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MAIL TO: AUTO ACCIDENT INS
USAA AUTO
PO BOX 5000
DAPHNE, AL 36526

JML RETURN
AUTO 0032
1

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA — PICA

CARRIER

1. MEDICARE (Medicare #) / MEDICAID (Medicaid #) / TRICARE (ID#/DoD#) / CHAMPVA (Member ID#) / GROUP HEALTH PLAN (ID#) / FECA BLK LUNG (ID#) / OTHER [X] (ID#)

1a. INSURED'S I.D. NUMBER (For Program in Item 1): 0398837112

2. PATIENT'S NAME (Last Name, First Name, Middle Initial): SMITH, ANGELA

3. PATIENT'S BIRTH DATE (MM DD YY): 10 19 1972 — SEX: M [ ] F [X]

4. INSURED'S NAME (Last Name, First Name, Middle Initial): SMITH, ANGELA

5. PATIENT'S ADDRESS (No., Street): 19192 FORRER
CITY: DETROIT — STATE: MI
ZIP CODE: 48235 — TELEPHONE (Include Area Code): (313) 7017357

6. PATIENT RELATIONSHIP TO INSURED: Self [X] Spouse [ ] Child [ ] Other [ ]

7. INSURED'S ADDRESS (No., Street): 19192 FORRER
CITY: DETROIT — STATE: MI
ZIP CODE: 48235 — TELEPHONE (Include Area Code): ( )

8. RESERVED FOR NUCC USE

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)
a. OTHER INSURED'S POLICY OR GROUP NUMBER
b. RESERVED FOR NUCC USE
c. RESERVED FOR NUCC USE
d. INSURANCE PLAN NAME OR PROGRAM NAME

10. IS PATIENT'S CONDITION RELATED TO:
a. EMPLOYMENT? (Current or Previous) [ ] YES [X] NO
b. AUTO ACCIDENT? [X] YES [ ] NO — PLACE (State)
c. OTHER ACCIDENT? [ ] YES [X] NO
10d. CLAIM CODES (Designated by NUCC)

11. INSURED'S POLICY GROUP OR FECA NUMBER: 07/12/2019
a. INSURED'S DATE OF BIRTH (MM DD YY): 10 19 1972 — SEX: M [ ] F [X]
b. OTHER CLAIM ID (Designated by NUCC)
c. INSURANCE PLAN NAME OR PROGRAM NAME: AUTO ACCIDENT INS
d. IS THERE ANOTHER HEALTH BENEFIT PLAN? [ ] YES [X] NO — *If yes*, complete items 9, 9a and 9d.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

SIGNED SIGNATURE ON FILE — DATE 10/3/2019

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED SIGNATURE ON FILE

PATIENT AND INSURED INFORMATION

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY — QUAL
15. OTHER DATE — QUAL — MM DD YY
16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE: DN RADDEN, LOUIS DO
17a.
17b. NPI 1184675886
18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)
20. OUTSIDE LAB? [ ] YES [X] NO — $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) — ICD Ind. 0
A. M54.06 B. M54.07 C. G89.4 D.
E. F. G. H.
I. J. K. L.

22. RESUBMISSION CODE — ORIGINAL REF. NO.
23. PRIOR AUTHORIZATION NUMBER: 06D2108666

	24. A. DATE(S) OF SERVICE From MM	DD	YY	To MM	DD	YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID QUAL	J. RENDERING PROVIDER ID. #
1	09	26	2019	09	26	2019	81		80336		ABC	18.79	1		NPI	1952777831
2	09	26	2019	09	26	2019	81		80375		ABC	18.79	1		NPI	1952777831
3	09	26	2019	09	26	2019	81		80334		ABC	18.79	1		NPI	1952777831
4	09	26	2019	09	26	2019	81		80321		ABC	18.79	1		NPI	1952777831
5	09	26	2019	09	26	2019	81		80323		ABC	18.79	1		NPI	1952777831
6	09	26	2019	09	26	2019	81		80324		ABC	18.79	1		NPI	1952777831

25. FEDERAL TAX I.D. NUMBER: 47-3611341 — SSN [ ] EIN [X]
26. PATIENT'S ACCOUNT NO.: 59-00001079501
27. ACCEPT ASSIGNMENT? (For govt. claims, see back) [X] YES [ ] NO
28. TOTAL CHARGE: $ 112.74
29. AMOUNT PAID: $ 0.00
30. Rsvd for NUCC Use

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)
LABORATORIES, QUASAR
ANALYTIC LLC 10/8/2019
SIGNED — DATE

32. SERVICE FACILITY LOCATION INFORMATION
QUASAR ANALYTICAL
4775 CENTENNIAL BLVD SUITE 120
COLORADO SPRINGS,CO 80919-3309
a. 1952777831 b.

33. BILLING PROVIDER INFO & PH # (719) 2971996
QUASAR ANALYTICAL LABORATORIES, LLC
4419 CENTENNIAL BLVD PMB#250
COLORADO SPRINGS,CO 80907-3309
a. 1952777831 b.

PHYSICIAN OR SUPPLIER INFORMATION

NUCC Instruction Manual available at: www.nucc.org — **PLEASE PRINT OR TYPE** 000126 — JANALIS — APPROVED OMB-0938-1197 FORM 1500 (02-12)

10/8/2019 0000068

WCMS-1500CS-12