

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 checked="" type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>				3. Insured's ID Number 150-46-8914									
4. Patient's Name Rick Whitaker						5. Patient Birth date 2/7/1953			6. Insured's Birth Date								
7. Street Address 1724 Dean St.						8. City Eureka			9. State New Jersey								
10. Zip Code 95501						11. Telephone 8157180014			12. Alternate Telephone								
13. Is Patient's Condition Related to: a. Employment <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No b. Auto Accident <input type="checkbox"/> Yes <input type="checkbox"/> No c. Other Accident <input type="checkbox"/> Yes <input type="checkbox"/> No																	
14. Diagnosis or nature of illness or injury																	
a.				b.				c.				d.					
e.				f.				g.				h.					
i.				j.				k.				l.					
15. Claims																	
		Dates of Service FROM TO						Procedure, service or supplies Description CPT/HCPCS		Charges		Amount Paid					
a.		04/11 21 04 25 21								34300		11000					
b.																	
c.																	
d.																	
e.																	
f.																	
g.																	
16. Total Charges 34300						17. Amount Paid 11000						18. Amount Due 23300					