described tails #	
BONT	DATE	BONED	
DATE OF CURRENT LUNESE INJURY, & PREGNANCY LIMPS	G. CTHER DATE MM DO YY	16. DATES PATENT UNABLE TO WORK IN CUREON	T OCCUPATION
QUAL OF REFERRING PROVIDER OF OTHER BOURCE	72	FRON TO 18 HOBPITAL CATION DATES RELATED TO CLARED MM DD	AT SERVICES
	176 NPI	FROM DD TY TO	00 77
ADDITIONAL CLAMINFORMATION (Designated by MUCO)		20. OUTSIDE LARY & CHARGES	
DIAGNORIS OR NATURE OF LINESS OR NULRY Paulo AL 1	tor was incheater G4P ICD ind.	22 REBUEMERION CODE CREGINAL REF. NO.	
	e e	CODE CRIGINAL REF. NO.	
F	а Ц	23 PRICE AUTHORIZATION NUMBER	
LA DATE(B) OF SERVICE B. C. D.P.	K L L E	E 0 H L	
From To PLACOF	Eighte Ukose Dicamitances) DIAGNOBI HOPOS NODIFIER POINTER	S CHARGES INTS AN QUAL	PROVIDER ID #
		NP1	PROMOER ID #
		NP1	
		NP1	
	TILI	1 No. 1	
		NPI	
		NPI	
PEDEMALITAX ICI MUNICIPI DON EIN SI PATION	TS ACCOUNT NO 27 ACCEPT ASSAULT		30. Pave for NUCC Use
SOMATURE OF PHYSICIAN OR SUPPLIER 22. SERVIC	125 NO	5 5 33. BLLNS PROVIDER INFOLMENT ()	
INCLUDING DE GREES OF CHEDENTIALS (cartly that the clasments on the lever so apply to the tall and are made a part thereof.)		()	
	NISC		

MM 1

DD

 Six-digit or eight-digit date of current illness, injury, or pregnancy (LMP)

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP)

Do not enter qualifier (QUAL) in item 14

YY

Item No.	Claim Description	Loop	Field	Data Element Description	Requirements
		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	Date if current illness,	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





- Not required
- Not mapped electronically

15. OTHER DATE	
QUAL	MM DD TT

EALTH INSURANCE CLAIM FORM			
THONED BY NATIONAL UN FORM CLAMICOMMITTEE INUCCION	2		
T PICA			PICA
MEDICARE MEDICAED TRICARE CHAM			Nogram in (ten 1)
PATIENT'S NAME (Last Name, Post Name, Mode Initial	S PATIENT'S BITH CATE SEX	4. INSURED'S NAME Cast Name, Post Name, Middle N	nital)
PATIENT'S ADDRESS (Hz , Breat)	6. PATIENT RELATIONSHIP TO INSURED	7, INSURED'S ADDRESS (No., Breet)	
ni - Luca	Set Sparse CNII Offer		1
EY STAD	 R HEREPVED FOR MUCC USE 	aty	STATE
PCODE TELEPHONE (hiduale Avea Code)		2P DODE TELEPHONE INDU	R Area Codeo
()		()	
OTHER INSURED'S NAME California, Rischarte, Mote India	10.18 PATIENT'S CONDITION RELATED TO	11. INSURED S POLICE GROUP OR FECA NUMBER	
OTHER INSURED S FOLICY OR GROUP HUMBER	a EMPLOYMENTY (Current or Previous)	A MISURED SDATE OF BRITH	583
	VES HO	MM SO W	10
RESERVED FOR MUCCURE	S AUTO ACCORNITY PLACE (SM)	b. CTHER CLAIM (D (Designated by HUDC)	
RESERVED FOR NUCC USE		1 INSURANCE PLANINAME OF PROOF AMANAME	
	011 10		
INSURANCE PLAN NAME OF PROSPAN NAME	101 OLAM CODES (Designated by NUCC)	4. IS THERE ANOTHER HEALTH BENEFIT PLANT	
		189 NO Ryes, complete term	
READ BACK OF FORM BEFORE COURT ET PATIENT & OR AUTHORIZED PERSON'S SONATURE LAURGINE N	No. 6 36/1995 THIS FORM: a nervice of any medical or other information necessary	15. THEURED'S CHI AUT HORIZED PERSON'S SIGNAL payment of medical lanetts to the undersigned physical payment of medical lanetts to the undersigned physical physical sectors and the sectors and the sectors of the s	ILPE I arthoropy scran or nugginer for
to process this claim. I also request psyment of government constitution below.	e e nyelfa te he panyeko scapte ausgemait	services described takens.	
BONED	DATE	BISHED	
16M 00 Y GLAL	A CTHER DATE NON DO YY	на ратеа ратент ромене то мони на сиден нам то	22.0
NAME OF REFERRING PROVIDER OR OTHER SOURCE	78		IT BETWICES
ADDITIONAL CLAM INFORMATION (Designated by NUCC)		20. 0/75/0ELA87 B/OHAPGE	8
		TES NO	
DIABACERS OF ANTURE OF LLAESE OF MUTHY Parability of	Pace line topow (248 ICD ind	22 RESUBARSION CODE CRIGINAL REP. INC	
ee	• • •	20 FRIOR AUTHORIZATION MUMBER	
· · · · ·		-	
A DATEIS OF SERVICE B. C. D. MO From To RUCCE Es	EDVITES, SERVICES, ON SUFFLIES E San Unavel Orcanstances) DIAGNOS	P. Q. M. L.	nexpentio
N DO YY MM CO YY SENAS QUA OPTIC	den United Gramitecen PCB MCOPEN POINTER	HI SCHWINDED UNTO THE OLIVIL	moviten io #
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		1991	
TALL TRACT		1 1 1 1 1	
		1 3491	
1 1 1 1 1 1 1 1		1 1 1 1	
		141	
1 1 1 1 1 1 1 1	TILLI	I SHALL BE INT THE	
RECEPALITATED NUMBER OF EN SI PATIENTS	ACCOUNT NO. 27 ACCEPT ASPONIENT		30 Period for NUICE Use
	Vea NO	5 8	
Souther Line of Herseland OF BUFFLEH Includeed Distribution Control of Bufflehr (surthy has the distribution for warse applying the bit and we make a part Reset)	NAOLTY LOCATION INFORMATION	33. BILLING PROVIDEN INFOS PH# ()	
		a NPI a	
ONED DATE		APPROVED ONIS-0819-1197 F	A CONTRACTOR OF



i i i i i i i i i i i i i i i i i i i							
EALTH INSURANCE							
							NCK TTT
MEDICARE MEDICAD	INCARE DADIER	CHAMPUA DEC (Member Die COM		KLUNG CTHEF	14. INSURED BILD. N	(MEEN	For Rogram in Nam 1)
PATENT'S NAME (Last Name, Brit N	ane, Malle Milal)	3. PATIENT	S BRTH DATE	SEK.	4. INSUPECIS NAME	(Last Name, First Name, Ma	ade linta)
PATIENT'S ADDRESS (No., Shout)		0.PATIENT	RELATIONSHIP 1		7. INSURED'S ADOR	COD (No., Ohner)	
		Set	Spouse Chie				
त ү		STATE & RESERV	ED FOR NUCC US	E	CITY		STATE
P-000E 18LE	HONE (Indude Area C	0(20)			2P-CODE	TELEPHONE (Include Anex Code;
OTHER INSURED'S NAME CAST Name	e, Find Name, Midde In	88) 10.15 PATE	INTS CONDITION	RELATED TO.	11. INSURED'S POU	CY GROUP OF FECA NUM	DER.
OTHER INSURED'S POLICY OF GRO	AT TOURSE IT	a switch	MENT? (Current or YES	NO	A INSUREDISTATE	OF BRITH	BEX P
RESERVED FOR NUCC USE		E AURO AU		PLACE (State)	6 OTHER CLAIM D	Designated by NUCC	P
RESERVED FOR NUCCUSE		c. OTHER/	CODENT?	110	C INSURANCE PLAN	NAME OF PROGRAM NA	
INSURANCE PLAN NAME OR PROGR	LANA NA AME	100.00.000	CODES (Designal	NO NO	A IS THERE IN THE	R HEALTH BENERIT PLAN	A.
THEORY MALE FLOW WHEE CALFFLOOR		THE CLARK	CODED ID AN UNIT	and more a	YEB	NO Fyes, complete I	
2. PATENTS OF AUTHORIZED PEPIS	ON'S SIGNATURE 140	INPLETING & SIGNING that be release of any	method or other inf	amator recessary	payment of medica	THORIZED PERSON'S SI benefits to the undersigned	
to process this claim. I sist-request pay telow.	mentor galerment dar	ancere cinjaria c	the party who acce	te migninen	services described	C2013 H.	
ROMED			ATE		BONED		Part constant
GUAL OF YY		QUAL	MU D	0 77	FRON	ATTER TO MORE IN CAR	EB-IT OCCUPATION
7 NAME OF REFERRING PROVIDER 	OR OTHER BOURCE	174. 176. NP1			FROM D	TO	64 00 YY
S ADDITIONAL CLAMINFORMATION	Designated by MUCO	L. L. L.			20. OUTSIDE LAST	\$ CHA	AGES
DIAGNOBIS OR NATURE OF LLNE	IS OR INJURY Relate	ALL ID GIT HER HIS ING BRIDH	DIE ICO HA		22 PEBLEMASSION	NO CRIGINAL REP	
8L8L_		e [- 0	1	23 PRICE AUTHOR	and the second second	111 A
FL FL		a	H	L	23 11101 101 101		
A DATE(R OF SERVICE From To IN DO YY MM DO	RAEOF STRIME EMG	Contractioners and Contractioners and Contra	NOES, OR SUPPL Completions) NOOIFIER	DIAGNOBI POINTER	F. B. CHWHOES	CL BROT D CHIER BROT D CHIER BROT D CHIER BROT D CHIER BROT D	HENDERING PROMOERIO #
I I I I I			I I			NP1	
1 1 1 1 1			1 1			147	
						8P1	
	TII	T	TT		1	Nh I	
LITI	LII		I I		1 1	NPI	
			1				
S. PEDERAL TAX ID. MUMBER	00N EIN 26 P	TENT'S ACCOUNT N	TASCE	T.ASPONDATT	28. TOTAL CHARGE	29. AMOUNT PAID	00. Pevelty NUCC Use
. SONATURE OF PHYSICIAN OF BU		PIVICE PAOLETY LOCA	YES	Dets	5 33. BLUNS PROVID	8	
inclusion departments on chebbin discussion departments on the re- applyto this bit and are made a part t	TIALS	annue Paulus i Luco			as accessing moved	ninorus (
			1. C		e NPI		

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

16, DATES PATI	ENT UNABLE TO WORK IN CURRENT OCCUPATION
FROM	то

	Item No.	Claim Description	Loop	Field	Data Element Description	Requirements
	16 Dates patient unable to work in current occupation (from and to)	0000	DTP03 (360)	Initial disability period start	Enter the date(s) when patient is employed and unable to work	
		2300	DTP03 (361)	Initial disability period end	in current occupation. An entry here may indicate employment related insurance coverage.	





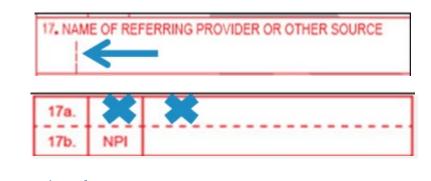
33

Line Items 17 and 17b

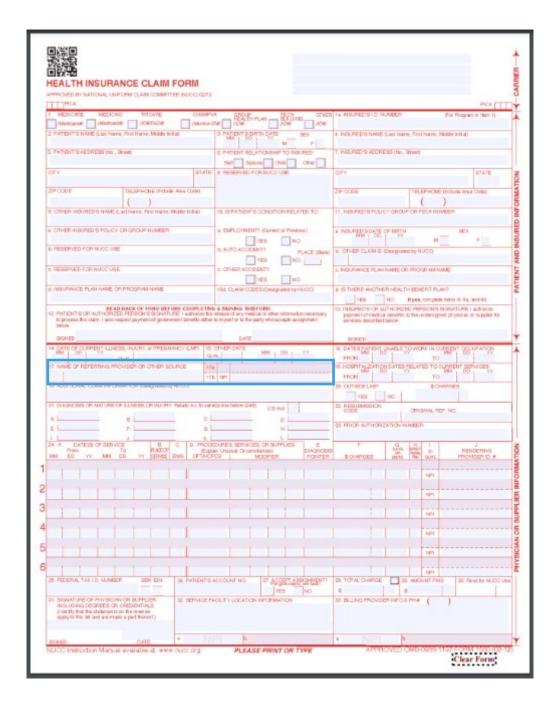
- Type of specialty legally eligible to order and refer Part B clinical laboratory and imaging services
- First and last name of referring or ordering physician as it appears in PECOS
 - Qualifier DN, DK or DQ to left of vertical line
 - Do not use Item 17a

overnment

 List NPI of referring, ordering or supervising physician or NPP in Item 17b

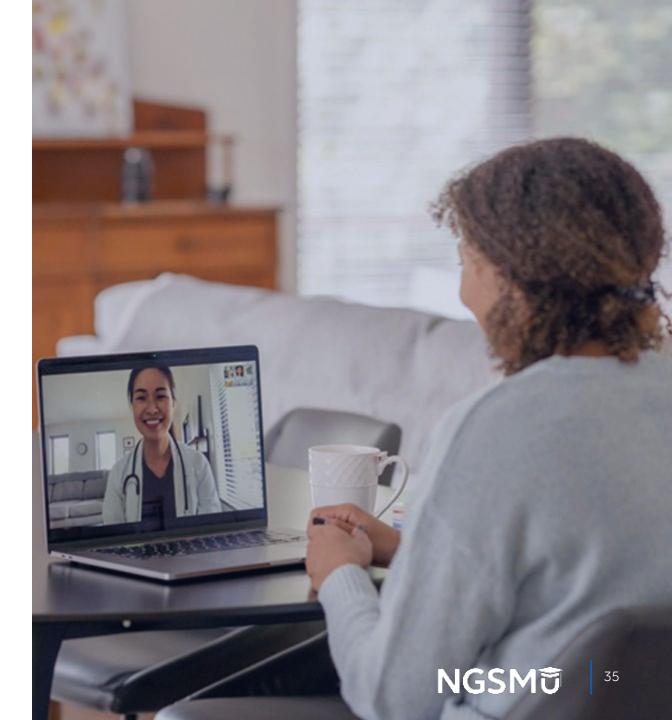


NGSM



EMC Equivalent Lines 17 and 17b

Item No.	Claim Description	Loop	Field	Data Element Description	Requirements
	8		2		
17			NM103 (DN)	Referring provider last name	
		2310A	NM104	Referring provider first name]
	Name of Referring		NM105	Referring provider middle name	Required if claim involved a referral or services were ordered.
	physician or other source		NM103 (DN)	Referring provider last name	When reporting the provider who ordered services such as diagnostic and lab utilized the Referring Provider Name (2310A)
		2420F**	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 th
			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		NM103 (DK)	Ordering provider last name	claim must be billed for each ordering/referring physician.
		ring 2420E	NM104	Ordering provider first name]
			NM105	Ordering provider middle name	1
17a	Other ID number of Referring physician				
17b	NPI	2310A	REF02 (1C)	Referring provider primary ID	
			REF02 (1C)		Enter "XX" in the NM108 to indicate an NPI is present in the
			REF02 (1C)	Ordering provider primary ID	NM109. Enter the NPI of the referring/ordering physician listed in Item 17





EALTH INSURANCE CLAIM FOR	M					
PROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NV) TTYPICA	C) 08/42					PICK FTTT
MEDICARE MEDICAD TRICARE	CHAMPYA GEOUP	AN _ ECA	OTHER 14	NSURED BILD. NU	NEEP	For Pogran in Ban 1
(Medicare) (Medicars) (DADid)	Member Dali (LDA)	terms to the second	1000	assis resident		
PATIENT'S NAME (Last Name, Prot Name, Mode Initial)	3. PATIBUTS DR	TH DATE SEA	# 1 A.1	INSURED'S NAME (I.	anthone, Fridhare, I	Adde killa)
ATTENT'S ADDRESS (No., Street)	O. PATIENT RELA	TORONA P TO NOUPE	7.1	INSURED IS ADDRES	ID (No., Sheet)	
Y	State 0. HESERVED FO	hand hand	e 🗌	14		STATE
	STATE IS RESERVED FO	n Noco odc	0			STATE
CODE TELEPHONE (Indude Area O	36300		28	P 0000E	TELEPHONE	(Triducte Area Coste)
THER INSURED'S NAME Custiliante, And Name, Middle In	IN IS PATIENTS	CONDITION FIELATED	10 11	INSTREES POLICY	GROUP OR FECA NU)
STHER INSURED'S POLICY OR GROUP NUMBER		(Current or Previous) VES NO	н.	NSUREDSDATE OF	P BRITH	SEX P
EBERVED FOR NUCC USE	IS AUTO ACCEDE		e (state) b	OTHER CLAMID (D		
	here and he	res 🔲 HO 🔄				
ESERVED FOR NUCCUSE	C. OTHER ADDRE	AES NO	e.	INSURANCE PLANIN	UME OF PROGRAM N	u.e
ISURANCE PLAN NAME OF PROGRAM NAME	Reported Sectors	S (Designated by NUC)	3 4	IS THERE ANOTHER	HEALTH BENERIT PLA	80
HEAD BACK OF FORM BEFORE CO		-			IO Fyee, complete THORIZED PERISONS S	
PATENTS OF AUTHORIZED PERSONS SIGNATURE 1 au to protect his dain. Lacroscient payment of government box	Norice Bie researce of any medici	al or other information ne	(BOORY		benefits to the undersign	ed physician or suggier to
telow.						
SONED	DATE		46	BONED		REAL CONFIGURATION
CAM DO YY COUNT	QUAL	MM 00 YY		FROM	NABLE JO WORK IN CU TO	Rebut Connertice
NAME OF REFERRING PROVIDER OR OTHER SOURCE	174 175 API		18	HOSPITAL ZATION MM 00	DATES RELATED TOO	UPRENT SERVICES
ADDITIONIAL CLAM/INFORMATION (Designated by INJCO)	1/18 1941		20	OUTSIDE LAST		ARGES
DIAGNORIS OR NATURE OF LLINERS OR INJURY Revise					ND	
	LE D'EN HOURS INC DOON SITES	ICD Ind.	22	CODE	CRIGINAL RE	F NO.
B	a L	HL	20	PRICE AUTHORIZA	O'ON M.MEER	
A DATE(B) OF SERVICE B. C. 1			-	E	0 1 1 1 1	
From To PLACEOF J DO YY MM DO YY STRACE BMG	(Explain Unusual Discorrel)	ances) D1	ONTER	8 CHWHOES	ATS THE QUIL	PENDERING PROVIDER D #
In the local sector is a local sector	and the last	I I I	1	L.I	NO.	
		100 YO 18-				
+ $+$ $+$ $+$ $+$ $+$ $+$ $+$ $+$ $+$				1	NPI	
			1	11	NPI	
description in the description in	and the set	Di trat	1	1.1		
				1	NP1	
	I 1			11	NPI	
I D D D D D D D D		1 1 1	1	1.1	NPI	
PEDERVIL TAX ID. MUNICIPI DON DIN 28. FV	TIENT'S ACCOUNT NO	P ASSET APP.S	MENTY 20	TOTAL CHARGE	29. AMOUNT PAR	0 00. Reversor NUCC Use
SONATURE OF PHYSICIAN OR SUPPLIER 22: 58	FWICE FADLEY LOCATION	169 140) 6	BLUNS PROVIDER	8	
source the content of control of sources and the control of a control of the cont	annue recesi ri cocericia	ine critike (Chi	33		inorma (1
	NUS D		6	NPI		

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

18. HOSPITALIZ	ATION DATES F	RELATED TO CUE	RENT SE	RVICES	
FROM		то			

Item No.	Claim Description	Loop	Field	Data Element Description	Requirements
	Hospitalization dates 18 related to current 2300 service (From and To)	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
 - \checkmark Shared post operative care
 - ✓ Demonstration/clinical trails
 - ✓ Anti-markup/purchased tests
 - ✓ Claim notes

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)





EALTH INSURANCE CLAIM FORM			
PERIONED BY NATIONAL UNPOPINICLAMICOMMITTEE (NUCCI) (2012) TITTINGA			BCA FT
MEDICAVIE MEDICAD TRIDATE CHAMPY	the state of the second	IN NEWTODISIO NUMBER (For F	Nogram in Item 1)
Standeswarth 🔄 (Medicalisti) 🔛 (SDADISDa)			
2 PATIENTIO NAME (Last Name, Prot Name, Middle Initial)	a PADENT S BRITH CATE SEX	4. INSUPEDIS NAME (Last None, Finit None, Mode I	JATAK)
PATIENT'S ADDRESS (Hz , Greet)	6. PATIENT RELATIONSHIP TO INSURED	7. INSURED'S ADDRESS (No., Street)	
nais - Lan and	Ser Sparse ONE One		
STATE STATE	8 RENERVED FOR MUCC USE	OTY	STATE
TRUSPHONE (Industry Area Code)		2P CODE TELEPHONE (Include	a Area Codeo
()		()	
E OTHER INSURED'S NAME Customere, Ristmane, Mode Inflat	10.18 PATIENTS CONDITION RELATED TO	11. NUMBER'S POLICY SHOUP ON FECK NUMBER	
OTHER INSURED S POLICY OR SHOUP INVIDER	a EMPLOYMENTY (Current or Previous)	* NRURECEDATE OF BRITH	583
PERENVED FOR NUCC VIE	YEB NO	н	10
e reperindo nom mode side	TES NO I	5. OTHER CLAIM ID (Designated by NUCC)	
FREEPINED FOR NUCC USE	C OTHER ACCOUNTY	E. NOUTWICE PLAN INVITE OF PROGRAM NAME	
	NO NO	performance in the second second second	
8. INSURVICE PLAN KINE OF PRODUMI NAME	103. OLAM CODES (Designated by NUCC)	4. IS THERE ANOTHER HEALTH BENERIT PLANT TES NO Pyee, complete term	i in males
READ BACK OF FORU REFORE COUPLETING 2. PATENTS OF AUTHORIZED FERSIONS SCHARLINE LAMAGE IN	A SEARCH THEFT CHIL	13 INSURED'S OF AUTHORIZED PERSON'S SYSNAT	NPE I MIRINGS
 PATIENT'S OF AUTHORIZED PERSON'S SIGNATURE Literature to to process this claim. Literanguest psymetricit government tonells, after totom. 	remote of any medical or other internation receivery to myself or to the party who accepts acceptment	payment of medical benefits to the undersigned physi services described ballow.	scan an register for
DOHED	DATE	BONED	
	WI DO YE	HE DATES PATENT UNABLE TO WORK IN CURRENT	T OBCUPATION
7 NAME OF REFERING MOVIDER ON OTHER SOURCE 17		HE HOSPITALEATION CATES TO CATES TO CATES	T SETVICES
	140	FROM TO	
IS ADDITIONAL CLAM INFORMATION (Designated by NUCC)		20 OUTBOELART & CHARGE	
TO ABACRIS OF ANTIPE OF LINESS OF MUTHY Parability or an	ACD IND CODIN STATE	22 REBURNASION CRUSHAL REP. NO	
AL 0L 0L	0	21 PRIOR AUTHORIZATION NUMBER	
si al		20 PHILOR AUTHORIZATION NUMBER	
A DATE OF OF SERVICE B C D PROCE	CURES SERVICES OF SUPPLIES E	P. Q. M. L.	пенрелию
NAM DO VY MAN OD VY SERVES OVO OPTIC	en United Organisaces) DIAGNOS CG MCCPTCH POINTER		moviten io #
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		1941	
TTTTTTT	I I I I I	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		1 1 1	
	LILL	1 1 1 1 1	
25. RECEIVELTAS LO NUMBER OON DIN (24. PATIENTS)	ACCOUNT NO. OT ACCOUNT ADDIVISION	29. TOTAL CHARGE 29. ANACHIT PAUD	ab Revalty NUCC U
an resources for the resources and the series of the resources of the reso	ACCOUNT NO. ST ACCOUNT ASSISTANTING	5 8	an And the NUCC O
SI SINHATURE OF INVISIONI OF SUPPLIER INCLUSING DESPEES OF OREONTING Samity that intermention the owner apply to the sufficient of the owner apply to the sufficient of the owner	KOLTY LOCATION IN CHIMATON	за вшиоточает необтик ()	
		a MCH a	



EMC Equivalent Line 19

- Loops 2300/2400/2310D/2320/2420D
 - Segment/fields may differ
- For loops and fields, refer to guide for electronic claims crosswalk
 - <u>Medicare Part B CMS-1500 Crosswalk for</u>
 <u>5010 Electronic Claims</u>



- 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
1	Conside Edd Undiged	2420B	NM1	Purchase service provider	present. When submitting a PS1, you must also submit the facility info in 2310C or 2420C.

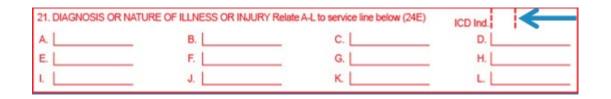
記述取										
EALTH INSURANCE	CLAIM FO	em.								
THONED BY NATIONAL UNPOPM										
PICA.										PICA
MEDICATE MEDICAD	TTI CARE (DADADA)	CHAMPLE MARRIELECOM	HEALTH PLAN	- Kills	In CONER	N 14. NOURED BILD. I	ALVAGE U		(For Program in	Harm 1)
PATENT'S NAME (Last Name, First			PATIENTS BIRTH C	in the second se	SEX.	4 INSUREDISTURNE	Court Name	Finithane, N	(the frital)	
				M	-	1.111.111.1111.1111.1111.1111.1111.1111.1111				
FATIENT'S ADDRESS (Hz., Great)			PATIENT RELATION		Other	T. INDUFFEDIG ADOR	E05 (No. 0	rest		
fy .			HEREPLAD FOR N	CNII AUCC USE	Cite	OTY			10	TATE
						Selona -				
PCODE TRU	EPHONE OND AND AND	coasi				2P 0006		TELEPHONE	(Policile Area Co	0.000
CTHER INSURED'S NAME C. MITH)		ISPATEV'S CON	Contraction in the local		II. NOVECTO POL	CI OBCHE	()	
CITER INSURED S HAVE CARTING	VE, PASI NAMES, PAGES	1880	ISPA SEM S UUM	Chickher	ABD TOT	11.0400HED-6 HOD	ICF GHOOF	ORFECTION	CC+	
OTHER INSURED IS POLICY OR GR	OUP NUMBER	4.1	EMPLOINER? (O		(aut)	A NR.PET SDATE	OF BRITH		583	
PERENTED FOR MUSIC VIE			185	-				н		12
HESENNES FOR NOCE SAL		0.	AUTO ACCEENTY	-	PLACE (Balk)	5. CTHER CLAM D	Designates	Ney HUCCI		
RESERVED FOR NUCCUSE		e /	OTHER ACCOUNTS			L NOURVICE PLAN	NINAME OF	PROGRAMINA	ME .	
			100			00/00/02/2015				
INSURVICE PLAN NAME OF PRO	JUNI NAME	100	4 CLAM CODES (D	Designated by	NUCC)	4.15 THERE ANOTH				
PATENTS OF AUTHORIZED PER	OF FORM REFORE C	CONTENDAS	STANS TOPPOP			165 TS. INSURED'S OF A			ters 9, 9a, and ISSATLEE Lad	
to process this claim. I also request p	SON'S SONTUPE 1 a symmetric government b	athorize the release another alther to me	se of any medical or yself or to the party of	other information of the second secon	in necessary signinized	payment of medic services describe	LA Dariefts 10	the undersigne	e prysone er n	gater for
talon										
DONED	UTIT OF PREGNANCE	LMPs Lis, cm-	DATE			DISKED	10.000 0.7		CONTRACT OFFICE	1000
DALE OF COMMENT ALLASSE, INC.	UNIT, OF PRESENTATION	Q.W.	en owe	N D0	4.4	HE. DATES PATENT	101 10	D WORK IN CU	WPH SScur	NI YOU
NUME OF REFERENCE PROVIDER	on other source	378	1			IS HOOPITALEATIN	CATES P	BLATED TO CA	COLOR BETH	COS.
ADDITIONAL CLAM INFORMATIO	Controlation NIC	178 94	PI			20 OUTBOELAST		-	NROES	
And the second second second	i programa aj tra					Tras	NO		-	
DIABACERS OF NATURE OF LUN	EBB CRUMURY Raise	ALL to carwoo in	no tente gale	ICD md		22 REMINANCE		CHIGHNA, PER	140	
a.		e 📖		0	3	20 PRIOR AUTHOR			- 11	
		0		-		State Printer Aprilian	IZATION NO	MER IN		
A DATE OF DETIVICE	R ALEOF	D. PROCEDUR	IDS, SERVICES, CP	SUPPLIES	E DIADNOON	E.	D. O	H L	nende	
N DO YY MAN CO	TA RENUE END	OPTHOPOS	Mooil Organistand	ren	POINTER		UNITS	THE OLVE	PROVIDE	10 F
1 1 1 1 1			LI	1 1				101		
					1			1941		
1 1 1 1 1	TT		TI	1 1		1 1	1	1471		
			-	-	-			141		
							1	1471		
				2 8		1 3	1			
					-	-	-	1471		
1 1 1 1 1	L		TI	I I	I	1 1	1	NPL		
S REGRALITAS LD NUMBER	ODN EIN (26.	PATIENT'S ACCO	DUNT NO. 27	P AGGET AR		29. TOTAL CHARGE	-	AMOUNT PAUD	30. Revis	to NUCC Use
ESIMATURE OF PHYSICIAN OF 8	1000 000 000	THE PACE	TY LOCATION INPO	VEB	NO	S BLING PROVID	8			
exclutions bearies on ones south the technical and an mate a per- appyto the bit and we made a per	INTOALS	Dinizione	T COURSE AND	There are		30 BLUFWEFFEFE)	
	A	N.C.	b.			a NO1	12			





EALTH INSURANCE CLAIM FORM						
SOURS EXTERNAL UNIFORM CLAIM COMMITTEE (NUCC) OF	N2					
MEDICARE MEDICAD TRICARE CHAR	MPVA GROUP FECA CTH	n 14. NSURED'BI (D. NUMBER) Bur Pogran in ta				
PATENT'S NAME (Last Name, Prist Name, Middle Hillid)	S. PATIENT'S BRTH DATE SEX	4. INSURED'S NAME (Last Name, First Name, Middle Initia)				
PATIENT'S ADDRESS (No., Shoet)	6. PATIENT RELATIONERIP TO INSURED	7. INSURED'S ADDRESS (No., Street)				
	Set Space Chill City					
TY STA	TE & RESERVED FOR NUCC USE	GBY STA	TE			
CODE TELEPHONE (Indude Avea Code)		ZP CODE TELEPHONE Induce Area Code				
()		()				
OTHER INSURED'S NAME (Last Name, And Name, Middle Initial)	10 IS PATIENT'S CONDITION RELATED TO:	11. INSURED'S POLICY GROUP OR FECA NUMBER	0			
OTHER INSURED'S POLICY OR GROUP NUMBER	a EMPLOYMENT? (Current or Previous)	A INSUREDISDATE OF BRITH SEX				
	VES NO	a nisureiosoate or entre				
REBERVED FOR NUCC UBE	B AUTO ACCOBITY PLACE (But	b OTHER CLAIM ID Designated by NUCCI				
RESERVED FOR NUCCUSE	C. OTHER ACCIDENT?	C INSURANCE PLAN NAME OF PROOF AN NAME	_			
	YES NO					
INSURANCE PLAN NAME OR PROGRAM NAME	100 CLAIM CODES (Designated by NUCC)	4. IS THERE ANOTHER HEALTH BENERIT PLAN?				
READ BACK OF FORM BEFORE COMPLET	TNG & SEANG THIS FORM.	YEB NO If yes, complete terms 9, 94, and 9d 13 INSURE INS OR AUTHORIZED PERSON'S SIGNATURE Lauthorize				
HEAD BACK OF FORM BEFORE COMPLET PATENTS OF AUTHORIZED REPSONS SIGNATURE Technologies to process his claim. Lakerrequest payment of government bandlis of	the release of any medical or other information receasely their to myself or to the party who accepts assignment	payment of medical benefits to the undersigned physician or page services described below.	pier to			
talon.						
ROMED	IS OTHER DATE	HE DATES PATIENT THANKE I DANCER IN CREEDUL COCONAL	100			
DATE OF CURRENT LINESS, INJURY, & PREGNANCY AMP)	QUE NO 17	FRON TO				
NAME OF REFERRING PROVIDER OR OTHER BOURCE	174	IS HORFTA ZATION DATES RELATED TO CLARENT SERVICE	e.			
ADDITIONAL CLAM INFORMATION (Designated by INCO)	17t IF1	FROM TO 20. OUTSIDE LART \$CHARGES				
		YES NO				
DIAGNOBIE OR NATURE OF ILLNEES OR INJURY Rando AL IDI	car was ine bolow GHP ICD ind.	22 REBUIEMINGION CRUGINAL REF. NO.				
		23 PRICE AUTHORIZATION MUMBER				
From To PLACOF (E	COEDURER, GERWOER, OR SUPPLIES E Dighth Unusual Dramstances) DIAGNO HOPOS MODIFIER POINTE	IS SCHARGES INTS AN QUIL PROVIDER	NG #			
In the last of the last	and the last has been a second	1				
		NP1				
1 1 1 1 1 1 1 1		I I NPI				
		NP				
	I I I I I	NP1				
PEDERVALTAX IC MUNICIPI DON EN SI PATIENT	TS ACCOUNT NO 27 ACCEPT ASR/ONADAT	20. TOTAL CHARGE 29. AMOUNT PAID 30. Penditor	NUCC Use			
	TS ACCOUNT NO 27 ACCEST ARE OF WENT	5 5				
Signard Life OF PHYSICAN OR SUPPLIER S2: BETWO INCLUDING DEGREES OF OFBOEINTHUS (outby the tablements or the searce applyto this bit and assimate a pet thereof.)	E PAOLITY LOCATION (IN OTIMATION	33. BILLING PRIORIDER INFOLDER ()				

- 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

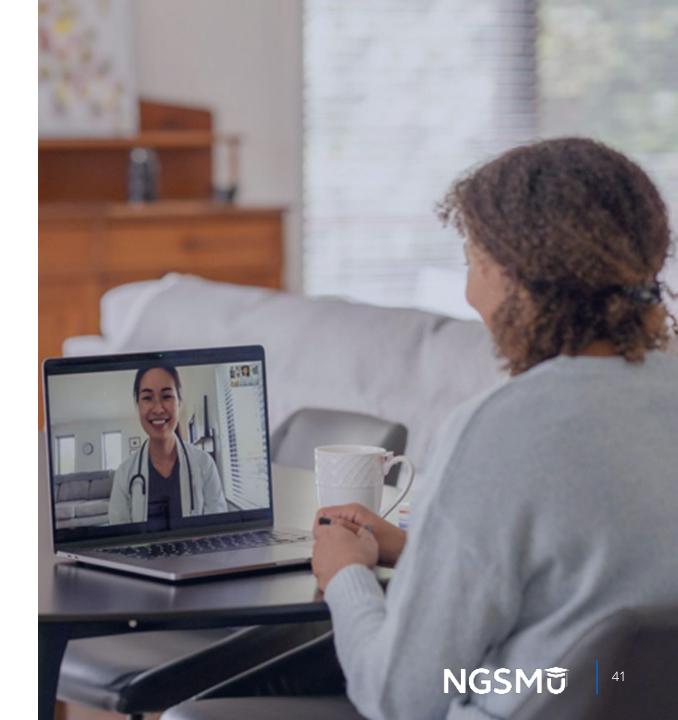






EMC Equivalent Line 21

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





	RANCE CLAI								
PROVED BY NATIONAL TIPICA	UNIFORM CLAIM COM	ATTER (HUC)	C) 06/42						PICK CTT
	IRCARE TROATE		CHANNENA	ALC: NOT			14. INSURED BILD.	V,MEEN	(For Rogram in Ban 1)
	Rundel) (DAIDriche Name, Prist Name, Midde	-		(DA) PALTIS REPTH	(ACM)	(CM) BEX	A INTERPOTY NAME	Gard Name, First Name,	A STATE DOLLARS
			in him	DD DD	M	P		Construction of the construction	and entry
NATIONT'S ADDRESS (No , Sheet)		0.PAT	ENT PELATIO	CHIE CHIE	Citre	7. INSURED'S ADOR	(ESS (No., Sheet)	
Y				ERVED FOR N	and in some	Calle [City		STATE
0008	TELEPHONE ON	Inter Anna Con					The control	10.00.00	Production during Constant
- Cours	()	THE PART OF					2P-000E	()
OTHER INSURED IS NA	ME (Last Name, Pint Nam	re, Mate na	(d) 10.18 P	ATEM'S CO	OTION RE.	ATED TO.	11. INSURED'S POU	CY BROUP OF FECA NU	NEER
THER NEWFER'S FO	LICY OF GROUP NUMB	EPA	a (14)	LOIMENT? (C	unent or Preva	(mark)	N. NSURED SDATE	OF BRITH	NEX
Sectore Constants				VES	- H	0	MM C BD	YY M	- P
EBERNED FOR NUCL	ODE		E AUN	VES		PLACE (Statu)	6 OTHER CLAIM ID	Cestgrated by NUCC	
ESENED FOR NUCC	UBE		c. OTH	ER ACCIDENT			C INSURANCE PLA	NAME OF PROGRAM N	AME
HE CAN'T DI MUNICI	E OR PROGRAM NAME		100 0	AM CODES (heard		A 10 THEOR MUCH		10.0
NOUTABLE FLAN IN	E CH PHOGHNA INNE		Inter Ca	Am CODES I	And and all all all all all all all all all al	succi	VEB	ER HEALTH BENEFIT PL	
PATENTS OF AUTHO	IEAD BACK OF FORM E FIZED PEPISON'S SIGN	ATUPE 19.85	to see the release of	any method or	other informati	the necessary	13 INSURED'S OR J	WTHORIZED PERSON'S	SIGNATURE Lathorize and physician or sugging to
to process this claim. I a tercive.	scredees) to Areayo, do	cennert bone	lis etter is mysel!	a to the party i	which accepts an	signment	services describe	di takla el.	
BONED				DATE			BONED		
DALE OF COMMENT OF	UNERS, INJURY, or PRE	GRANICY & M	P) 15 OTHER C	ME	00 0	87	16. DATES PATIENT FROM	UNABLE TO WORK IN O	
NAME OF REFERRIN	PROVIDER OR OTHER	BOURCE	174	Showing .			IS HOSPITAL CAT	and the second se	LARENT SERVICES
ADDITIONIAL CLAMIN	FORMATION (Designate	en M.CO.	17b, NF1				FROM 20. OUTSIDE LART	10	ARGES
								lun	
	RE OF LINE 88 OR NUI	FY Reals A		RDM G4B	ICD Ind.		22 REBUEMASSION	ORIGINAL R	EF NO.
6	8		a	_	HL		23 PRICE AUTHOR	ZATION MUMBER	
A DATE(B OF S	and a	CD	PROCEDURES	000-4000 0		1 6			
From a DO YY M	TO PLAT	or I	Cipter Unuse		ens)	POINTER	S CHARGES	OH AND DUT	PENDERING PROVDER ID #
des la secola	I I I	1 1		1					
			1		61 11			NPI	
								141	
1 1 1	1 1 1	1 1				1	1 1	I NPI	
1 1 1	1 F 1	1 1							
							1	Nh	
	1 1 1	IL	I					NPI	
LIL	I I I	1.1					1	NPI	
PEDERAL TAX ID M	MOCH DON EN	35.140	ENTS ACCOUNT	TNO Z	ASSETTA	egerm.	28. TOTAL CHAVIDE		D 30. Revertor NUCC UN
SONATURE OF PHYS	CANCER D. INC.	10.00	WOE PAOLETY		YEB	NO	5 33. BLUNG PROVID	8	
INCLUDENCE DE CAREER di carity that the statien apply to the cell and an	S OF CREDENTIALS ents on the reverse		in the second second second					(1
	DATE		TATES!				4 NPI		

Not required

22. RESUBMISSION CODE OR GINAL REF, NO,

Not mapped electronically





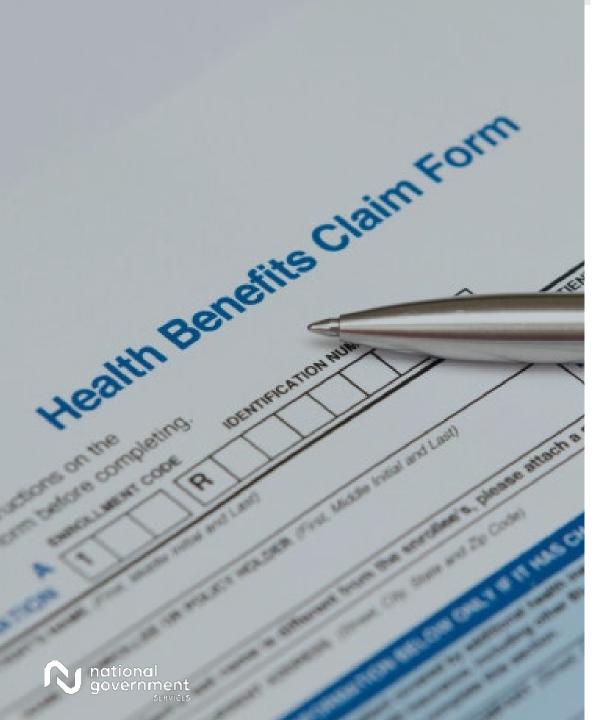
- Ambulance ZIP code point of pick up
- CLIA ten-digit certification number
- NPI of the home health or hospice facility

NGS

- Billing for CPO, HCPCS G0181 (HH) or G0182 (hospice) Prior Authorization
- Seven-digit IDE number when investigational device is used in an FDA-approved clinical trial

23, PRIOR AUTHORIZATION NUMBER

HEALTH INSURANCE											
TTIPIDA	AN COMMITTEE PAU	CC) (EVI3									REATT
	TRICATE	CHAMPA	ADD	for an	Refus		14. HSUPED/S1.5	NAMEER		(For Program	in them ()
(Medvalid) (Medvalid) (2 PATIENT'S NAME (List Name, First Na	EVADocial real Middle Initial	/sketkard	3. PATENTS			(NON)	4 INSURED STUR	VE d. ant Have	m Finitham N	Addre Initial I	
					M						
C PATIENT'S ADDRESS (No., Breat)			O. PATIENT		Charlos and	OTHER C	T. INDUFIEDIO ADI	SHEDS (No.,	Greet		
CIFY .		STATE	B RESERVE	and the second second			oty				STATE
RPCODE TRUE	HONE ONDER AND	10000					28 0006		TO DOWNE	Include Area	00.800
()						er tote		()	
CTHER INSURED'S NAME CARDNAY	Paral Name, Mode I	1840	10.18PA10	NTS COND	TION RELA	TED TO	11. INSURED B PO	UCT OROU	P OR PECANUS	NEP 1	
OTHER INSURED S POLICY OR GROU	PHUMEEN		a EMPLOIN	DIT? (Cur	ert or Prest	(au	a NRUPERSDA	TE OF BRITE		583	
				188	- HC				н.		100
IL PESERVED FOR NUCCIDE			IS AUTO AC	105	- NO	LACE (BAD)	5. CTHER CLAM	© (Designal)	ed by NUCC)		
FREEPHED FOR NUCCORE			C OTHER M	PTHREE			L NOURWICE PL	AN NAME O	PROSEAMINA	ME.	
A INSURANCE PLAN NAME OF PROOF	AM NAME		104 CLAIM	100	INC AND		4 IS THERE AND	THE D HEAR T	DI DENERT PLA	N7	
							165	NO	Ryes, complete	Derte D. Way 2	
READ BACK O	F FORM REFORE CO	CONLETING AVAILUBRE	& Starvitets 1 encourt of any r	redical or of	w internals	nnecessary	t3.14suPetrs cr payment of me	aca tanetts	ED PERSON'S S To the undersigne	KINATURE I NE (RYSKEW II	arth original for the
to process this claim. I also request pays below	rend of government as	volta atter t	to myself or to t	ho party who	saccepte and	gronait	services descri	haid baile M.			
DONED			D.K	nt			BRISHED				
A DATE OF CURRENT RUNESE, INUT	IT, OF PREGNANCY O	MP5 10.0	AL	684	1 00.1	YF	16. DATES PATE	Planer	TO WORK IN CU		PATICH
T NAME OF REFERENCE PROVIDER O	n other sounce	378					HE HOOPITALEAN	DEN CATES	TELATED TO C	WALL BE	MCCS
IS ADDITIONAL CLAM INFORMATION (Designated by NJ CO		6491				FROM 20. OUTSIDE LAB	,	10 804	APIGES	
								ND			
21 DIABACERS OF HATURE OF LINES	8 CHONDONY Halab		Co-Ino Coltre (pae io	D md		22 RESUBARSIO	N	CHIGHN, PE	e. NO	
		e L			-		D. PRIOR AUTHO	PIZATION N	UMDER		
A DATEIS OF SERVICE	R C	D. PROCE	CUILES, SERV	ACES (00.5	L.	1 6		1.0			1
Mail DD VV Mail CD V	R GEOF	OPTHON	in United City	MODIFIE MODIFIE	CF1	PONTER	S CHATGES	UNITS OF	THE OLUL	FEN PROVE	DEMING DEMIN #
				1 1							
									121		
									1971		
I I I I I	I III		T	1 1			1	I	1 1471		
						-			5471		
				11	1	1	1	1	1011		
1 1 1 1 1	1 1 1		T	1 1	1		1	1	I NPL		
25. RECEPALITAS LO MUNICER	201 EN 26. P	ATIENTS A	CCOUNT NO.	27.	ACCESSION OF THE PARTY OF THE P	2 MENT	29. TOTAL CHINE	16 D 3	S AMOUNT PAUS	0 00. Re	at the NUCC UN
at south une of Physician on sur	FLORE AT A	PRIVACE PA	OLTY LOCK	1.1.1	Yea	NO	S BLING PRO		s men d		
stock, one of contents on checker stock, one of the stockers to on the sec apply to the tild and are made a pert th	TOALUB CONTRACTOR	LI MUL IA		and the second			an BLING TRU			1	
				6			a Duca	6			
0.040	ie st. www.nucc	-			NT OR T	UTTER		HOWED	CMB-0039-1	107 17 101	TSOUTION TO Form



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
 - <u>Medicare Part B CMS-1500 Crosswalk for</u>
 <u>5010 Electronic Claims</u>



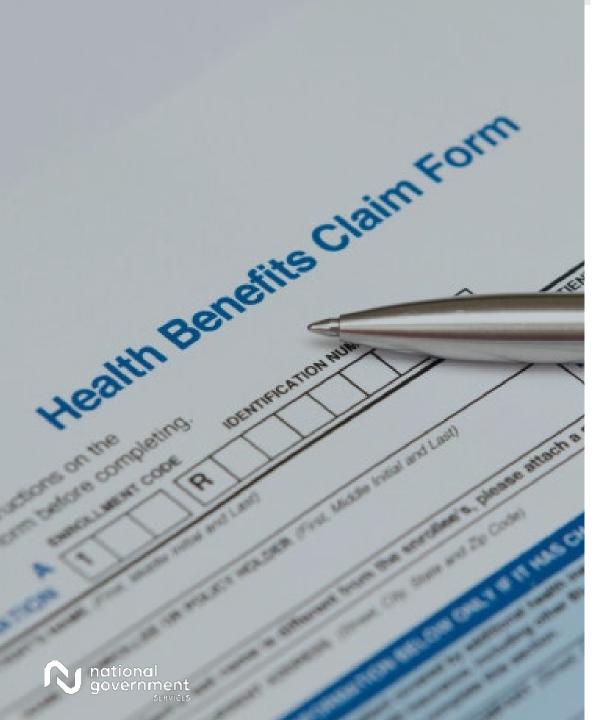
Line Items 24A-24J

- 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

ĥ	ALL CARRENTS Frank	2 007-000 10 10	A DEC DO	Contract and	Alex of Barris	ALC: NO.	R. LOWISE	東白と	A DESCRIPTION OF A DESC
	1.1	1.1		1	1		1 I		
	1.1			- 1					
F									
-							L i		
e	T. T.	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 1	



HEALTH INSURANCE CLAIM FOR	that is a second se				
PTROVED BY NATIONAL UNIFORM CLAM COMMITTEE INV					
TT PICA					PICA
MEDICARIE MEDICARD TRICARE SARARSANAR (Modicarda) (204/Dis208)	CHAMINA GROUP INSVEWICKE ICAE	ACK LUND (KON)	A NOVEDBUD NUMBER	n (Fa	Program in Item 1)
E PATENTIO NAME (Last Name, First Name, Middle Initial)	3 PADENT & DIATH CAT		INDUPED'S NAME (Last)	iare, Frithare, Nidde	(mital)
FATENT'S ADDRESS (tor. Greet)	& PATENT RELATIONER	M P	INDURED'S ADDRESS (II	n. Ornet	
		ONU ONE			
CITY .	STATE & RESERVED FOR MUCH	cuae c	DITY .		STATE
TRUEPHONE (Industry Area C	0061	2	P 0006	TR.EPHONE (INC	IN Area Codeo
()				()	
COHEN MOUNTED IN NAME CLIEDTNIEVE, Prochame, Model II	IN ISPATENTS CONCIL	ION RELATED TO	1. NAMED & POUCT OF	OUP ON FECA NUMBER	
OTHER INSURED S POLICY OR GROUP HUMBER	a EMPLOYNERTY (Current	nt (or Priestows)	NSUPERSONNE OF BE	TH	581
	VES VES	NO		M	10
IL MEBERIVED FOR NUCCIVIE	IS AUTO ACCORNITY	NO NO	CTHER CLAM D Deep	nated by NUCC)	
PEREPHED FOR NUCCURE	C OTHER ACODENTS		NOUTWICE PLAN NAME	OR PROOF MANAGE	
INSURVICE FLAN NAME OF PRODRYM NAME	104. CLAM CODES (Dwa	0HD	I IS THERE ANOTHER HER	The second second second	
IN THE REAL PLAN NAME OF PROGRAM WAVE	TOD CLAN CLOUDING	prese by houses 14	185 NO		t 9, 9a, and 9d
READ BACK OF FORM REFORE CO 2. PATIENT'S OF AUTHORIZED FERSIONS GRAATURE 1 au	OPLETING & SERVING THESEORE.	s internation on allowy	s INSURED'S CHI AUTHOR payment of medical bane	CED PRESCARS SISK	ATLEE I ARE MORE
to process this claim. I also request payment of government ter- tation.	velto either to myself or to the party who	scopb anigement	services described being	an o see o see righter po	Inches in technical ca
SONED	DATE		BROMED		
HA CATE OF CURRENT ALMESE, INVUTIT, & PREGRAMOR OF	MIS 15. CTHEN DATE UN	D0 + V7 - 1	S. DATES CATEN LINAS	E TO MORE IN COME	NT OCCUPATION
GUAL.	178		FROM B. HOSPITALEATION OAT	TO TO COUNT TO COUNT	ENT BETHICES
	178 949		FROM	TO,	
IS ADDITIONAL CLAM INFORMATION (Designated by NUCC)		2	1 OUTBOELART	80489	EB
21. DIABACERS OF NATURE OF LLNESS OF MUCHY Rates	ALL to carvice line testiw GRE	nd 2	2 RESUBUSSION	CEIGINA PER IN	
A 0	e	0	S PRIOR AUTHORIZATIO	1	
	a				
A DATERS OF SERVICE B. C. From Ty RACEOF	 Proceduries, services, on s. Espen Univel Ordentiaces) 	IPPLIES E DIADNOOIS	F. 0	a mar b	пенреліна
				1071	
Inclusion in the Instant	I I I	T. T. T.	1.1	1 1991	
				141	
				3471	
I I I I I I I I I		I. I. I.	1.1	NPI CO	
				1411	
I I I I I I I I	In the local sector	E I I	1 1	NPI CO	
E HERVETALE MOMENT	ATHENT & ACCOUNT NO.	rghe Lake Safety -	S	Ste Associations	do rend to rend
at SIGNATURE OF PHYSICIAN OR SUPPLIES 22. S	ETWOE PAOLITY LOCATION INFORM		S BLUNG PROVIDER INF	8 05PH# ()	
SIGNATURE OF PHYSICIAN OR SUPPLIER SIGNATURE OF PHYSICIAN OR SUPPLIER SIGNATURE DESTRICTION SIGNATURE DESTRICTION SIGNATURE DESTRICTION				and the second	
and the first and and and that a part from the					



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
 - <u>Medicare Part B CMS-1500 Crosswalk for</u> <u>5010 Electronic Claims</u>



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

25. FEDERAL TAX LD. NUMBER	SSN EIN
A CONTRACTOR OF THE OWNER	

ltem 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	

EALTH INSURANCE CLAIM FORM			
THOSED BY NATIONAL UN POPMICLAM COMMITTEE INUCCO.	EM2		
THCA	MARVA GROUP FECA		PICA
	THE REPORT OF AN ADDRESS OF A DRESS OF A DRE	ICHER IN INSURED/BILD NUMBER	(For Program in Item 1)
PATIENT'S NAME (Last Name, First Name, Midde Initial)	з Рудент в вили суле вех	4. INSURED'S NAME Gast Name, Pint Name	(Niste Initial)
FATIENT'S ADDRESS (No., Breat)	M P	T. INSURED'S ADDRESS (No. Street	
	Sat Speek Chill Chie		
fy st	ATE 8 RESERVED FOR MUCC USE	-oty	STATE
CODE TRUEPHONE Induite Area CODE		2P 000E TB.8P+0	NE DYCHUR AVER CORO
()		()
OTHER INSURED'S NAME California, Ristmane, Mode India	10.18 PATIENT'S CONDITION PELATED TO	11. NUMED B POLICE OROUP ON FEORE	UVEEN
OTHER INSURED S POLICY OR GROUP NUMBER	a EMPLOINERTY (Current or Previous)	· NERPERSDATE OF BRITH	583
	VES NO		1 10
RESERVED FOR NUCC VIE	& AUTO ACCEENTY PLACE	Gladar) b. CTHER CLAIM ID (Designated by NUCC)	
RESERVED FOR WOOD USE	C OTHER ACCOUNTY	E NOURVICE PLAN NAME OF PROGRAM	NAME
	OH 107		in the
NSURVICE PLAN NAME OF PROOPAN NAME	104. OLAM CODES (Designated by NUCC)	4.IS THERE ANOTHER HEALTH BENEFIT I	
READ BACK OF FORU REFORE COURL	ETING & SECOND THESE CORE.		ere bens 9, 9a, and 9d S SERVITURE I automotion
BE AD BLACK OF FORU BEFORE COUPLI PATIENTS OR AUTHORIZED PERSON'S SIGNATURE I adhate to process this claim. I also request payment of government isovelts.	is the release of any medical or other information receil either to myself or to the party who accepts assignment	bury payment of nectical cenetits to the unders services described below.	gnes prysicial in supplier for
bios.			
BOHED	DATE DATE	IN DATES PATENT UNABLE TO WORK IN	CLEMENT OCCUPATION
aw. DD TT G.W.	GLWL MN DO YT	FROIT	CUMPTING SECURATION
NAME OF REFERENCE MOVIDER OF OTHER SOURCE	17a 17b 4P1	HE HOOPT ALEATING WEATER THE ATEN TH	CUMENT REMORE
ADDITIONAL CLAM INFORMATION (Designated by NUCC)	1716 (99)		OHAROES
		FEG NO	
DURINGER OF NATURE OF ALMERS OF MUTHY RAND ALLS	Not the Lot	22 RESUBARSION CRIGHNAL	REF. NO
0		20. PRIOR AUTHORIZATION NUMBER	
4	s		
From To RATOR	Esplan United Orcamilarces) DIAS	E F. G H L NOSIS WEEK SCHWIGES UNITS THE GUY	mendening movidenilo #
Industry is in technic to	I I I I I		
		1	
		1 1 1	
RECEPTLITATED NUMBER GEN EIN 26. PATIER	VES NO	E S AMOUNT P	NID 30 Revaltor NUCC Use
SIGNATURE OF PHYSICIAL OR SUPPLIER	DE PAOLITY LOCATION INFORMATION	30. BILLING PROVIDER INF'OS Prie (
Including degrees on chebenfulls			
applyto this tell and are made a part thereof.)			



i de la								
	SURANCE CL/							
TIPICA	and our princepting	and the process	- Contra	_				MCK TTT
MEDICARE (Medicareat)	MERCAD TRICA (Modulask) / (DADA		Herber Dill (DM)			14. INSURED BILD. N	4,MBER	(For Program in Barn 1)
	Gast Name, Rist Name, M		3. PATIENT'S BRT	the second se	SER	4. INSURED'S NAME	(d.arfName, FirstName, N	kide Inita)
PATIENT'S ADDR	CER (No., Street)		O PATIENT RELAT	M	F	7. INSURED'S ADOR	ESS (No., Sheet)	
neen officiale	1.097574168		Set Spous	hand in hand	Office 📃	A SAME OF THE ACCOUNTS OF		
TY.			STATE & RESERVED FOR	NUCC USE		CITY		STATE
PC008	TELEPHONE	(Induda Avea Co	200			ZP CODE .	TELEPHONE	(Inducts Area Colle)
CTHER MR IRED	S NAME (Last Name, Pint)	sale Materia	N) 10 IS PATIENT'S C	ONDITION BR	ATED TO	11. INSURED S POLI	CY GROUP OR FECA NUM)
							ar anose an eservice	
OTHER INSURED	S FOLICY OF GROUP NU	MEEN	a BIPLOINERTY	(Current or Prev ES IN		A INSURED S DATE	OF BRITH	- BEX
RESERVED FOR	NUCC UBE		E AUTO ACCIDEN		PLACE (Butu)	6 OTHER CLAIMED	Cest grated by NUCC	
RESERVED FOR	WUCC USE		c. OTHER ACCIDE	68 🔲 H NT7	•	C INSURANCE PLAN	I NAME OF PROGRAM N	ne -
				E\$ 🛄 H				
INSURANCE PLAY	I NAME OR PROGRAM IN	ME	184 CLAM CODE	I (Designated by	NUCC)	A IS THERE ANOTH	ER HEALTH BENERIT PLA	
PATENTS OF A	READ BACK OF FOR	NEEFORE COM	PLETING & SIGNING THIS F	on the information	or necessary	13 INSURED'S OR A	UTHORIZED PERSONS S a benefits to the undersign	IBNATLRE I arthorize
to process this clait tercive.	n. I siscrequest payment of	gaverment band	lis etter is nyself ar is the par	ty who accepts as	signment .	services described	d below.	e princial or copper co
BONED			DATE			BRONED		
DATE OF CUPPE	QUAL QUAL	REGNANCY &M	P) 15 OTHER DATE QUAL	MM 00	87	16. DATES PATENT	UNABLE TO WORK IN CU	REPIT COCUPATION
NAME OF REFE	RENA PROVIDER OR OTH	ER BOURCE	174			IS HOSPITALZATIO	DATES RELATED TOC	PRENT SERVICES
ADDITIONAL CL	WINFORMATION (Design	ated by NUCC	17b NF1			FROM 20. OUTSIDE LAST	10 8 CH	ARGES
						Ves	NO	
DIAGNORIE ON	R L	NUCHY REGION	L to car vice line below G4B	ICD Ind		22 REBUEMASSION	CRIGINAL RE	F NO.
6	F		a L			23 PRICE AUTHOR	ZATION MUMBER	
A DATE(B	OF GERVICE	B C D	PROCEDURES, GERVICES,		6	E	9 H L	1
M DD YY		RVEE ENG	Copter Unuse Dromste 2*T/HOPOS N	nom) XOFER	PONTER	a chwases	ATS NO QUE	PROVIDER ID #
I I	LILL	I.I.	and the last	I I		I and the	NP1	
1		1		1 1	6			
					9		141	
							NPI	
1 1	I I I I	I.I.I.	and the second se	L L	1	1	NP1	
1 1				1 1	4	1		
							NPI	
CELEBRA TAXA				T ACCOUNT A	Charles and the second	In total changes	NPI	The Designer sector
PEDEMAL TAX I	D MUMBER ODV E	30.1941	IENT'S ACCOUNT NO	YES	NO	5	29. AMOUNT PAR	30. Peveltor NUCC Use
INCLUDING DEG dicarity that the s	PHYSICAN OF BUPPLER ALES OF CREDENTIALS fatements on the lover so rd are made a part thereof.)		MOE PAOLITY LOCATION I	POWMETION		33. BILLING PROVID	анкотич ()
	DATE		NPL P			e NPI		

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

26. PATIENT'S ACCOUNT NO.

Item No.	Claim Description	Loop	Field	Data Element Description	Requirements
	Patient's Account	2200	011104	Densider Assistend Assessed and a	Enter the patient's account number assigned by the provider of service's accounting system. As a service, any account number
26	number	2300	CLM01	Provider Assigned Account number	will be returned to you up to 20 characters.





EALTH INSURANCE CLAIM FORM							
PROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) OF	and the second se						
Pica					Pick		
	MPVA GPOUP HEACTHPLAN	IDXUNG (DMEN	14. INSURED BILD. NU	ween pr	e Program in Barn 1)		
PATENT'S NAME (Last Name, Prist Name, Mode Initial)	3. PATIENT'S BRTH DK	TE BEK	4. INSURED'S NAME (Lard Name, First Name, Mod	e kila)		
PATIENT'S ADDRESS (No., Shoet)	6. PATIENT RELATIONS	M P	7. INSURED'S ADORES	ID (Mr. Illinef)			
	Set Spore	Che Che					
TY 37/	TE & RESERVED FOR NUC	C USE	CITY		STATE		
P CODE TELEPHONE (Inducts Ales Code)	_		2P-CODE	TELEPHONE (Inc	Lich Area Codel		
				()			
OTHER INSURED'S NAME (Last Name, Rint Name, Middle Initial)	10.18 PATIENT'S COND	FION RELATED TO	11. INSURED'S POUC	Y GROUP OR FECA NUMBER	4		
OTHER INSURED'S POLICY OF GROUP NUMBER	a EMPLOYMENT? (Curr	ent or Previous)	a INSURED SDATE O	F DRITH	NEX		
	VES	NO	MM DD		BIX P		
RESERVED FOR NUCC VIE	& AUTO ACCEPTTY	PLACE (State)	6 OTHER CLAIM D (C	led graded by NUCCI			
RESERVED FOR NUCCUSE	c. OTHER ADDIDENT?	но	C INSURANCE PLANN	UMIE OF PROGRAM NAME			
	VES	но					
INSURANCE PLAN NAME OR PROGRAM NAME	100 CLAIM CODES (Dec	ignated by NUCC)	Contract of the second	R HEALTH BENERIT PLAN?			
HEAD BACK OF FORD BEFORE COMPLE	TNG & SIGNING THIS FORM.		13 INSURED'S OR AUTHORIZED PERSON'S SIGNATURE Lathorize				
PATENTS OF AUTHORIZED PERSON'S SIGNATURE Tradition to process file claim. Laborequest psymentol government bonefile a todow.			payment of medical services described b	bonefils is the undersigned p blass.	hysid an or sugglier to		
204ED	DATE		BONED				
DATE OF CURRENT LUNERS, INJURY, & PREGNARCY (JMP)	15 OTHER DATE	00 j VV		NABLE JO WORK IN CURE	BIT OSCUPATION		
QUAL NAME OF REFERRING PROVIDER OR OTHER BOURCE	QUAL		FRON	TO			
I REPENSION FROM THE STATE	178. 178. NPT		FROM	DATES RELATED TO CLAS	00		
ADDITIONAL CLAMINFORMATION (Designated by INCC)			20. OUTSIDE LAST	\$ CHAR	¥9		
DIAGNOBIS OR NATURE OF LINESS OF MULRY Reveal ALLID	tar was included and Date		22 REBUENASSION	ND			
	e [D HAL	0006	CRIGINAL REF N	0		
	a L	H [23 PRICE AUTHORIZA	ITON M.MEER			
A DATE(B) OF SERVICE B. C. D. PR	COEDURES, GERVICES, OR S	UPPLIES E	E	0. H C	1		
IN DO YY MIN DO YY STRIND DWG OPT	HOPOS NODER	ER PONTER	8 CHWHGES	CALVE PART D CH AND AL	PROVIDER ID #		
design in the last of the	distant and	1 1	I III	NP1			
				141			
	1 1 1	1 1	1 11	1491			
				NB			
	I I I	1		NPI			
PEDERIAL TAX ICI MUNICIPI DON DIN SIL PATIEN	PB ACCOUNT NO	ACCEST ARE STATEMENT	28. TOTAL CHARGE	29. ANOUNT PAD	GD. Pavel Ry NUCC Use		
		CVA B3Y	6	8			
BOUNTURE OF PHYSICAN OR BURPLIER South Statements on the sevence applying the statements on the sevence applying the statements on the sevence	E FAOLITY LOCATION INFOR	MATION	33. BLUND PROVIDE	ENFOLMER ()			
	UISI II		e NPI				

- 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







49

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

28, TOTAL CHARGE	29, AMOUNT PAID	30. Rsvd for NUCC Use
\$	\$	

	ltem No.	Claim Description	Loop	Field	Data Element Description	Requirements			
l	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.			

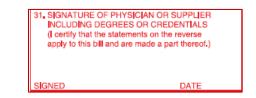
EALTH INSURANCE CLAIM	FORM								
TIONED BY NATIONAL UN POPIN CLAM COMMIT									
MEDICATE MEDICAD TRICATE	CHAR	0.000	0	FECA CENT	N 14 NOVED BLD. N	ANTO A	PICA		
(Modeated) (Nodeated) (104/Dectal)	(takenbar		TH PLAN	ICON ICON			or configuration (in		
NTENTIO NAME (List Name, First Name, Midde Int	(a)	3 PADENTS	BULL CAL	587	4. INDUPEDISTUME	duart Harrey First Name, Nick	de hilal)		
ATTENT'S ADDRESS day, Breat		O PATIENT B	IT AT CTUTE	M P TO INJURED	T. INDURIDAS ADOR	EQS No. Direct			
				an ore					
¥	STATE	8 RESERVES	FORMUCC	USE	oty		STATE		
CODE TRUEPHONE (House	Area Contra	-			28 0006	TO EDWARD OF	Churte Ave a Colleo		
	Const Const				or code	()	Clock Pres Collo		
THEN INSURED'S NAME CANTINATE, POSTNATE,	Alle N Bab	10.18 PA 101	IT'S CONDITIN	IN RELATED TO	11. NOVPED 8 POU	OF GROUP OR PECANUME	EA .		
		-	-						
THER INSURED S POUCY OR GROUP NUMBER		a EMPLOIM	VES	(In Previous)	NULTED SDATE	Co BRATH	580		
ESERVED FOR HUGG VIE		IS AUTO ACC		PLACE CRIMA	S CTHER OLAN D	(Designated by NUCC)			
			TES	NO					
ESERVED FOR NUCCIUSE		C OTHER AC		The	L INSURANCE PLAN	INAME OF PROGRAMMAN			
ISUTIVICE PLAN NAME OF PROSPAN NAME		101 01414	ODES (Desig	alled by NUCC3	4 IS THERE ANOTH	ED HEALTH BENEFIT PLANS			
					165 NO Pyex, complete terrs 9, 9a, and 9d				
READ BACK OF FORM REF PATIENTS OF AUTHORIZED FERSIONS SIGNATU	NE COUPLETN PE Ladvoide N	G & SEAMON T	estore ater	internation restationary	15. INRUPECTS OF AUT HORIZED PERSONS SISTATURE Lastrator parment of medical taments to the undersigned, physician of suppler for				
to process this claim. I also request payment of governe tallow.	nest iznelts aite	r to myself or to th	to party who as	cepts unigvousit	services described	1 lature.	to be a set of the set		
DONED		DAT			BROKED				
DATE OF CURRENT ALLAESE, INVATIN, & PRESH		OTHER DATE	1011	DO 1 YZ	HE. DATES CATEN	RIVERTE TO MOUNTH ONLY	IBNT OSCUPATION		
G.M.		LWL			FROM	10	0.000 0.000		
I I I I I I I I I I I I I I I I I I I	2200 C	18 MP1							
ADDITIONAL CLAM INFORMATION (Designated by		alast.			20. OUTSIDE LART	8 CHAR	0E3		
						ND			
DIABACERS OF MATURE OF LLAESS OR INJURY			NE KD		22 RESUBARSION CODE	CHIGHNAL HEP.	NO		
0			-		20. PRIOR AUTHOR	ZATION NUMBER			
			_						
A DATE OF GERIVICE B. From Ta PLACEOF	C. D. Photo Exp	ECURES, SERVI NR United Orc PCS	ces on sur amitaces)	DIAGNOSI		ANN MET D	nenbening		
A DO YY MM OD YY SERVICE	ava ortiko	PCB	NCCPER	POWER	# CHANGES	UNTO PAR OLVIL	PRIOVIDEN ID #		
					1	101			
				1					
						1991			
T I I T T I I	1	1	1 1		T I	1 1 1			
						1471			
I I I I I I I I	1		1 1	1.1	1 1	1 100			
	-			1		141			
	_		1						
RECEPTION TANED NUMBER OF TH	26. PATIENTS	ACCOUNT NO.	27.62	ALL ARE AND IT	29. TOTAL CHARGE	29. ANOUNT PAUD	30. Revici for NUCC Use		
BORATURE OF INVISION OF BUPPLER INCLOSED DEGREES OF CREDENTIALS (carify for the datamention to reverse appyto the tel and are made a pertinent)	COL SERVICE P	HOLTY LOCAT			33 BLING PROVID	entiros mir ()		
					a NOI				





EALTH INSURANCE CLAIM FORM							
PROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) O	ana la com						
MEDICARE MEDICARD TROAPE CHA	MPVA OPCUP IE		14. INSURED ST.D. NUM		Pick		
	NEW CON TOUR	KLUNG	THE INCOMED BY D. NOR		r Rogran in Ban 1)		
PATENT'S NAME (List Name, Phil Name, Mode Initia)	3. PATIENT'S BRTH DATE	SER.	4. INSURED'S NAME (La	rl Name, First Name, Moo	e litta)		
PATIENT'S ADDPETER (No., Shoet)	8. PATIENT RELATIONSHIP TO		7. INSURED'S ADORESS	(No. Sheet)			
	Set Spouse Chief	Citre					
ry (87)	TE & RESERVED FOR NUCC US	-	CITY		STATE		
PCCDE TELEPHONE (Inducts Avea Code)			2P-CODE	TELEPHONE (htt	Incle Area Coder		
				()			
OTHER INSURED'S NAME (Last Name, Rint Name, Middle Initial)	10 IS PATIENT'S CONDITION	RELATED TO.	11. INSURED'S POUCY	BROUP OR FECA NUMBER	R.		
OTHER INSURED'S POLICY OR GROUP NUMBER	a EMPLOYMENT? (Current or)	Prevaluation	a INSURED SDATE OF	DRITH	SEX		
	VES	NO	MM 1 DD	W	P		
RESERVED FOR NUCC USE	IL AVED ACCEDENTY	PLACE (State)	5 OTHER CLAMID CH	I grated by NUCCI			
RESERVED FOR NUCCUGE	C. OTHER ACCIDENT?	110	C INSURANCE PLANNA	ME OF PROGRAM NAME			
	YES	NO					
INSURANCE PLAN NAME OR PROGRAM NAME	100 CLAM CODES (Designate	d by NUCC)	a. IS THERE ANOTHER I				
READ BACK OF FORM SEF ORE COMPLE	TING & SIGNING THIS FORM.		YEB NO If yes, complete terro 9, 9a, and 9d IS INSURE I'S OR AUTHORIZED PERSON'S SIGNATURE Laufraces				
PATIENTS OF AUTHORIZED PERSON'S SIGNATURE Traditions to process file claim. Laborrequest payment of government bandlis of totion.	the release of any method or other info ther to myssift or to the party who accept	mator necessary & assignment		notice to the undersigned p			
90480	DATE		BONED				
MM 1 DD 1 YY	15. CTHER DATE AM DO	1 11		VELE TO MORK IN CREEK	PIT OCCUPATION		
QUAL NAME OF REFERRING PROVIDER OR OTHER BOURCE	174	-	FROM 18 HOBPITALIZATION D	TO ATES, RELATED TO CLAR	SENT SERVICES		
	17a NFI		FROM	10			
ADDITIONAL CLAM INFORMATION (Designated by MUCO			20. OUTSIDE LABY	\$ CHAR	¥9		
DIAGNOSIS OR NATURE OF JUNESS OR NULRY Reads ALLIS	or the incident G4B ICD and		22 PERJEMISSION	1. C. C. C. C. C.			
e	c L D.						
F	а н		23 PRIOR AUTHORIZAT	CN NUMER			
	COEDURES, GERMOES, OR BUPPL	ES E	E	9	J		
	HOPOS MODIFIER	PONTER	a chivitoes	A PART D ATS AR QUAL	PROVIDER ID #		
de la la la la la la la la			I State I and I and I a	1 10			
				141			
1111111	1 1 1 1	1	1 1 1	149			
				Nh			
	I I I I	1	1 1 1	NPI			
PEDERALTAX IC MUNICIPI DON EIN 26 PATIEN	TS ACCOUNT NO 27 ACCES	T ADDORADO	28. TOTAL CHARIDE	199 AMOUNT PAID	00. Pevel for NUCC Use		
and the second s	TE ACCOUNT NO	TASPONENT?	5	8	Services notes the		
BOARTURE OF PHYSICAN OR SUPPLER INCLINED DIORES OF ORIDINITIALS (certly the tatements on the texe to apply this tell and are made a pet hered.)	е наслі і сосктон інгоникти		33. BLUNG PROVIDEN	NFOLTHA ()			
			e NPI				

- 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

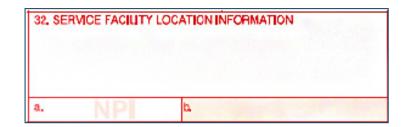


Item No.	Claim Description	Loop	Field	Data Element Description	Requirements
30	Balance due	N301			
31	Signature of physician or supplier including degrees or credentials	2300	CLM06	Provider or supplier signature indicator	Y=Provider signature is on file N=Provider signature is not on file
	Date signed	N401			





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



Item No.	Claim Description	Loop	Field	Data Element Description	Requirements
	Name and address of	2310C	NM103 (77) N301 N302 N401 N402 N403	Laboratory or Service Facility Name Laboratory or Service Facility address 1 Laboratory or Service Facility city address 2 Laboratory or Service Facility city Laboratory or Service Facility state Laboratory or Service Facility ZIP code	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 city, state, and ZIP code of the location where the services were rendered. Providers of service (namely physicians) must identify the supplier's name, address, and zip code. Required when the location of health care service is different than that carried in the Billing Provider Name (2010AB) loops.
	facility where services were rendered (if other than home or office).	2420C**	NM103 (77) N301 N302 N401 N402 N403	Laboratory or Service Facility Name Laboratory or Service Facility address 1 Laboratory or Service Facility city Laboratory or Service Facility city Laboratory or Service Facility state Laboratory or Service Facility State Laboratory or Service Facility ZIP code	Required if the service was rendered in a Health Professional 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 test were performed. Complete this information for all laboratory work performed outside a physician's office. If the service was referred to an outside lab, enter the reference labs name and address. Providers of service must identify the supplier's name, 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 per claim.





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



Item No.	Claim Description	Loop	Field	Data Element Description	Requirements
		2310C	NM109 (77)	Laboratory/Facility Primary	
		2420C**	NM109 (77)	Identifier	
		2400		Purchased service provider identifier	1
		2420B	NM101	Identification code qualifier =QB	For the MDI of the Grander For The Force Tribut is the Million in
32a		NM109		Identification code=XX Identification code Identification code gualifier =QB Identification code Identification code	Enter the NPI of the Service Facility. Enter "XX" in the NM108 to indicate the NPI is present in the NM109.
			REF01 REF02	Reference Identification qualifier =EW Mammogram FDA number	
32b		N301			-





EALTH INSURANCE CLAIM F	ORM									
TTORED BY NATIONAL UNPOPER CLAMICOMMITTE										PCA IT
MEDICATE MEDICAD TRICATE	CHAMPA	a gp		ECOMa	OFNER	14. NS/FED/91.0.	ALABER .		(For Progra	mie Hem 1)
(Madraade) (Abdraade) (Abdraade)	/skerbard		CINICAL D	14DW	(804)					
PATENTIO NAME (List Name, First Name, Midde Initia		3 PATENT	BBun of	7E 5	-	4. INSURED STUMM	C. ant Harry	e, Frithare, N	kabe krital)	
PATIENT'S ADDRESS (Hz , Great)		O. PATENT	RELATIONS	HIP TO INSU		T. INDUFEDING ADDIE	E05 (No., 1	arest		
TY.	STATE	547	Spenie ED FOR MUX	and the second sec	and a second	-				STATE
	any te	S HEIRPON	ED FOR MAR	L USE		OTY				STATE
PCODE TELEPHONE (Indiale A	New COORT	1				2P 0006		TRAPHONE	(Holona Ara	a Codeo
()								()	
OTHER INSURED'S NAME CARTNARY, POSTNARY, MO	URE IN BAD	10.18PA 10	ENT'S COND	TON RELATE	0 10	11, MOUPED B POL	101-01400	P OR PECANUS	ABEN	
OTHER INSURED S POLICY OR GROUP NUMBER		a BARLON	NDIT! (Cur	ert or Presidue	0	· NR.PETSDAT	OF BRITH		58.1	
PESERVED FOR NUCC USE		D AUTO AS	VES VES	NO				64	1	10
Construction of the state		S NOID M	TES	- NO	ACE (Balk)	5. CTHER CLAIM C	Desgrate	d by NUCC)		
RESERVED FOR NUCCORE		C (01-62)	CODENTS	-		L NOUTVINCE PLA	UNAME OF	PROGRAMINA	PAL .	
		101 000	100	OH _		a second second second				
INSURVICE PLAN NAME OF PRODRIVIN NAME		IDE CLASS	CODES (De	Agnaled by NA	00	4. IS THERE ANOTHER HEALTH BENEFIT PLANT 165 NO Park, complete term 9, 9a, an				and list
READ BACK OF FORM BEFOR PATIENT'S OF AUTHORIZED FERSION'S SIGNATURE	E COUPLETIN	A SEMIS	THIS FORM		Contractor of the local division of the loca	TS INSURED'S CRIMINAL PROCESSION AND A AND				
to process this claim. I also request psymenticif governme below.	et iznelts eiter	to myself or to	the party she	saccepts and	nonan t	services describe	d laium	o bia un ders grie	er (billed en	in an brance for
BOHED		0	ATT			BISHED				
A DATE OF CURRENT LEARER, INCURIT, & PREDMAN		CTHEN DAT	e un	100	a	HE DATES PATEN FROM	Rent 2	WORK IN CU	18P1 98	UPATION
7 NAME OF REFERENCE PROVIDER ON OTHER BOUT	17					IS HOOPITAL CATH	CATES I		ALLENT RE	THORS
P ADDITIONAL CLAM INFORMATION (Designated by N		6 6491				FROM 20. OUTSDELAB?		TO	APROFIL	
According to the other on pargranting in	0000						NO	100	APRIL OF	
DIVERSION OF AND RECENTIONS OF A DESCRIPTION OF	Math ALL to say	ACD SHO DODW	948 IO	D mdi	_	22 RESUBASSION		CHIGHN, PER	. 10	
u	e L		_	0		23 PRIOR AUTHOR				
	01		_	-						
A DATES OF SERVICE B. C. From To RACEOF		CARES, SER			E	F.	D. O	H L	0.0	J DETINO
AN DO VY MAN OD YY SERVICE ON	in ortig	PCS	MOCAPI	UD	POWER	\$ CHANGED	UNTO	The OLUL		NOENIO #
	1		TI				1	100		
	-		1			1		1991		
	1	T	11			1	I	1 1471		
	1							101		
I I I I I I I	1		II				T	1 101		
	1									
RECEPAL TAS LO NUMBER OON EN	26. PATIENT'S	ACCOUNT N	0 27	GGET ASP	CHANGENTS .	29. TOTAL CHARICE		NP1 ANOUNT PAIL	200	evel for NUCC U
				VER.	No. 1942	5	1 3			1
ESONATURE OF PHYSICIAN OF SUPPLIER INCLUSING DEGREES OF OREDRITING (carify that the dutiment on the overall apply that the dutiment on the overall apply that the dutiment on the overall	SC. SERVICE PA	KOLTY LOD	ttas ina	MATCH		B BLUNG PROVI	ien naros	mie ()	
							-			

	SURANCE O											
DPICA.	Creat one official cost	a contra tra	order dervar								PICK	
MEDICARE (Medicared)		NOVE	CHAMPVA (Member DA	「たい	Sirver	Exter	CTHER 1000	14. INSURED BILD.	V, MEER	1	for Program in Barn 1)	
	Guet Name, Rest Nam			PATIENTS		_	SEX.	4. INSURED'S NAME	(LarfNarie,	First Name, Mo	de killa)	
					8. J. J.	54.	-					
PATIENT'S ADOP	ens (vo., steet)		-	Set 0	ELATIONS D	ONE	Othe	7. INSURED IS ADDR	and the set	pet)		
TY :			STATE 6	HESERVED		CO USE		CITY			STATE	
PCCOE	TELEPH	Chill (India Area	00000					2P CODE		B EPICNE III	duce Area Code:	
	()								()		
OTHER INSURED	19 NAME (Last Name,	First Name, Middle	10.0)	0.18 PATIEN	IT'S COND	TIONAEL	ATED TO.	11. INSURED'S POU	ICY OROUP (OF FECA NUMB	EA	
CTHER INSURED	TS POLICY ON GROUP	P NUMBER		ENFLOIM	ENT? (Car	ent or Previ	241)	A INSURED S DATE	OF BRITH		SEX	
		with Sile		[YES		2		1	M	P	
REBERNED FOR	HALLO VOE		1	AUTO ACC	VES		PLACE (Bub)	6 OTHER CLAIM D	Cestinated	NUCCI		
RESERVED FOR	NUCCUSE			OTHER AD				C INSURANCE PLAT	NINAME OF P	TOGRAM NAM	6	
NELEASTER A	N NAME OR PROGRAM	MILANE		Ba CLAMO	VES CON	III III		A IS THERE MADE	ER HEALTH	INCOME IN		
ADDITION OF THE					CLIEB (DA	-Quanto Li	avera	A. IS THERE ANOTHER HEALTH BENERIT PLAN? YEB NO #yee, complete terms 3, Pa, and Rd				
PATENTS OF A	IUTHORIZED PEPISON	FORM REFORE C	authorize Bierei	ease of any m	edical or di	ie internet	ce necessary	15 INSURED'S OR AUTHORIZED PERISON'S SIGNATURE Lauthorop pryment of medical benefits to the undersigned physician or suggier for				
to process this da telow.	ern. I discretage est payre	entol gaverment b	onalis añor te	njedia trih	io party etc	o accepts as	signment	services describe	di tablici et.			
BIGNED				DAT	6			BONED				
DATE OF CURP	GUAL GUAL	or PREGNANCY	GMP5 15.CT	HER DATE	-	1 00 1	37	16. DATES PATIENT FROM	Revera 10	WORK IN CURE	ED DOUDATION	
NAME OF REFE	RRNS PROVIDER OR	OTHER BOURCE	178		20000	-		IS HOSPITAL CATU	N DATES FE		RENT SERVICES	
ADDVICTOR CL	AM INFORMATION (D	correctori ne HLA'S	178	IF1				FROM 20 OUTSIDE LARP		TO ECHAR	1000	
								VES	110			
DIAGNOSIS OR	NATURE OF LLNESS	OR INJURY Real	D.A.L. ID GIR HOS	ine beb # G	4B IC	D ma		22 REBUEMISSION		FIGNAL REF	NO	
C			c _		-	21		23 PRICE AUTHOR	ZATION N.A	0EA		
	1		×				-					
A DATE(B Prom M DO YY	OF SERVICE To MM DO YY	B C PLACO STRACE BAG	D PROCEDI (Exclue OPT/HOPOS	UNUSUE DEC	NODIFI	ER	E DIAGHOOIS PONTER	R CHARGES	0410	AL OUN	PROVIDER ID #	
1.1	1.1.1.		1						1 1	NPI		
1 1	1.1.1			1	1 1	1	6	1 1	1 1			
				100			8			NPI		
										MPI		
1 1	THE D	T-sel and	1	100	1 1	1	1	1	1 1	10		
		100					1					
										NPI		
11	LII								1 1	NPI		
PEDERAL TAX I	D. MUMBER	ON ELN 25	PATIENT'S AC	COUNT NO	27		Parken.	28. TOTAL CHAVIDE	28.1	MOUNT PAID	30. Pevel Ry NUCC U	
dicarity that the	PHYSICIAN OR SUPP SIEES OF CREDENTS statements or the lover red are made a part the	ALS 50	SERVICE PAO	LETTLOCAT	ION INFO	YES IMATION	NO	33. BLUNG PROVID	CH NOL P	54 ()	
		4	TKI (S	1	6			< ND1				

Line Items 33 and 33a

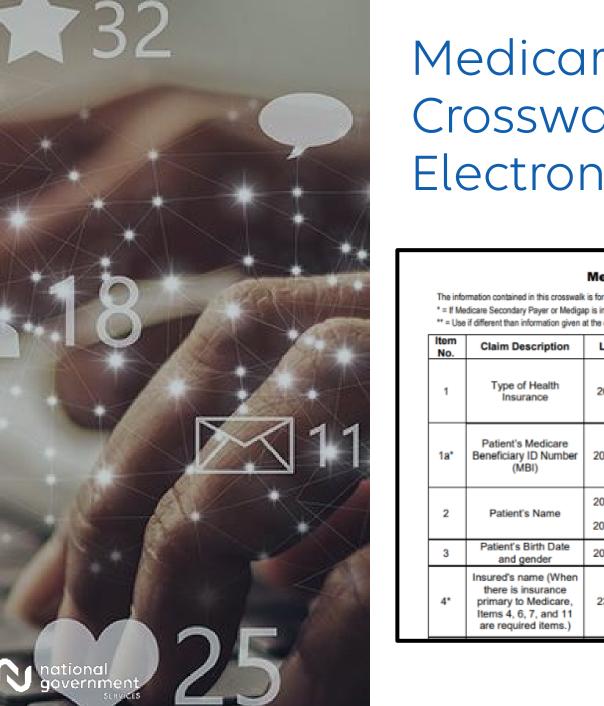
- Required on all claims
 - Provider's billing name, telephone number, address and ZIP code
- Item 33a contains NPI of billing practice



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	
33	billing name, address, zip code & phone	2010AA or 2010AB		NM104 NM105	Provider first name Provider middle initial	NM101 Entity Identifier=87-Pay-to-provider
	number		N301 N401	provider address 1 Provider city	NM102 Entity Type code 1 Person 2 Non-Person Entity	
			N402 N403	Provider state Provider ZIP code	Enter the provider or service/supplier's billing name, address, zip code and telephone number. Must be a physical address with nine-digit ZIP code.	
33a	NPI	2010AA	PER04 NM109 (85)	Provider phone number Provider ID	NM101 Entity Identifier code=85-Billing Provider NM101 Entity Identifier code=85-Pay-to-provider Enter the NPI for the Group Number of 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	
33b	Billing Taxonomy Number	2000A 2010AA	PRV02 PRV03	Taxonomy number	Qualifier PXC	







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.

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

** = 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
			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)
2	Patient's Name	2010BA or 2010CA	NM103	Last Name	Enter the patient's name as shown on their Medicare card
			NM104	First Name	
			NM105	Middle initial	
			NM107	Suffix (e.g., Jr. Sr.)	
3	Patient's Birth Date and gender	2010BA	DMG02	Birth Date	Enter the patient's birth date. Must be formatted as CCYYMMDD. Date qualifier (DMG01) = D8
			DMG03	Gender	
4*	Insured's name (When there is insurance primary to Medicare, Items 4, 6, 7, and 11 are required items.)	2330A	NM103	Other insured last name	Enter the insured's name. Required if any other payers are known to potentially be involved in paying this claim. If the insured is the patient this would be blank and information reported in the 2010BA Loop does not repeat in the 2330A Loop.
			NM104	Other insured first name	
			NM105	Other insured middle name	



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 and References

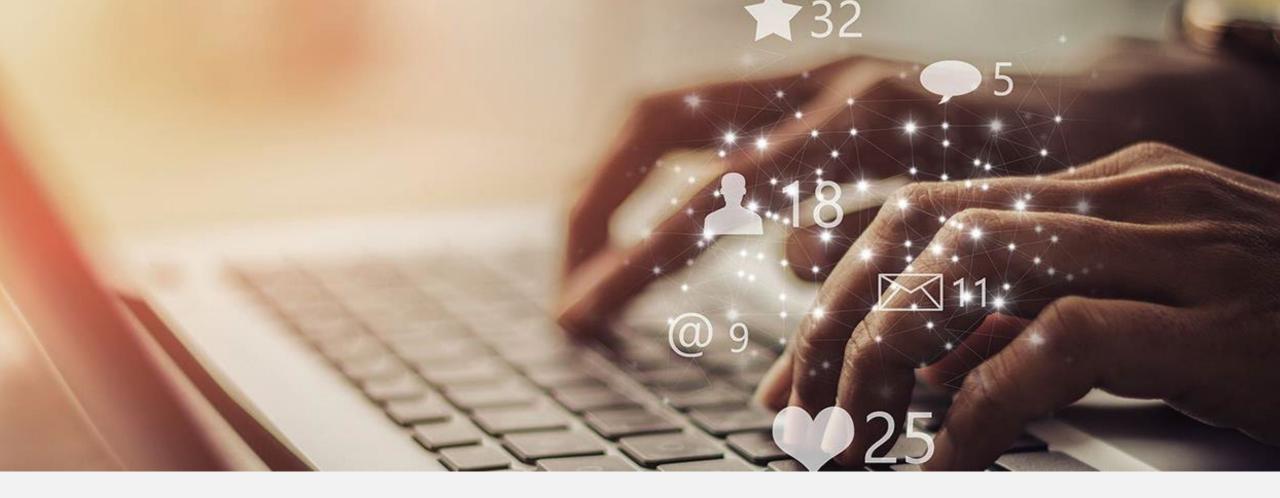
- NGS website
 - <u>CMS-1500 Claim Form Completion Instructions</u>
 - Medicare Part B CMS-1500 Crosswalk for 5010 Electronic Claims
 - <u>Top Claim Errors</u>
- CMS website
- Place of Service Code Sets
- CMS IOM Publication 100-04, Medicare Claims Processing Manual
 - <u>Chapter 1, General Billing Requirements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





Questions?

Thank you! A follow-up email will be sent to attendees with the Medicare University Course Code.







Text NEWS to 37702; Text GAMES to 37702



youtube.com/ngsmedicare



