

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

PA 17055



PICA

1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN (ID#) <input type="checkbox"/> FECA BLK LUNG (ID#) <input type="checkbox"/> OTHER <input type="checkbox"/>										1a. INSURED'S I.D. NUMBER (For Program in Item 1)									
X (Medicare#) <input type="checkbox"/> (Medicaid#) <input type="checkbox"/> (ID#/DoD#) <input type="checkbox"/> (Member ID#) <input type="checkbox"/> (ID#) <input type="checkbox"/>										5GD9K96FF15									
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)										4. INSURED'S NAME (Last Name, First Name, Middle Initial)									
Cohen, Brenda										Cohen, Brenda									
5. PATIENT'S ADDRESS (No., Street)										7. INSURED'S ADDRESS (No., Street)									
8502 WACO DR										8502 WACO DR									
CITY										CITY									
FORT WASHINGTON										FORT WASHINGTON									
STATE										STATE									
MD										MD									
ZIP CODE										ZIP CODE									
207440										20744									
TELEPHONE (Include Area Code)										TELEPHONE (Include Area Code)									
((301) 248-7725										((301) 248-7725									
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)										11. INSURED'S POLICY GROUP OR FECA NUMBER									
a. OTHER INSURED'S POLICY OR GROUP NUMBER										a. INSURED'S DATE OF BIRTH SEX									
										MM DD YY M F X									
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.										b. OTHER CLAIM ID (Designated by NUCC)									
SIGNED SIGNATURE ON FILE DATE 06/04/2024										c. INSURANCE PLAN NAME OR PROGRAM NAME									
										MD MEDICARE PART B									
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) QUAL. ILLNESS										16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION									
MM DD YY										MM DD YY									
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE										18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES									
Canuella SERWAH Akrofi NP										MM DD YY MM DD YY									
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)										20. OUTSIDE LAB? \$ CHARGES									
										YES NO									
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)										22. RESUBMISSION CODE ORIGINAL REF. NO.									
A. G93 40 B. J15 212 C. J96 11 D. A41 9										23. PRIOR AUTHORIZATION NUMBER									
E. R00 0 F. M24 521 G. M24 541 H. E11 9																			
I. Z43 0 J. K. L.																			
24. A. DATE(S) OF SERVICE B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) E. DIAGNOSIS POINTER										F. \$ CHARGES G. DAYS OR UNITS H. EPSDT Family Plan I. ID. QUAL. J. RENDERING PROVIDER ID. #									
MM DD YY MM DD YY																			
07 25 2023 07 25 2023 31 1 99309 ABCDEF										145 00 1 NPI 1548872385									
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										NPI									
25. FEDERAL TAX I.D. NUMBER SSN EIN										27. ACCEPT ASSIGNMENT? (For govt. claims, see back)									
83-3973422										X YES NO									
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.)										28. TOTAL CHARGE									
Canuella SERWAH Akrofi NP										\$ 145 00									
06/04/24										29. AMOUNT PAID									
SIGNED DATE										\$ 79 56									
32. SERVICE FACILITY LOCATION INFORMATION										30. Rsvd for NUCC Use									
Fairland Center										65 44									
2101 Fairland Rd																			
Silver Spring, MD, 209045427																			
a. NPI										33. BILLING PROVIDER INFO & PH # (224) 236-4600									
b.										COMPREHENSIVE REHAB CONSULTANTS PLLC									
										415 W. GOLF ROAD									
										ARLINGTON HEIGHTS, IL, 600053923									

[illegible]

PHYSICIAN OR SUPPLIER INFORMATION