

<b>1. Health insurance Coverage</b> Medicare    Medicaid    Group plan    Other <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				<b>2. Patient relationship to insured</b> Self    Spouse    Child    Other <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				<b>3. Insured's ID Number</b> 6342233A																																																																																															
<b>4. Patient's Name</b> Doreen Schweizer				<b>5. Patient Birth date</b> 09.10.1979		<b>6. Insured's Birth Date</b>																																																																																																	
<b>7. Street Address</b> 3230 Bombardier Way				<b>8. City</b> Columbus		<b>9. State</b> NJ																																																																																																	
<b>10. Zip Code</b> 43202				<b>11. Telephone</b> 7407346200		<b>12. Alternate Telephone</b>																																																																																																	
<b>13. Is Patient's Condition Related to:</b> <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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<b>14. Diagnosis or nature of illness or injury</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%; border: none;">a. Covid-19</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. Covid-19	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.																																																																																				
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<b>15. Claims</b> <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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<b>16. Total Charges</b> 2334				<b>17. Amount Paid</b> 34				<b>18. Amount Due</b> 2300																																																																																															