HEALTH INSURANCE CLAIM FORM

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

Tristar Risk Management
Submitted Electronically via Jopari
(Payer ID: 41556)

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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 ☒ (ID#)	1a. INSURED'S I.D. NUMBER (For Program in Item 1): 562-45-6939
2. PATIENT'S NAME (Last Name, First Name, Middle Initial): DOUTY, NANCY	3. PATIENT'S BIRTH DATE MM DD YY: 07 19 60 SEX M ☐ F ☒
4. INSURED'S NAME (Last Name, First Name, Middle Initial): MERVYNS	
5. PATIENT'S ADDRESS (No., Street): 415 WEST MESA AVE	6. PATIENT RELATIONSHIP TO INSURED: Self ☐ Spouse ☐ Child ☐ Other ☒
7. INSURED'S ADDRESS (No., Street)	
CITY: FRESNO STATE: CA	8. RESERVED FOR NUCC USE
CITY STATE	
ZIP CODE: 93704-9998 TELEPHONE (Include Area Code): ( )	
ZIP CODE TELEPHONE (Include Area Code): ( )	
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
a. INSURED'S DATE OF BIRTH MM DD YY SEX M ☐ F ☐	
b. RESERVED FOR NUCC USE	b. AUTO ACCIDENT? ☐ YES ☒ NO PLACE (State)
b. OTHER CLAIM ID (Designated by NUCC): Y4 B786762	
c. RESERVED FOR NUCC USE	c. OTHER ACCIDENT? ☐ YES ☒ NO
c. INSURANCE PLAN NAME OR PROGRAM NAME	
d. INSURANCE PLAN NAME OR PROGRAM NAME	10d. CLAIM CODES (Designated by NUCC)
d. IS THERE ANOTHER HEALTH BENEFIT PLAN? ☐ YES ☐ NO *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: 07/16/2023

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

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY: 07 10 92 QUAL.	15. OTHER DATE QUAL. MM DD YY
16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM TO MM DD YY	
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	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	20. OUTSIDE LAB? ☐ YES ☐ NO $ CHARGES
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. 0 A. M5416 B. M5450 C. M961 D. Z981 E. G8929 F. G. H. I. J. K. L.	22. RESUBMISSION CODE 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 07 11 23	07 11 23	11		99214		A,B,C,D	294.88	1.0		ZZ NPI	207P00000X 1144239401
2 07 11 23	07 11 23	11		95851		A,B,C,D	60.92	1.0		ZZ NPI	207P00000X 1144239401
3 07 11 23	07 11 23	11		WC002		A,B,C,D	25.78	1.0		ZZ NPI	207P00000X 1144239401
4 07 11 23	07 11 23	11		99199		A,B,C,D	150.00	1.0		ZZ NPI	207P00000X 1144239401
5										NPI	
6										NPI	

25. FEDERAL TAX I.D. NUMBER SSN EIN: 330184132 ☐ ☒	26. PATIENT'S ACCOUNT NO.: 1455db10380233-1	27. ACCEPT ASSIGNMENT? (For govt. claims, see back) ☐ YES ☐ NO	28. TOTAL CHARGE: $ 531.58	29. AMOUNT PAID: $	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.) KEVIN CALHOUN MD Signature on File SIGNED 07/16/2023 DATE	32. SERVICE FACILITY LOCATION INFORMATION Telemedicine 5321 N Fresno St 105C Suite Number 105C Fresno CA 93710-6850 a. 1487029278 b.		33. BILLING PROVIDER INFO & PH # (877) 285-2686 WorkMed California, APC PO BOX 3327 Seal Beach CA 90740-9998 a. 1487029278 b.		