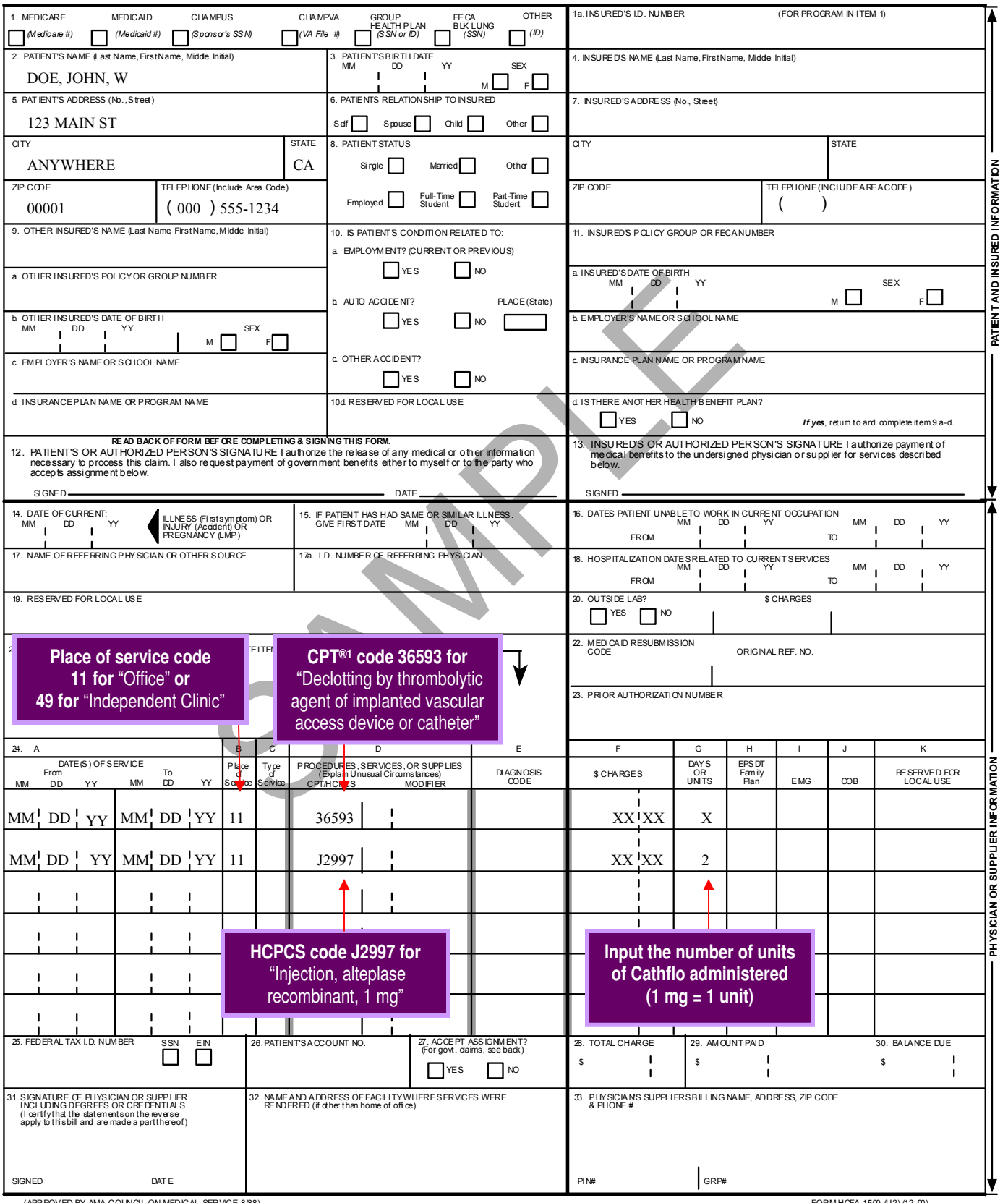
Sample CMS-1500 Claim Form for Physician Offices and Free-Standing Clinics

DISCLAIMER: This is NOT inclusive of all applicable codes that may be reported on a CMS-1500 claim form. Providers should document and code appropriately at all times.



(APPROVED BY AMA COUNCIL ON MEDICAL SERVICE 8/88)

PLEASE PRINT OR TYPE

FORM HCFA-1500 (U2) (12-90)
FORM OWCP-1500 FORM RRB-1500

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