

1. Health insurance Coverage Medicare Medicaid Group plan Other <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>				2. Patient relationship to insured Self Spouse Child Other <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>				3. Insured's ID Number																																																																																															
4. Patient's Name Eglantine Brown				5. Patient Birth date 10/10/1997		6. Insured's Birth Date																																																																																																	
7. Street Address 1659 Rockford Mountain Lane				8. City Charlotte		9. State NJ																																																																																																	
10. Zip Code 28203				11. Telephone 9589192191		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; text-align: center;"> <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>01</td><td>08</td><td>21</td> <td>03</td><td>08</td><td>21</td> <td></td> <td></td> <td>1500</td> <td>0</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.	01	08	21	03	08	21			1500	0	b.											c.											d.											e.											f.											g.										
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