

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

BOX 1

- "TRICARE" added above "CHAMPUS".
- Under CHAMPVA, "VA File #" changed to "Member ID#".

1. MEDICARE <input type="checkbox"/> (Medicare #) MEDICAID <input type="checkbox"/> (Medicaid #) TRICARE CHAMPUS <input type="checkbox"/> (Sponsor's SSN) CHAMPVA <input type="checkbox"/> (Member ID #) GROUP HEALTH PLAN <input type="checkbox"/> (SSN or ID) FECA BLK LUNG <input type="checkbox"/> (SSN) OTHER <input type="checkbox"/> (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 <input type="checkbox"/> F <input type="checkbox"/>					4. INSURED'S NAME (Last Name, First Name, Middle Initial)				
HEADER <ul style="list-style-type: none"> • Barcode removed. • "PLEASE DO NOT STAPLE IN THIS AREA" removed from left side. • Rectangle with "1500" added to left side. • "HEALTH INSURANCE CLAIM FORM" moved to left side. • "APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05" added to left side. 										5. RELATIONSHIP TO INSURED (Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>					7. INSURED'S ADDRESS (Last Name, First Name, Middle Initial)				
6. CITY										8. STATUS (Married <input type="checkbox"/> Other <input type="checkbox"/> Full-Time Student <input type="checkbox"/> Part-Time Student <input type="checkbox"/>					9. ZIP CODE				
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)										10. IS PATIENT'S CONDITION RELATED TO: (Accident? <input type="checkbox"/> YES <input type="checkbox"/> NO)					11. INSURED'S POLICY NUMBER				
10a. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)										10b. DATE OF BIRTH MM DD YY					10c. EMPLOYER'S NAME				
10d. EMPLOYER'S ADDRESS (Last Name, First Name, Middle Initial)										10e. CITY					10f. ZIP CODE				
10g. IS THERE ANOTHER INSURED UNDER THE SAME POLICY? (YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, return to and complete item 9 a-d.										11. INSURED'S DATE OF BIRTH MM DD YY					12. EMPLOYER'S NAME				
11. INSURED'S ADDRESS (Last Name, First Name, Middle Initial)										12. CITY					13. ZIP CODE				
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.)										13. INSURED'S SIGNATURE					14. DATE OF CURRENT ILLNESS (First symptom) OR INJURY (Accident) OR DATE				
14. DATE OF CURRENT ILLNESS (First symptom) OR INJURY (Accident) OR DATE										15. IF PATIENT HAS GIVEN FIRST NAME					16. NPI				
17. DATE OF SERVICE (From MM DD YY To MM DD YY)										18. PLACE OF SERVICE (EMG)					19. PROCEDURES, SERVICES, OR SUPPLIES (CPT/HCPCS)				
20. DIAGNOSIS OR NATURE OF ILLNESS (1. 2. 3. 4. of Item 2)										21. DATE(S) OF SERVICE (From MM DD YY To MM DD YY)					22. PLACE OF SERVICE (EMG)				
23. PROCEDURES, SERVICES, OR SUPPLIES (CPT/HCPCS)										24. DIAGNOSIS POINTER					25. CHARGES				
26. PATIENT'S ACCOUNT NO.										27. ACCEPT ASSIGNMENT? (For gov't claims, see back) (YES <input type="checkbox"/> NO <input type="checkbox"/>					28. TOTAL CHARGES				
29. SERVICE FACILITY LOCATION INFORMATION (a. b.)										30. BILLING PROVIDER INFO & PH # (a. b.)					31. SIGNATURE (I.D. #)				
32. SIGNATURE (I.D. #)										33. BILLING PROVIDER INFO & PH # (a. b.)					34. SIGNATURE (I.D. #)				

Box 17a

- Box is split in half length-wise.
- Area is shaded. Box will accommodate other ID numbers.
- Two vertical lines added. Field will accommodate a two byte qualifier for other ID numbers.

Box 17b

- Field is added.
- Two vertical lines added with "NPI" label. Field will accommodate the NPI number.

Box 21

- Lines after decimal point in items 1, 2, 3, and 4 are extended to accommodate four bytes.

Box 24C

- "Type of Service" is removed. Field is now titled "EMG".

Box 32

- Boxes 32a and 32b were added at the bottom.
- Box 32a: This field is added to accommodate reporting of the NPI number and is indicated by the shaded label of "NPI".
- Box 32b: This shaded field is added to accommodate the reporting of other ID numbers.

Back

- The following language is added in the last line at the bottom: "This address is for comments and/or suggestions only. DO NOT MAIL COMPLETED CLAIM FORMS TO THIS ADDRESS."

Box 24K

- This field, "RESERVED FOR LOCAL USE", was removed.

Field size changes

- Box 24D: Increased by three bytes.
- Box 24E: Decreased by three bytes.
- Box 24G: Increased by one byte.
- Box 24H: Decreased by one byte.

Box 24J

- Title is changed from "COB" to "RENDERING PROVIDER ID. #".
- A dotted horizontal line is added length-wise separating the shaded and unshaded portions. The NPI number is to be reported in the unshaded field. Another ID number can be reported in the shaded field.

Box 24I

- Title changed from "EMG" to "ID. QUAL.". Horizontal line added separating the shaded and unshaded portions.
- "NPI" was added in the unshaded portion.

Box 24

- Line with alpha indicators is removed. Alpha indicators are moved next to respective titles.
- Line numbers to the left of Box 24 are increased in size.
- Each of the six lines are split length-wise and shading is added. This area is for the reporting of supplemental information.
- Vertical line separators on each of the six lines are removed from the shaded area, except for the lines before Boxes 24I and 24J.

Box 24D

- Shading is added vertically between "CPT/HCPCS" and "MODIFIER".
- Vertical lines are added in unshaded "MODIFIER" section to accommodate four sets of two bytes.

Box 24E

- Title is changed from "DIAGNOSIS CODE" to "DIAGNOSIS POINTER".

Box 33

- Parentheses are added to indicate the location for reporting the telephone number.
- Boxes 33a and 33b are added at the bottom.

Box 33a

- The title of this field is changed from "PIN#" to "a".
- A shaded label of NPI is added to indicate the reporting of the NPI number.

Box 33b

- The title is changed from "GRP#" to "b." to accommodate the reporting of other ID numbers.
- The field is shaded.

Footer

- The language "NUCC Instruction Manual available at: www.nucc.org" was added to the left-hand side.

CARRIER
PATIENT AND INSURED INFORMATION
PHYSICIAN OR SUPPLIER INFORMATION