

HEALTH INSURANCE CLAIM FORM

PHYSICIAN OFFICE
Effective for dates of service on
or after January 1, 2018

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

1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA BLK LUNG <input type="checkbox"/> OTHER <input type="checkbox"/>		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	
5. PATIENT'S ADDRESS (No., Street)		6. PATIENT RELATIONSHIP TO INSURED	
CITY		8. RESERVED FOR NUCC USE	
STATE		10. IS PATIENT'S CONDITION RELATED TO PREVIOUS SERVICE?	
ZIP CODE		10d. CLAIM CODES (Designated by NUCC)	
TELEPHONE (Include Area Code)		13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION	
a. OTHER INSURED'S POLICY OR GROUP NUMBER		17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	
b. RESERVED FOR NUCC USE		19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	
c. RESERVED FOR NUCC USE		21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY	
d. INSURANCE PLAN NAME OR PROGRAM NAME		24. A. DATE(S) OF SERVICE	
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE		B. PLACE OF SERVICE	
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP)		C. EMG	
15. OTHER DATE		D. PROCEDURES, SERVICES, OR SUPPLIES	
17a. NPI		E. CPT/HCPCS	
17b. NPI		F. MODIFIER	
17c. NPI		G. CHARGES	
17d. NPI		H. UNITS	
17e. NPI		I. QUAL.	
17f. NPI		J. PROVIDER ID. #	
17g. NPI		K. NPI	
17h. NPI		L. NPI	
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17lk. NPI		LO	