

Date Visited: February 7, 2017



HEALTH INSURANCE CLAIM FORM

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

HEALTH INSURANCE CLAIM FORM (NUCC 02/12) with various fields for patient information, insurance details, and provider information.

NUCC Instruction Manual available at: www.nucc.org

PLEASE PRINT OR TYPE

APPROVED OMB-0938-1197 FORM 1500 (02-12)

BECAUSE THIS FORM IS USED BY VARIOUS GOVERNMENT AND PRIVATE HEALTH PROGRAMS, SEE SEPARATE INSTRUCTIONS ISSUED BY APPLICABLE PROGRAMS. NOTICE: Any person who knowingly files a statement of claim containing any misrepresentation or any false, incomplete or misleading information may be guilty of a criminal act punishable under law and may be subject to civil penalties.

REVERED TO GOVERNMENT PROGRAMS ONLY MEDICARE AND TRICARE PAYMENTS: A patient's signature requests that payment be made and authorizes release of any information necessary to process the claim and certifies that the information provided in Blocks 1 through 12 is true, accurate and complete.

BLACK LUNG AND FECA CLAIMS The provider agrees to accept the amount paid by the Government as payment in full. See Black Lung and FECA Instructions regarding procedure and diagnosis coding systems.

SIGNATURE OF PHYSICIAN OR SUPPLIER (MEDICARE, TRICARE, FECA AND BLACK LUNG) In submitting this claim for payment from federal funds, I certify that: 1) the information on this form is true, accurate and complete; 2) I have familiarized myself with all applicable laws, regulations and program instructions, which are available from the Medicare contractor; 3) I have provided or will provide sufficient information required to allow the government to make an informed eligibility and payment decision.

NOTICE TO PATIENT ABOUT THE COLLECTION AND USE OF MEDICARE, TRICARE, FECA, AND BLACK LUNG INFORMATION (PRIVACY ACT STATEMENT) We are authorized by CMS, TRICARE and OWCP to ask you for information needed in the administration of the Medicare, TRICARE, FECA, and Black Lung programs. Authority to collect information is in section 205(a), 1862, 1872 and 1874 of the Social Security Act as amended, 42 CFR 411.2(a)(4) and 424.5(a) (8), and 44 USC 3101(a)1 CFR 101.11 and 10 USC 1079 and 1086. 5 USC 3101 et seq. and 21 USC 807 et seq. 28 USC 871a, (C), (D), (E).

FOR MEDICARE CLAIMS: See the notice modifying system No. 09-70-0501, titled "Carrier Medicare Claims Record," published in the Federal Register, Vol. 55 No. 177, page 37549, Wed, Sept. 12, 1990, or as updated and republished.

FOR OWCP CLAIMS: Department of Labor, Privacy Act of 1974, "Republication of Notice of Systems of Records," Federal Register Vol. 55, No. 40, Wed Feb. 28, 1990, See ESA-6, ESA-12, ESA-13, ESA-20, or as updated and republished.

FOR TRICARE CLAIMS: PRINCIPLE PURPOSES: To evaluate eligibility for medical care provided by civilian sources and to issue payment upon establishment of eligibility and determination that the services/supplies received are authorized by law.

ROUTINE USES: Information from claims and related documents may be given to the Dept. of Veterans Affairs, the Dept. of Health and Human Services and/or the Dept. of Transportation consistent with their statutory administrative responsibilities under TRICARE/CHAMPVA to the Dept. of Justice for representation of the Secretary of Defense in civil actions; to the Internal Revenue Service, private collection agencies, and consumer reporting agencies in connection with nonpayment claims, and to Congressional Offices in response to inquiries made at the request of the person to whom a record pertains. Appropriate disclosures may be made to other federal, state, local, foreign government agencies, private business entities, and individual providers of care, or matters relating to enrollment, claims adjudication, fraud program goals, utilization review, quality assurance, peer review, program integrity, therapy, mobility, coordination of benefits, and civil and criminal litigation related to the operation of TRICARE.

DISCLOSURE: Voluntary: However, failure to provide information will result in delay in payment or may result in denial of claim. With the one exception discussed below, there are no penalties under these programs for refusing to supply information. However, failure to furnish information regarding the medical services rendered or the amount charged would prevent payment of claims under these programs. Failure to furnish any other information, such as name or claim number, would delay payment of the claim. Failure to provide medical information under FECA could be deemed an obstruction.

It is mandatory that you tell us if you know that another party is responsible for paying for your treatment. Section 1128B of the Social Security Act and 31 USC 3801-3812 provide penalties for withholding this information.

You should be aware that P.L. 100-503, the "Computer Matching and Privacy Protection Act of 1988," permits the government to verify information by way of computer matches.

MEDCAD PAYMENTS (PROVIDER CERTIFICATION) I hereby agree to keep such records as are necessary to document fully the extent of services provided to individuals under the State's Title XIX plan and to furnish information regarding any payments claimed for providing such services as the State Agency or Dept. of Health and Human Services may request.

Further agree to accept, as payment in full, the amount paid by the Medicaid program for those claims submitted for payment under that program, with the exception of authorized deductibles, copayments, coinsurance or similar cost-sharing charge.

SIGNATURE OF PHYSICIAN (OR SUPPLIER): I certify that the services listed above were medically indicated and necessary to the health of this patient and were personally furnished by me or my employee under my personal direction.

NOTICE: This is to certify that the foregoing information is true, accurate and complete. I understand that payment and satisfaction of this claim will be from Federal and State funds, and that any false claims, statements, or documents, or concealments of a material fact, may be prosecuted under applicable Federal or State laws.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1197. The time required to complete this information collection is estimated to average 10 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimates, or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PPA Records Clearance Officer, Mail Stop CA-20-06, Baltimore, Maryland 21244-1802. This address is for comments and suggestions only. DO NOT MAIL COMPLETED CLAIM FORMS TO THIS ADDRESS.



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL INFORM CLAIM COMMITTEE (NICC) 2018

Medicare/Medicaid/Other

PATIENT AND SUPPLIER INFORMATION

1. MEDICAL CLASSIFICATION: MEDICARE [X], MEDICAID, OTHER []
2. POLICY NUMBER: []
3. DATE OF SERVICE: []
4. PROVIDER INFORMATION: []
5. PATIENT INFORMATION: []
6. REFERENCE PLAN NAME: []
7. HOSPITAL/CLINIC INFORMATION: []
8. SIGNATURE: []

ICD-9-CM	ICD-9-CM	ICD-9-CM	ICD-9-CM	ICD-9-CM	ICD-9-CM	ICD-9-CM	ICD-9-CM	ICD-9-CM	ICD-9-CM	ICD-9-CM	ICD-9-CM	ICD-9-CM	ICD-9-CM	ICD-9-CM	ICD-9-CM	ICD-9-CM	ICD-9-CM	ICD-9-CM
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