1500

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

PICA

1. MEDICARE (Medicare #) MEDICAID (Medicaid #) TRICARE CHAMPUS (Sponsor's SSN) CHAMPVA (Member ID#) GROUP HEALTH PLAN (SSN or ID) FECA BLK LUNG (SSN) OTHER (ID)

1a. INSURED'S I.D. NUMBER (For Program in Item 1)

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

3. PATIENT'S BIRTH DATE MM DD YY SEX M F

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

5. PATIENT'S ADDRESS (No., Street)

6. PATIENT RELATIONSHIP TO INSURED Self Spouse Child Other

7. INSURED'S ADDRESS (No., Street)

CITY STATE

ZIP CODE (Include Area Code)

9. OTHER INSURED

a. OTHER INSURED

b. OTHER INSURED MM DD YY SEX M F

c. EMPLOYER'S NAME OR SCHOOL NAME

d. INSURANCE PLAN NAME OR PROGRAM NAME

10a. PLACE (State) YES NO

c. OTHER ACCIDENT? YES NO

10d. RESERVED FOR LOCAL USE

c. INSURANCE PLAN NAME OR PROGRAM NAME

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO *If yes*, return to and complete item 9 a-d.

NG & SIGNING THIS FORM.
he release of any medical or other information necessary
er to myself or to the party who accepts assignment

SIGNED DATE

14. DATE OF CURRENT: MM DD YY ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY(LMP)

15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

17a.

17b NPI

late Items 1, 2, 3 or 4 to Item 24E by Line)

1.

2.

THORIZATION NUMBER

24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY

G. DAYS OR UNITS

H. EPSDT Family Plan

I. ID. QUAL.

J. RENDERING PROVIDER ID. #

NPI

NPI

25.

26. PATIENT'S ACCOUNT NO.

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

28. TOTA

NCE DUE

31.

32. SERVICE FACILITY LOCATION INFORMATION

33. BILLING PROVIDER INFO & PH # ( )

SIGNED DATE

a. NPI b.

a. NPI b.

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

Fields shaded in red indicate areas used for legacy Medicare identifiers such as UPINs, PINs, etc. These can only be used *prior* to May 23, 2007.

The fields shaded in green indicate areas to report NPI numbers. Effective May 23, 2007 it will be **mandatory** for NPI numbers to be provided in these fields for a claim to be considered valid.

Enter the UPIN of the referring/ ordering physician listed in item 17.

Enter the NPI of the referring/ordering physician listed in item 17.

Enter the rendering provider's PIN in 24J. In the case of a service provided incident to the service of a physician or non-physician practitioner, when the person who ordered the service is not supervising, enter the PIN of the supervisor. Enter the ID qualifier 1C in 24I.

Enter the rendering provider's NPI. In the case of a service provided incident to the service of a physician or non-physician practitioner, when the person who ordered the service is not supervising, enter the NPI of the supervisor.

Enter the ID qualifier 1C followed by one blank space and then the PIN of the service facility. Providers of service (namely physicians) shall identify the suppliers PIN when billing purchased diagnostic tests.

Enter the billing provider's (group/ organization or individual) name, address, city, state, zip, and phone number in item 33.

Enter the ID qualifier 1C followed by one blank space and then the PIN of the billing provider or group/ organization.

Enter the NPI for the billing provider or group/ organization.

Enter the NPI of the service facility as soon as it is available.