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# The New 1500 Medical Paper Claim Form Implementation

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## Form CMS1500 Centers for Medicare Medicaid Services

Form # CMS 1500 Form Title Health Insurance Claim Form Revision Date 2012-02-01 O.M.B. # 0938-1197 O.M.B. Expiration Date 2020-03-31 CMS Manual N/A Special Instructions Starting April 1, 2014 only the revised, 02-12 version will be accepted.

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# CMS 1500 Health Insurance Claim Form USRDS

health insurance claim form 1. approved omb-1215-0055 form owcp-1500, approved omb-0720-0001 (champus) because this form is used by various government and private health programs, see separate instructions issued by cms 1500-health insurance claim form

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# The Revised 1500 Claim Form nucc org

The 1500 claim form (AKA HCFA 1500 or CMS 1500) is developed by the federal government. False. The 1500 claim form is developed and maintained Reviewed existing data and needs for new Held a public comment period in October 2009 Defined the scope of the work to not change the

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## **Instructions for Completing the CMS 1500 Claim Form**

Instructions for Completing the CMS 1500 Claim Form The Center of Medicaid and Medicare Services (CMS) form 1500 must be used to bill SFHP for medical services. The form is used by Physicians and Allied Health Professionals to submit claims for medical services. All items must be completed unless otherwise noted in these instructions.

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