MD MEDICARE PART B
Novitas Solutions
Mechanicsburg
PA 17055

HEALTH INSURANCE CLAIM FORM

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

PICA

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CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

1. MEDICARE / MEDICAID / TRICARE / CHAMPVA / GROUP HEALTH PLAN / FECA BLK LUNG / OTHER	1a. INSURED'S I.D. NUMBER (For Program in Item 1)
[X] (Medicare#) [ ] (Medicaid#) [ ] (ID#/DoD#) [ ] (Member ID#) [ ] (ID#) [ ] (ID#) [ ] (ID#)	5GD9K96FF15
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) Cohen, Brenda	3. PATIENT'S BIRTH DATE MM DD YY: 12 30 53 SEX M [ ] F [X]
4. INSURED'S NAME (Last Name, First Name, Middle Initial) Cohen, Brenda	
5. PATIENT'S ADDRESS (No., Street) 8502 WACO DR	6. PATIENT RELATIONSHIP TO INSURED Self [X] Spouse [ ] Child [ ] Other [ ]
7. INSURED'S ADDRESS (No., Street) 8502 WACO DR	
CITY: FORT WASHINGTON — STATE: MD	8. RESERVED FOR NUCC USE
CITY: FORT WASHINGTON — STATE: MD	
ZIP CODE: 207440 — TELEPHONE (Include Area Code): (301) 248-7725	
ZIP CODE: 20744 — TELEPHONE (Include Area Code): (301) 248-7725	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)	10. IS PATIENT'S CONDITION RELATED TO:
11. INSURED'S POLICY GROUP OR FECA NUMBER	
a. OTHER INSURED'S POLICY OR GROUP NUMBER	a. EMPLOYMENT? (Current or Previous) [ ] YES [X] NO
a. INSURED'S DATE OF BIRTH MM DD YY: 12 30 53 SEX M [ ] F [X]	
b. RESERVED FOR NUCC USE	b. AUTO ACCIDENT? [ ] YES [X] NO PLACE (State)
b. OTHER CLAIM ID (Designated by NUCC)	
c. RESERVED FOR NUCC USE	c. OTHER ACCIDENT? [X] YES [ ] NO
c. INSURANCE PLAN NAME OR PROGRAM NAME MD MEDICARE PART B	
d. INSURANCE PLAN NAME OR PROGRAM NAME	10d. CLAIM CODES (Designated by NUCC)
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: 06/04/2024

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

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY: QUAL. ILLNESS

15. OTHER DATE QUAL. MM DD YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM TO

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE: Canuella SERWAH Akrofi NP

17a.

17b. NPI 1548872385

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM 04 20 2023 TO

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? [ ] YES [ ] NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. 10

A. G93 40	B. J15 212	C. J96 11	D. A41 9
E. R00 0	F. M24 521	G. M24 541	H. E11 9
I. Z43 0	J.	K.	L.

22. RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

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 (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1	07	27	2023	07	27	2023	31	1	99309		ABCDEF	145 00	1		NPI	1548872385
2															NPI	
3															NPI	
4															NPI	
5															NPI	
6															NPI	

25. FEDERAL TAX I.D. NUMBER	SSN	EIN	26. PATIENT'S ACCOUNT NO.	27. ACCEPT ASSIGNMENT? (For govt. claims, see back)	28. TOTAL CHARGE	29. AMOUNT PAID	30. Rsvd for NUCC Use
83-3973422	[ ]	[X]	67721-748261	[X] YES [ ] NO	$ 145 00	$ 79 56	65 44

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.)
Canuella SERWAH Akrofi NP
SIGNED 06/04/24 DATE

32. SERVICE FACILITY LOCATION INFORMATION
Fairland Center
2101 Fairland Rd
Silver Spring, MD, 209045427
a. NPI b.

33. BILLING PROVIDER INFO & PH # (224) 236-4600
COMPREHENSIVE REHAB CONSULTANTS PLLC
415 W. GOLF ROAD
ARLINGTON HEIGHTS, IL, 600053923
a. 1710529771 NPI b.

NUCC Instruction Manual available at: www.nucc.org