MD MEDICARE PART B

Novitas Solutions

Mechanicsburg

PA 17055

HEALTH INSURANCE CLAIM FORM

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

APPROVED BY NATIONAL UNIFO	JAIVI CLAIIVI COIVIIVII I	TEE (NOCC)	JZ/ 1Z											
PICA													PICA	
1. MEDICARE MEDICAID			AMPVA _	GROUP HEALTH	H PLAN ——	FECA BLK LUN	JG ┌──	1a. INSURED'S I.		R		(For Progra	ım in Item	1)
X (Medicare#) (Medicaid#,) [ID#/DoD#)	(Me	mber ID#)	(ID#)		(ID#)	(ID#)	5GD9K96	FF15					
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)				ATIENT'S B MM DD	BIRTH DATE		SEX	4. INSURED'S NAME (Last Name, First Name, Middle Initial)						
Cohen, Brenda				12 30	53	М	FΧ	Cohen, Brenda						
5. PATIENT'S ADDRESS (No., Street)				ATIENT RE	LATIONSHI	TO INS	URED	7. INSURED'S ADDRESS (No., Street)						
8502 WACO DR				elf X Sp	ouse C	hild	Other	8502 WACO DR						
CITY STATE				ESERVED I	FOR NUCC	USE		CITY STATE						
FORT WASHINGTON MD								FORT WASHINGTON MD)
ZIP CODE TELEPHONE (Include Area Code)								ZIP CODE TELEP				PHONE (Include Area Code)		
207440 (301) 248-7725								20744			(301) 248-7725			
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)				S PATIFNT	'S CONDITI	ON RELA	TED TO:	11. INSURED'S POLICY GROUP OR FECA NUMBER						
(,	,												
a. OTHER INSURED'S POLICY C	DR GROUP NUMBER		a FI	MPI OYMEN	NT? (Curren	or Previ	nus)	a, INSURED'S DA	ATE OF BU	RTH		SEX		
a. OTHER INSORED STOCKOT OR GROOF NOMBER			a. Li	VII 20 1 W.Z.	¬ `			MM DD YY —						
b. RESERVED FOR NUCC USE			— Ь Л		YES	X NC)	b. OTHER CLAIM ID (Designated by NUCC)						
b. NEGETVED FORTNOOD OGE			D. A.		_	_	PLACE (State)	b. OTHER CLAIM	I ID (Desig	nated by N	IUCC)			
				L	YES	X NC	,							
c. RESERVED FOR NUCC USE				THER ACCI	_			c. INSURANCE PLAN NAME OR PROGRAM NAME						
					YES	NC		MD MEDICARE PART B						
d. INSURANCE PLAN NAME OR PROGRAM NAME				CLAIM CO	DES (Desig	nated by	NUCC)	d. IS THERE ANOTHER HEALTH BENEFIT PLAN?						
								YES X NO If yes, complete items 9, 9a, and 9d.						
READ I 12. PATIENT'S OR AUTHORIZED	BACK OF FORM BEF					informati	on necessory	13. INSURED'S C						
to process this claim. I also requ								payment of m services desc			undersigr	ieu pnysician	or supplie	ıı ıor
below.														
SIGNED SIGNATURE		DATE	06/04/2	2024		SIGNATURE ON FILE								
14. DATE OF CURRENT ILLNES: MM DD YY	15. OTHE	R DATE	1414	DD	VV	16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY						Ņ		
	JAL. ILLNE	SS	QUAL.		MM	DD	YY	FROM	ן טט	ΥΥ	то	MM DE) Y)	Y
17. NAME OF REFERRING PROV	1	DURCE	17a.					18. HOSPITALIZA	ATION DAT	ES RELA	TED TO C	CURRENT SE	RVICEŞ	./
Canuella SERWAH Akrofi NP				NPI 1548872385				18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY MM DD YY FROM 04 20 2023 TO						
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)				10.00.200				20. OUTSIDE LAB? \$ CHARGES						
	, 3	. ,						YES	NO		, ,	Ì		
21. DIAGNOSIS OR NATURE OF	ILLNESS OR INJURY	/ Relate A-I 1	o service line	e below (24)	E)	. 40			<u> </u>					
				*	-/ ICD I	nd. 10	44.0	22. RESUBMISSI CODE	011	ORIO	GINAL RE	EF. NO.		
A. <u>G93 40</u>	B. J15 212 M24 521	_	. M2	6 11 4 541		υ	41 9 11 9	23. PRIOR AUTH	IORIZATIO	N NI IMRE	B			
E. L	F	_	G. L		-	н. 🗀		Lo. Trion Ao In	.5.1127(110					
I. Z43 0	J. <u> </u>		K. L	C 000/10		L. L		F.	- 1 -	<u> </u>	 		1	
				:S, SERVIC usual Circun	mstances)		E. DIAGNOSIS	DAYS OR			H. I. J. EPSDT ID. RENDERING Family ID. PROMINER IN			
MM DD YY MM D	D YY SERVICE	EMG CP	T/HCPCS		MODIFIER		POINTER	\$ CHARGES	UN	ITS Plan	QUAL.	PRO	VIDER ID.	. #
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07 25 2023 07 2	25 2023 31	1 9	9309				ABCDEF	145	00 1		NPI	1548872	385	
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											NPI			
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25. FEDERAL TAX I.D. NUMBER SSN EIN 26. PATIENT'S A		NT'S ACCOL	JNT NO.	27. AC	DEPT AS	SIGNMENT?	28. TOTAL CHAF	RGE	29. AMC	UNT PAI	D 30. F	Rsvd for NU	JCC Us	
83-3973422 X 67721-7482			(For govt. claims, see back)				\$ 14!	1	\$	79	56	65	44	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER 32. SERVICE FA				YLOCATIO			<u> </u>	33. BILLING PRO						74
INCLUDING DEGREES OR CREDENTIALS Fairland Co					Or hviz						\ _	24) 236-4 SULTANT:		
(I certify that the statements on the reverse apply to this bill and are made a part thereof.) 2101 Fairla								COMPREHENSIVE REHAB CÒNSUĹTANTS PLLC 415 W. GOLF ROAD						
Canuella SERWAH Akrof	Spring, M		45427			ARLINGTON HEIGHTS, IL, 600053923								
06/04/24								·						
SIGNED DATE a.				b.				a. 1710529771 b.						