

1. Health insurance Coverage Medicare <input checked="" type="checkbox"/> Medicaid <input type="checkbox"/> Group plan <input type="checkbox"/> Other <input type="checkbox"/>				2. Patient relationship to insured Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>				3. Insured's ID Number 3342233A																																																																																															
4. Patient's Name Pierpont Babin				5. Patient Birth date 11.06.1990			6. Insured's Birth Date																																																																																																
7. Street Address 2546 Heather Sees Way				8. City Tulsa			9. State NJ																																																																																																
10. Zip Code 90890				11. Telephone 9187459815			12. Alternate Telephone																																																																																																
13. Is Patient's Condition Related to: 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																																																																																																							
14. Diagnosis or nature of illness or injury a. fever b. c. d.																																																																																																							
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i.		j.		k.		l.																																																																																																	
15. Claims <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <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>12</td> <td>01</td> <td>21</td> <td>23</td> <td>02</td> <td>21</td> <td></td> <td></td> <td>2234</td> <td>4</td> </tr> <tr> <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> <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> <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.	12	01	21	23	02	21			2234	4	b.											c.											d.											e.											f.											g.										
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