

HEALTH INSURANCE CLAIM FORM

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

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MEDICAR		MEDIC	-		CARE	_	CHAMPV		GROUP	H PLAN	FE	CA (LUNG	OTHE		IA. INSURED'S I.D. NU				(For Pro	gram l	item 1)
(Modicares		Modka	, _		(DoD#)	L	(Member II	-	(IDE)						12345678901:						
PATIENT'S NAME (Last Name, First Name, Middle Initial) bbott, Aaron									3. PATIENT'S BIRTH DATE SEX						4. INSURED'S NAME (Last Name, First Name, Middle Initial) Abbott, Aaron						
PATIENT'S ADDRESS (No., Street)									08 27 1984 M X F 6. PATIENT RELATIONSHIP TO INSURED						7. INSURED'S ADDRESS (No., Street)						
Bever.			5 - VR 53/72					1	elf X S		Child		Other	- 13	1 Beverly D	500					
1							STATE	1170	ESERVED	1000000	C AND A			-	CITY					18	TATE
Abington PA								1							Abington PA						
P CODE TELEPHONE (Include Area Code)							1						12	ZIP CODE		TEL	EPHON	E (Include /	Area C	ode)	
4219 (218) 8173931														14219			(21	8) 817	7393	1	
THER INS	URED'S	NAME	(Last N	ame, F	irst Name,	Middle	Irritie!)	10. 15	BPATIEN	TS COND	MOTTE	RELATI	ED TO:	1	11. INSURED'S POLIC	Y GROU	PORF	ECA N	UMBER		
															1234567890						
THER INS	UREDS	POUC	YORG	HOUP	NUMBER	la .		B. EA	B. EMPLOYMENT? (Current or Previous)						g. INSURED'S DATE OF BIRTH SEX						
								Smarr	YES X NO						08 27 1984 M FX						
ESERVED	FOR N	UCC US	3E					b. Al.	JTO ACCI	DENT?		-	ACE (State	o) b	b. OTHER CLAIM ID (I	Dosignato	nd by N	UCC)			
										YES	2	NO									
ESERVED	FOR N	UCC UE	E					c. OT	THER ACC		-	Flore		0	O. INSURANCE PLAN	NAME O	R PROC	GRAM	VAME		
								4-1-1	YES X NO						1 M						
INSURANCE PLAN NAME OR PROGRAM NAME READ BACK OF FORM BEFORE COMPLETING								10d.	18d. CLAIM CODES (Designated by NUCC)						d. IS THERE ANOTHER HEALTH BENEFIT PLAN? X YES NO #yee, complete Nums 9, 9s, and 9d.						
								A RV	A SKINGHIS THEE PRIME						X YES NO # yee, complete fieres 9, 9a, and 9d. 13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize						
		THORIZ	ED PE	RBON'S	SIGNAT	TURE I	authorize the	release	of any me	edical or o	ther info				payment of medical services described	benefits					
pelow.	THE CHUTT	1. 1 8080	iadnast	paymen	If OI BOAR	THE POST IN	WITHOUT SALES	an man	MI OF 10 PI	e bearth sen	io autoret	no eroes	anners.		services described	DISKOW.					
BIGNED	Sig	natu	ire o	on F	ile				DATE	06	/12/	2014	1		SIGNED Si	qnati	ure	on F	ile		
DATE OF C	UARE	CULLIN	ESS, IN	JURY,	or PREGI	NANCY	(LMP) 15.	OTHE	RDATE				No.	1	16. DATES PATIENT	NABLE	OW OT	RKINC	WEBENT O	OCCUP	PATION
M DO		N	QUAL				QU	AL		ММ	DD		YY		FROM	,	M	то	BYING	DD	YY
NAME OF	REFER	PING PI	POVIDE	ROR	OTHER 8	OURCE	178	L		at standard or a	100000000000000000000000000000000000000	N.		1	18. HOSPITALIZATION	DATES	RELAT	ED TO	CURRENT	SERV	CES
Dr 1	Mark	Jen	kins				178	. NPI			-				FROM			TO			
ADDITION	AL CLA	M INFO	RMATIC	ON (De	eignated b	by NUC	(1)							2	20. OUTSIDE LAB?			sc	HARGES		
															YES	NO					
DIAGNOSI	SORN	ATURE	OF ILLI	NESS C	RINJUR	Y Reisi	e A-L to serv	ice line	below (24	(E) IC	D Ind.	9		2	22. RESUBMISSION CODE	-	ORIG	INAL P	EF. NO.		
. 255 11 B. 280 1 C. L								D. L.						OF BRIDE AUTHORITATION AND THE STATE OF THE							
F, L G. L								н.						23. PRIOR AUTHORIZATION NUMBER							
L J K							THE OWNER OF THE OWNER OWN	L.						F. G. H. I. J.							
From To PLACEOF (Explain							in Unu	DURES, SERVICES, OR SUPPLIES E. In Unusual Circumstances) DIAGNOS						DAYS EPSOT				J. RENDERING			
DD	**	ММ	DD	YY	SERVICE	EMG	CPT/HCP	CS		MODIF	IER		POINTER	R	\$ CHARGES	LANTS	Plan	QUAL	PI	ROVID	ER ID. #
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EDERAL"	TAX I.D	NUMB	ER	\$8	N EIN	28.	PATIENT'S	CCOU	INT NO.	process of the last of the las	or on Season	T ASS	GNMENT?	7 2	28. TOTAL CHARGE	100	9. AMO	UNT PA	Sec. 11.), Ravd	for NUCC I
					X					heren	YE8		NO		8 64		8	50	00.00		
BIGNATUR						32	BERVICE FA				RMATIC	IN		3	33. BILLING PROVIDE				12) 55	512	12
(I certify the	at the at	stement	s on the	revent	0				eneral Store ain Street						Flipsid PO Box	3104	42	Inc			
apply to this bill and are made a part thereof.) Suite															Des Moines, IA 50331-0442						
							PILLS	bur	gn, P	A 152	.22				200000000000000000000000000000000000000	nes,	IA	5033	1-044	2	
ED Ash	nley	Wil:	son	DATE	06-12-1	14 8.	N		b.						a. NP	b.					
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