

1. Health insurance Coverage Medicare Medicaid Group plan Other <input checked="" type="checkbox"/> <input 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 2342233A																																																																																															
4. Patient's Name Paul Barnes				5. Patient Birth date 08.05.1971		6. Insured's Birth Date																																																																																																	
7. Street Address 2706 Woodrow Way				8. City Waller		9. State NJ																																																																																																	
10. Zip Code 77555				11. Telephone 3475557744		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 checked="" 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 type="checkbox"/> Yes <input type="checkbox"/> No </td> </tr> </table>								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																																																																																													
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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 style="text-align: left;">a.</td> <td>22</td><td>01</td><td>21</td> <td>23</td><td>01</td><td>21</td> <td></td> <td></td> <td>234</td> <td>4</td> </tr> <tr style="background-color: #e6f2ff;"> <td style="text-align: left;">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 style="text-align: left;">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 style="text-align: left;">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 style="text-align: left;">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 style="text-align: left;">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 style="text-align: left;">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.	22	01	21	23	01	21			234	4	b.											c.											d.											e.											f.											g.										
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