



HEALTH INSURANCE CLAIM FORM

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

CLARITY DX WC
PO BOX 540236

Orlando, FL 32864

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1. MEDICARE <input type="checkbox"/> (Medicare#) MEDICAID <input type="checkbox"/> (Medicaid#) TRICARE <input type="checkbox"/> (ID#) CHAMPVA <input type="checkbox"/> (Member ID#) GROUP HEALTH PLAN <input type="checkbox"/> (ID#) FECA BLK LUNG <input type="checkbox"/> (ID#) OTHER <input checked="" type="checkbox"/> (ID#)		16. INSURED'S I.D. NUMBER (For Program in Item 1) 202471908302	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) PIERRE EDKYE		3. PATIENT'S BIRTH DATE 12/07/1997 SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	
5. PATIENT'S ADDRESS (No., Street) 3733 KITTY HAWK AVE		4. INSURED'S NAME (Last Name, First Name, Middle Initial) PIERRE EDKYE	
6. PATIENT RELATIONSHIP TO INSURED Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>		7. INSURED'S ADDRESS (No., Street) SAME	
CITY ORLANDO STATE FL		CITY ORLANDO STATE FL	
ZIP CODE 32839 TELEPHONE (Include Area Code) (407) 441 7427		ZIP CODE 32839 TELEPHONE (Include Area Code) (407) 441 7427	
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) FL	
c. RESERVED FOR NUCC USE		c. OTHER ACCIDENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
d. INSURANCE PLAN NAME OR PROGRAM		d. OTHER ACCIDENT 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 benefits below. Signature On File SIGNED 10/29/24 DATE		11. INSURED'S POLICY GROUP OR FECA NUMBER a. INSURED'S DATE OF BIRTH 12/07/1997 SEX <input type="checkbox"/> M <input type="checkbox"/> F b. OTHER CLAIM ID (Designated by NUCC) c. INSURANCE PLAN NAME OR PROGRAM NAME d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, complete items 9, 9a, and 9d.	
14. DATE OF CURRENT ILLNESS, INJURY, OR EVENT MM DD YY 07/08/2024		15. DATE OF CURRENT ILLNESS, INJURY, OR EVENT MM DD YY 07/08/2024	
17. NAME OF REFERRING PROVIDER OR SOURCE DN: Reuss Bryan L FL		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM 10/15/24 TO 10/15/24	
10. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO \$ CHARGES	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY M25561		22. RESUBMISSION CODE ORIGINAL REF. NO.	
24. A. DATE(S) OF SERVICE From 10/15/24 To 10/15/24		23. PRIOR AUTHORIZATION NUMBER 2024719083 02	
B. DATE(S) OF SERVICE From 10/15/24 To 10/15/24		C. DATE(S) OF SERVICE From 10/15/24 To 10/15/24	
D. DATE(S) OF SERVICE From 10/15/24 To 10/15/24		E. DATE(S) OF SERVICE From 10/15/24 To 10/15/24	
F. DATE(S) OF SERVICE From 10/15/24 To 10/15/24		G. DATE(S) OF SERVICE From 10/15/24 To 10/15/24	
H. DATE(S) OF SERVICE From 10/15/24 To 10/15/24		I. DATE(S) OF SERVICE From 10/15/24 To 10/15/24	
J. DATE(S) OF SERVICE From 10/15/24 To 10/15/24		K. DATE(S) OF SERVICE From 10/15/24 To 10/15/24	
L. DATE(S) OF SERVICE From 10/15/24 To 10/15/24		M. DATE(S) OF SERVICE From 10/15/24 To 10/15/24	
N. DATE(S) OF SERVICE From 10/15/24 To 10/15/24		O. DATE(S) OF SERVICE From 10/15/24 To 10/15/24	
P. DATE(S) OF SERVICE From 10/15/24 To 10/15/24		Q. DATE(S) OF SERVICE From 10/15/24 To 10/15/24	
R. DATE(S) OF SERVICE From 10/15/24 To 10/15/24		S. DATE(S) OF SERVICE From 10/15/24 To 10/15/24	
T. DATE(S) OF SERVICE From 10/15/24 To 10/15/24		U. DATE(S) OF SERVICE From 10/15/24 To 10/15/24	
V. DATE(S) OF SERVICE From 10/15/24 To 10/15/24		W. DATE(S) OF SERVICE From 10/15/24 To 10/15/24	
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AB. DATE(S) OF SERVICE From 10/15/24 To 10/15/24		AC. DATE(S) OF SERVICE From 10/15/24 To 10/15/24	
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BO. DATE(S) OF SERVICE From 10/15/24 To 10/15/24		BP. DATE(S) OF SERVICE From 10/15/24 To 10/15/24	
BP. DATE(S) OF SERVICE From 10/15/24 To 10/15/24		BQ. DATE(S) OF SERVICE From 10/15/24 To 10/15/24	
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BR. DATE(S) OF SERVICE From 10/15/24 To 10/15/24		BS. DATE(S) OF SERVICE From 10/15/24 To 10/15/24	
BS. DATE(S) OF SERVICE From 10/15/24 To 10/15/24		BT. DATE(S) OF SERVICE From 10/15/24 To 10/15/24	
BT. DATE(S) OF SERVICE From 10/15/24 To 10/15/24		BU. DATE(S) OF SERVICE From 10/15/24 To 10/15/24	
BU. DATE(S) OF SERVICE From 10/15/24 To 10/15/24		BV. DATE(S) OF SERVICE From 10/15/24 To 10/15/24	
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BY. DATE(S) OF SERVICE From 10/15/24 To 10/15/24		BZ. DATE(S) OF SERVICE From 10/15/24 To 10/15/24	
BZ. DATE(S) OF SERVICE From 10/15/24 To 10/15/24		CA. DATE(S) OF SERVICE From 10/15/24 To 10/15/24	
CA. DATE(S) OF SERVICE From 10/15/24 To 10/15/24		CB. DATE(S) OF SERVICE From 10/15/24 To 10/15/24	
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CG. DATE(S) OF SERVICE From 10/15/24 To 10/15/24		CH. DATE(S) OF SERVICE From 10/15/24 To 10/15/24	
CH. DATE(S) OF SERVICE From 10/15/24 To 10/15/24		CI. DATE(S) OF SERVICE From 10/15/24 To 10/15/24	
CI. DATE(S) OF SERVICE From 10/15/24 To 10/15/24		CJ. DATE(S) OF SERVICE From 10/15/24 To 10/15/24	
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CM. DATE(S) OF SERVICE From 10/15/24 To 10/15/24		CN. DATE(S) OF SERVICE From 10/15/24 To 10/15/24	
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CO. DATE(S) OF SERVICE From 10/15/24 To 10/15/24		CP. DATE(S) OF SERVICE From 10/15/24 To 10/15/24	
CP. DATE(S) OF SERVICE From 10/15/24 To 10/15/24		CQ. DATE(S) OF SERVICE From 10/15/24 To 10/15/24	
CQ. DATE(S) OF SERVICE From 10/15/24 To 10/15/24		CR. DATE(S) OF SERVICE From 10/15/24 To 10/15/24	
CR. DATE(S) OF SERVICE From 10/15/24 To 10/15/24		CS. DATE(S) OF SERVICE From 10/15/24 To 10/15/24	
CS. DATE(S) OF SERVICE From 10/15/24 To 10/15/24		CT. DATE(S) OF SERVICE From 10/15/24 To 10/15/24	
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CU. DATE(S) OF SERVICE From 10/15/24 To 10/15/24		CV. DATE(S) OF SERVICE From 10/15/24 To 10/15/24	
CV. DATE(S) OF SERVICE From 10/15/24 To 10/15/24		CW. DATE(S) OF SERVICE From 10/15/24 To 10/15/24	
CW. DATE(S) OF SERVICE From 10/15/24 To 10/15/24		CX. DATE(S) OF SERVICE From 10/15/24 To 10/15/24	
CX. DATE(S) OF SERVICE From 10/15/24 To 10/15/24		CY. DATE(S) OF SERVICE From 10/15/24 To 10/15/24	
CY. DATE(S) OF SERVICE From 10/15/24 To 10/15/24		CZ. DATE(S) OF SERVICE From 10/15/24 To 10/15/24	
CZ. DATE(S) OF SERVICE From 10/15/24 To 10/15/24		DA. DATE(S) OF SERVICE From 10/15/24 To 10/15/24	
DA. DATE(S) OF SERVICE From 10/15/24 To 10/15/24		DB. DATE(S) OF SERVICE From 10/15/24 To 10/15/24	
DB. DATE(S) OF SERVICE From 10/15/24 To 10/15/24		DC. DATE(S) OF SERVICE From 10/15/24 To 10/15/24	
DC. DATE(S) OF SERVICE From 10/15/24 To 10/15/24		DD. DATE(S) OF SERVICE From 10/15/24 To 10/15/24	
DD. DATE(S) OF SERVICE From 10/15/24 To 10/15/24		DE. DATE(S) OF SERVICE From 10/15/24 To 10/15/24	
DE. DATE(S) OF SERVICE From 10/15/24 To 10/15/24		DF. DATE(S) OF SERVICE From 10/15/24 To 10/15/24	
DF. DATE(S) OF SERVICE From 10/15/24 To 10/15/24		DG. DATE(S) OF SERVICE From 10/15/24 To 10/15/24	
DG. DATE(S) OF SERVICE From 10/15/24 To 10/15/24		DH. DATE(S) OF SERVICE From 10/15/24 To 10/15/24	
DH. DATE(S) OF SERVICE From 10/15/24 To 10/15/24		DI. DATE(S) OF SERVICE From 10/15/24 To 10/15/24	
DI. DATE(S) OF SERVICE From 10/15/24 To 10/15/24		DJ. DATE(S) OF SERVICE From 10/15/24 To 10/15/24	
DJ. DATE(S) OF SERVICE From 10/15/24 To 10/15/24		DK. DATE(S) OF SERVICE From 10/15/24 To 10/15/24	
DK. DATE(S) OF SERVICE From 10/15/24 To 10/15/24		DL. DATE(S) OF SERVICE From 10/15/24 To 10/15/24	
DL. DATE(S) OF SERVICE From 10/15/24 To 10/15/24		DM. DATE(S) OF SERVICE From 10/15/24 To 10/15/24	
DM. DATE(S) OF SERVICE From 10/15/24 To 10/15/24		DN. DATE(S) OF SERVICE From 10/15/24 To 10/15/24	
DN. DATE(S) OF SERVICE From 10/15/24 To 10/15/24		DO. DATE(S) OF SERVICE From 10/15/24 To 10/15/24	
DO. DATE(S) OF SERVICE From 10/15/24 To 10/15/24		DP. DATE(S) OF SERVICE From 10/15/24 To 10/15/24	
DP. DATE(S) OF SERVICE From 10/15/24 To 10/15/24		DQ. DATE(S) OF SERVICE From 10/15/24 To 10/15/24	
DQ. DATE(S) OF SERVICE From 10/15/24 To 10/15/24		DR. DATE(S) OF SERVICE From 10/15/24 To 10/15/24	
DR. DATE(S) OF SERVICE From 10/15/24 To 10/15/24		DS. DATE(S) OF SERVICE From 10/15/24 To 10/15/24	
DS. DATE(S) OF SERVICE From 10/15/24 To 10/15/24		DT. DATE(S) OF SERVICE From 10/15/24 To 10/15/24	
DT. DATE(S) OF SERVICE From 10/15/24 To 10/15/24		DU. DATE(S) OF SERVICE From 10/15/24 To 10/15/24	
DU. DATE(S) OF SERVICE From 10/15/24 To 10/15/24		DV. DATE(S) OF SERVICE From 10/15/24 To 10/15/24	
DV. DATE(S) OF SERVICE From 10/15/24 To 10/15/24		DW. DATE(S) OF SERVICE From 10/15/24 To 10/15/24	
DW. DATE(S) OF SERVICE From 10/15/24 To 10/15/24		DX. DATE(S) OF SERVICE From 10/15/24 To 10/15/24	
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DY. DATE(S) OF SERVICE From 10/15/24 To 10/15/24		DZ. DATE(S) OF SERVICE From 10/15/24 To 10/15/24	
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EH. DATE(S) OF SERVICE From 10/15/24 To 10/15/24		EI. DATE(S) OF SERVICE From 10/15/24 To 10/15/24	
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