

1. Health insurance Coverage Medicare Medicaid Group plan Other <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				2. Patient relationship to insured Self Spouse Child Other <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				3. Insured's ID Number 6342233A																																																																																															
4. Patient's Name Doreen Schweizer				5. Patient Birth date 09.10.1979		6. Insured's Birth Date																																																																																																	
7. Street Address 3230 Bombardier Way				8. City Columbus		9. State NJ																																																																																																	
10. Zip Code 43202				11. Telephone 7407346200		12. Alternate Telephone																																																																																																	
13. Is Patient's Condition Related to: <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;"> a. Employment <input type="checkbox"/> Yes <input type="checkbox"/> No </td> <td style="width: 33%; border: none;"> b. Auto Accident <input type="checkbox"/> Yes <input type="checkbox"/> No </td> <td style="width: 33%; border: none;"> c. Other Accident <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </td> </tr> </table>								a. Employment <input type="checkbox"/> Yes <input type="checkbox"/> No	b. Auto Accident <input type="checkbox"/> Yes <input type="checkbox"/> No	c. Other Accident <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																																																																													
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14. Diagnosis or nature of illness or injury <table style="width: 100%; border: none;"> <tr> <td style="width: 25%; border: none;">a.</td> <td style="width: 25%; border: none;">b.</td> <td style="width: 25%; border: none;">c.</td> <td style="width: 25%; border: none;">d.</td> </tr> <tr> <td style="border: none;">e.</td> <td style="border: none;">f.</td> <td style="border: none;">g.</td> <td style="border: none;">h.</td> </tr> <tr> <td style="border: none;">i.</td> <td style="border: none;">j.</td> <td style="border: none;">k.</td> <td style="border: none;">l.</td> </tr> </table>								a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.																																																																																				
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15. Claims <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th colspan="6">Dates of Service</th> <th colspan="2">Procedure, service or supplies</th> <th rowspan="2">Charges</th> <th rowspan="2">Amount Paid</th> </tr> <tr> <th colspan="3">FROM</th> <th colspan="3">TO</th> <th>Description</th> <th>CPT/HCPCS</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td>09</td> <td>02</td> <td>21</td> <td>23</td> <td>02</td> <td>21</td> <td></td> <td></td> <td>2334</td> <td>34</td> </tr> <tr style="background-color: #e6f2ff;"> <td>b.</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>c.</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr style="background-color: #e6f2ff;"> <td>d.</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>e.</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr style="background-color: #e6f2ff;"> <td>f.</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>g.</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>									Dates of Service						Procedure, service or supplies		Charges	Amount Paid	FROM			TO			Description	CPT/HCPCS	a.	09	02	21	23	02	21			2334	34	b.											c.											d.											e.											f.											g.										
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