

1. Health insurance Coverage Medicare <input type="checkbox"/> Medicaid <input checked="" type="checkbox"/> Group plan <input type="checkbox"/> Other <input type="checkbox"/>				2. Patient relationship to insured Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input checked="" type="checkbox"/> Other <input type="checkbox"/>				3. Insured's ID Number AZ101T20																																																																																					
4. Patient's Name Donald Winters				5. Patient Birth date 6/10/2000		6. Insured's Birth Date																																																																																							
7. Street Address 1010 Drummond Street				8. City Newark		9. State New Jersey																																																																																							
10. Zip Code 07102				11. Telephone 973 206 1104		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 checked="" 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 type="checkbox"/> Yes <input type="checkbox"/> No	b. Auto Accident <input checked="" 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;"> <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">Charges</th> <th rowspan="2">Amount Paid</th> </tr> <tr> <th colspan="3">FROM</th> <th colspan="3">TO</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td>11</td><td>11</td><td>21</td> <td>11</td><td>12</td><td>21</td> <td></td> <td>2345</td> <td>45</td> </tr> <tr><td>b.</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></tr> <tr><td>d.</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></tr> <tr><td>f.</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></tr> </tbody> </table>									Dates of Service						Procedure, service or supplies Description	Charges	Amount Paid	FROM			TO			a.	11	11	21	11	12	21		2345	45	b.										c.										d.										e.										f.										g.									
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