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

Replaced 1500 rectangular symbol with black and white two-dimensional QR Code (Quick Response Code). "

**Added "(NUCC)" after "APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE."
Replaced "08/05" with "02/12."**

| | PICA | | | | | | | PICA | |

1 - Changed "TRICARE CHAMPUS" to "TRICARE" and changed "(Sponsor's SSN)" to "(ID#/DoD#)."

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

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 M F

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)

8 - Deleted "PATIENT STATUS" and content of field. Changed title to "RESERVED FOR NUCC USE."

CITY STATE

8. RESERVED FOR NUCC USE

ZIP CODE TELEPHONE (Include Area Code)

ZIP CODE TELEPHONE (Include Area Code) ( )

9D - Deleted "OTHER INSURED'S DATE OF BIRTH, SEX." Changed title to "RESERVED FOR NUCC USE."

9. OTHER INSURED'S NAME

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER

11b - Deleted "EMPLOYER'S NAME OR SCHOOL." Changed title to "OTHER CLAIM ID (Designated by NUCC)." Added 2 digit qualifier.

a. OTHER INSURED'S POLICY OR GROUP NUMBER

a. INSURED'S DATE OF BIRTH M F

9c - Deleted "EMPLOYER'S NAME OR SCHOOL." Changed title to "RESERVED FOR NUCC USE."

b. RESERVED FOR NUCC USE

b. OTHER CLAIM ID (Designated by NUCC)

c. RESERVED FOR NUCC USE

c. OTHER ACCIDENT? YES NO

c. INSURANCE PLAN NAME OR PROGRAM NAME

11D - Changed "If yes, return to and complete Item 9 a-d" to "If yes, complete items 9, 9a, and 9d."

14 - Changed title to "DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP)." Removed the arrow and text in the right-hand side of the field. Added "QUAL." with a dotted line to accommodate a 3 digit qualifier.

10d. CLAIM CODES (Designated by NUCC)

d. IS THERE ANOTHER HEALTH BENEFIT PLAN?
YES NO *If yes*, complete items 9, 9a, and 9d.

10d - Changed title from "RESERVED FOR LOCAL USE" to "CLAIM CODES (Designated by NUCC)."

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

15 - Changed title from "IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE" to "OTHER DATE." Added 3 Digit qualifier.

SIGNED DATE

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

15. OTHER DATE QUAL. MM DD YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY

17 - Added a dotted line in the left-hand side of the field to accommodate a 2 digit qualifier.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

17a. 17b. NPI

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY

19 - Changed title from "RESERVED FOR LOCAL USE" to "ADDITIONAL CLAIM INFORMATION

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? YES NO $ CHARGES

21 - Added "ICD Ind." and two dotted lines in the upper right-hand corner of the field to accommodate a 1 Digit indicator.

21 - Changed instruction after title from "(Relate Items 1, 2, 3 or 4 to Item 24E by Line)" to "Relate A-L to service line below (24E) Removed arrow pointing to 24E.

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.

A. C. D.
E. F. G. H.
I. J. K. L.

22. RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

22 - Changed title from "MEDICAID RESUBMISSION" to "RESUBMISSION CODE."

24. A. DATE(S) OF SERVICE From To MM DD YY MM DD YY
B. PLACE OF SERVICE
C. (PROCEDURES, SERVICES, OR SUPPLIES) (Explain Unusual Circumstances) MODIFIER
E. DIAGNOSIS POINTER
F. $ CHARGES
G. DAYS OR UNITS
H.
I. ID. QUAL.
J. RENDERING PROVIDER ID. #

NPI

21 - Added 8 additional lines for diagnosis codes. Evenly spaced the diagnosis code lines within the field. Changed labels of the diagnosis code lines to alpha characters (A - L). Removed the period within the diagnosis code lines.

NPI

NPI

30 - Deleted "BALANCE DUE." Changed title to "Rsvd for NUCC Use."

NPI

25. FEDERAL TAX I.D. NUMBER SSN EIN

26. PATIENT'S ACCOUNT NO.

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

28. TOTAL CHARGE $

29. AMOUNT PAID $

30. Rsvd for NUCC Use

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)

32. SERVICE FACILITY LOCATION INFORMATION

33. BILLING PROVIDER INFO & PH # ( )

**Courtesy of and Copyright of www.MedicalBillingSoftware.com
Only Medisoft Version 19 can print this info.
Call 888-691-8058 or 941-743-6666 for upgrade pricing.**

a. NPI b.

a. NPI b.

SIGNED DATE

NUCC Instruction Manual available at: www.nucc.org *PLEASE PRINT OR TYPE* OMB APPROVAL PENDING