

| 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 <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border-bottom: 1px solid black;">a. Cold</td> <td style="width: 25%; border-bottom: 1px solid black;">b.</td> <td style="width: 25%; border-bottom: 1px solid black;">c.</td> <td style="width: 25%; border-bottom: 1px solid black;">d.</td> </tr> <tr> <td style="border-bottom: 1px solid black;">e.</td> <td style="border-bottom: 1px solid black;">f.</td> <td style="border-bottom: 1px solid black;">g.</td> <td style="border-bottom: 1px solid black;">h.</td> </tr> <tr> <td style="border-bottom: 1px solid black;">i.</td> <td style="border-bottom: 1px solid black;">j.</td> <td style="border-bottom: 1px solid black;">k.</td> <td style="border-bottom: 1px solid black;">l.</td> </tr> </table> | | | | | | | | | | | | a. Cold | b. | c. | d. | e. | f. | g. | h. | i. | j. | k. | l. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. Cold | b. | c. | d. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| e. | f. | g. | h. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| i. | j. | k. | l. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15. Claims <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th colspan="6">Dates of Service</th> <th rowspan="2">Procedure, service or supplies Description</th> <th rowspan="2">CPT/HCPCS</th> <th rowspan="2">Charges</th> <th rowspan="2">Amount Paid</th> </tr> <tr> <th>FROM</th> <th colspan="5">TO</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td>04/11</td> <td>21</td> <td>04/25</td> <td>21</td> <td></td> <td></td> <td></td> <td></td> <td>34300</td> <td>11000</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 Description | CPT/HCPCS | Charges | Amount Paid | FROM | TO | | | | | a. | 04/11 | 21 | 04/25 | 21 | | | | | 34300 | 11000 | b. | | | | | | | | | | | c. | | | | | | | | | | | d. | | | | | | | | | | | e. | | | | | | | | | | | f. | | | | | | | | | | | g. | | | | | | | | | | |
| | Dates of Service | | | | | | Procedure, service or supplies Description | CPT/HCPCS | Charges | Amount Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | FROM | TO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. | 04/11 | 21 | 04/25 | 21 | | | | | 34300 | 11000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 16. Total Charges 34300 | | | | 17. Amount Paid 11000 | | | | 18. Amount Due 23300 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |