Attny. Bobby Saadian
3055 Wilshire Blvd. 12th Floor
Los Angeles, CA 90010

HEALTH INSURANCE CLAIM FORM

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

PICA

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CARRIER

PATIENT AND INSURED INFORMATION

1. MEDICARE [ ] (Medicare#) MEDICAID [ ] (Medicaid#) TRICARE [ ] (ID#/DoD#) CHAMPVA [ ] (Member ID#) GROUP HEALTH PLAN [ ] (ID#) FECA BLK LUNG [ ] (ID#) OTHER [X] (ID#)

1a. INSURED'S I.D. NUMBER (For Program in Item 1): .

2. PATIENT'S NAME (Last Name, First Name, Middle Initial): RAMIREZ CARABAY (P.I), RAUL

3. PATIENT'S BIRTH DATE: 08 21 1973 SEX: M [X] F [ ]

4. INSURED'S NAME (Last Name, First Name, Middle Initial): RAMIREZ CARABAY (P.I), RAUL

5. PATIENT'S ADDRESS (No., Street): 242 HEMMINGWAY CT.

6. PATIENT RELATIONSHIP TO INSURED: Self [X] Spouse [ ] Child [ ] Other [ ]

7. INSURED'S ADDRESS (No., Street): 242 HEMMINGWAY CT.

CITY: TULARE STATE: CA

8. RESERVED FOR NUCC USE

CITY: TULARE STATE: CA

ZIP CODE: 93274 TELEPHONE (Include Area Code): (559) 9915025

ZIP CODE: 93274 TELEPHONE (Include Area Code): (559) 9915025

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 [ ] NO [X]

a. INSURED'S DATE OF BIRTH: 08 21 1973 SEX: M [X] F [ ]

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? YES [ ] NO [X]

c. INSURANCE PLAN NAME OR PROGRAM NAME: Attny. Bobby Saadian

d. INSURANCE PLAN NAME OR PROGRAM NAME:

10d. CLAIM CODES (Designated by NUCC):

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES [ ] NO [X] *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: 11/07/2018

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.

15. OTHER DATE QUAL. MM DD YY

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

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

17a.

17b. NPI

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

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

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

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. 0

A. M79.7 B. M47.812 C. M47.816 D. M54.16

E. F. G. H.

I. J. K. L.

22. RESUBMISSION CODE: 1 ORIGINAL REF. NO.:

23. PRIOR AUTHORIZATION NUMBER:

PHYSICIAN OR SUPPLIER INFORMATION

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 11 07 18	11 07 18	11		99245	25	ABCD	1500 00	1		NPI	1821354200
2 11 07 18	11 07 18	11		20553		A	160 00	1		NPI	1821354200
3 11 07 18	11 07 18	11		76942		A	380 00	1		NPI	1821354200
4 N400003029328 1 ML 11 07 18	11 07 18	11		J3301		A	20 00	2		NPI	1821354200
5 N400009307303 1 ML 11 07 18	11 07 18	11		J1030		A	25 00	1		NPI	1821354200
6 N400409427702 1 ML 11 07 18	11 07 18	11		J2001		A	30 00	3		NPI	1821354200

25. FEDERAL TAX I.D. NUMBER: 205946328 SSN [ ] EIN [X]

26. PATIENT'S ACCOUNT NO.: CVP23975A1

27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES [X] NO [ ]

28. TOTAL CHARGE: $ 2115 00

29. AMOUNT PAID: $ 0 00

30. Rsvd for NUCC Use

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.)

O. MAURICE-DIYA M.D.

SIGNED 11/28/2018 DATE

32. SERVICE FACILITY LOCATION INFORMATION

CVPM (TULARE)
1663 E PROSPERITY AVE
TULARE, CA 932742344

a. 1003058637 b.

33. BILLING PROVIDER INFO & PH # (661) 3279300

J R Grandhe MD A Medical
6401 Truxtun Ave Suite B
Bakersfield, CA 933090674

a. 1003058637 b.

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CITY: TULARE — STATE: CA	8. RESERVED FOR NUCC USE	CITY: TULARE — STATE: CA
ZIP CODE: 93274 — TELEPHONE (Include Area Code): (559) 9915025		ZIP CODE: 93274 — TELEPHONE (Include Area Code): (559) 9915025
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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 SEX: 08 21 1973 M [X] F [ ]
b. RESERVED FOR NUCC USE	b. AUTO ACCIDENT? [X] YES [ ] NO PLACE (State)	b. OTHER CLAIM ID (Designated by NUCC)
c. RESERVED FOR NUCC USE	c. OTHER ACCIDENT? [ ] YES [X] NO	c. INSURANCE PLAN NAME OR PROGRAM NAME: Attny. Bobby Saadian
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.

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17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a. 17b. NPI	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM TO MM DD YY
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21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. 0		22. RESUBMISSION CODE: 1 ORIGINAL REF. NO.
A. M79.7 B. M47.812 C. M47.816 D. M54.16 E. F. G. H. I. J. K. L.		23. PRIOR AUTHORIZATION NUMBER

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1 N400409161050 1 ML 11 07 18 11 07 18	11		S0020		A	50 00	1		NPI	1821354200
2 11 07 18 11 07 18	11		A4209		A	60 00	4		NPI	1821354200
3 11 07 18 11 07 18	11		A4215		A	90 00	2		NPI	1821354200
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
205946328 [ ] [X]	CVP23975A1	[X] YES [ ] NO	$ 200 00	$ 0 00	

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O. MAURICE-DIYA M.D. SIGNED 11/28/2018 DATE	CVPM (TULARE) 1663 E PROSPERITY AVE TULARE, CA 932742344 a. 1003058637 b.	J R Grandhe MD A Medical 6401 Truxtun Ave Suite B Bakersfield, CA 933090674 a. 1003058637 b.

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