



SUBMITTED:
12/31/2024
CIC# 43232757

CLARITY DX
PO BOX 540236
ORLANDO, FL 32854-0201

HEALTH INSURANCE CLAIM FORM

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

<input type="checkbox"/> PICA		<input type="checkbox"/> PICA	
1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA BLK LUNG <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> (ID#)		1a. INSURED'S I.D. NUMBER (For Program in Item 1) 20241222134	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) GALLON, RHONDA		4. INSURED'S NAME (Last Name, First Name, Middle Initial) RHONDA GALLON	
3. PATIENT'S BIRTH DATE MM DD YY 02 02 61 SEX M <input checked="" type="checkbox"/> F <input type="checkbox"/>		7. INSURED'S ADDRESS (No., Street) 177 OAK CIRCLE	
5. PATIENT'S ADDRESS (No., Street) 177 OAK CIRCLE		6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input checked="" type="checkbox"/>	
CITY OCALA		CITY OCALA	
STATE FL		STATE FL	
ZIP CODE 34472		ZIP CODE 34472	
TELEPHONE (Include Area Code) ()		TELEPHONE (Include Area Code) ()	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		10. IS PATIENT'S CONDITION RELATED TO:	
a. OTHER INSURED'S POLICY OR GROUP NUMBER		a. EMPLOYMENT? (Current or Previous) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
b. RESERVED FOR NUCC USE		b. AUTO ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO PLACE (State)	
c. RESERVED FOR NUCC USE		c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
d. INSURANCE PLAN NAME OR PROGRAM NAME		10d. CLAIM CODES (Designated by NUCC)	
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. Signature On File SIGNED DATE 12/31/2024		13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. Signature On File SIGNED	
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY 10 21 24 QUAL 431		15. OTHER DATE QUAL 439 MM DD YY 10 21 24	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE DK JAMES E CURNAYN		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input type="checkbox"/> NO	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) A. M25462 B. M25562 C. D. ICD Ind. 0 E. F. G. H. I. J. K. L.		22. RESUBMISSION CODE ORIGINAL REF. NO.	
24. A. DATE(S) OF SERVICE From To B. PLACE OF SERVICE C. 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. #		23. PRIOR AUTHORIZATION NUMBER	
ZZMAGNETIC RESONANCE EG, PROTON IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CON 12 16 24 12 16 24 11 73221 LT AB 1950 00 1.00		0B ME103779 NPI 1063639342	
25. FEDERAL TAX I.D. NUMBER 811981130		26. PATIENT'S ACCOUNT NO. G06047RISL1ZV0055	
27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		28. TOTAL CHARGE \$ 1950.00	
29. AMOUNT PAID \$ 0.00		30. Revd 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.) ALEXANDER FERNANDEZ MD ME103779 12/31/2024 SIGNED On File DATE		32. SERVICE FACILITY LOCATION INFORMATION RADIOLOGY IMAGING SPECIALISTS LLC 1714 SW 17TH ST STE 300 OCALA, FL 344711223 a. b.	
33. BILLING PROVIDER INFO & PH # (727) 823-2188 RADIOLOGY IMAGING SPECIALISTS LLC PO BOX 31125 TAMPA, FL 336313125 a. 1952763971 b.			