

TRIWEST / PGBA

HEALTH INSURANCE CLAIM FORM

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

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1. MEDICARE MEDICAID TRICARE CHAMI	PVA GROUP FECA OTHER	1a. INSURED'S I.D. NUMBER (For Prog	gram in Item 1)
(Medicare#) (Medicaid#) (ID#/DoD#) (Member ID#) (ID#) (ID#)			
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) 3. PATIENT'S BIFTH DATE SEX 4. INS		4. INSURED'S NAME (Last Name, First Name, Middle Initial)	
JORGE, VINCENTE, C 10 22 1980 X F		JORGE, VINCENTE, C	
5. PATIENT'S ADDRESS (No., Street) 6. PATIENT RELATIONSHIP TO INSURED 1.75 HARDEN PARKWAY G Self X Spouse Child Other		7. INSURED'S ADDRESS (No., Street)	
173 IIII(DIIV 11II(CWIII C		175 HARDEN PARKWAY G	
and personalities are some about the properties about a for considering to	E 8. RESERVED FOR NUCC USE	Early Secretary Control of the Control of the Secretary Control of the	
SALINAS CA ZIP CODE TELEPHONE (Include Area Code)	their by mirror on the rey bolds! By my devices as	SALINAS CA ZIP CODE TELEPHONE (Include Area Code)	
93906 (831) 2291786	be a solution of the leaders are subject to an expensive manual terms of the contract of the c	93906 (831)229	torsetuges , elensi
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	
er integral, skriough meidestab beit at express a physical 3 they must be of libral commonly turbined.		ea taum verit (2 Jacques anthe	
a. OTHER INSURED'S POLICY OR GROUP NUMBER a. EMPLOYMENT? (Current or Previous)		a. INSURED'S DATE OF BIRTH SEX	
the Unformed Gervices or a civilien ampleyee of the United State	YES X NO	10 22 1980 MX	
b. RESERVED FOR NUCC USE	b. AUTO ACCIDENT? PLACE (State)	b. OTHER CLAIM ID (Designated by NUCC)	and excite a set
YES X NO		93.7.400 € 20	
c. RESERVED FOR NUCC USE c. OTHER ACCIDENT?		c. INSURANCE PLAN NAME OR PROGRAM NAME	
ramingar can'i Ans, and of chelique and operations or room gent and all essentials are selected as a			
d. INSURANCE PLAN NAME OR PROGRAM NAME 10d. CLAIM CODES (Designated by NUCC)		d. IS THERE ANOTHER HEALTH BENEFIT PLAN?	
E OF BEDICARE, TRICARE, TECA, AND BLACK LUNG BY OFBATION (FRIVACY ACT STATEMENT) THE CARLOS COMMON OF THE 128 THE TRICARE FECA, and Black Lung programs, Authority to robust		YES X 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		13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize	
to process this claim. I also request payment of government benefits eith	payment of medical benefits to the undersigned physician or supplier for services described below.		
below. SIGNATURE ON FILE		SIGNATURE ON FILE	
SIGNED DATE		SIGNED	
MM DD VV	5. OTHER DATE MM DD YY	16. DATES PATIENT UNABLE TO WORK IN CURRENT C	OCCUPATION DD YY
QUAL. QUAL.		FROM TO	
	7a.	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD TO	
17b. NPI		FROM TO	FOR MEDICAL
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$ CHARGES	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)		YES X NO	
		22. RESUBMISSION ORIGINAL REF. NO.	
A. LF4312 B. L. C. L. D. L. D. L.		23. PRIOR AUTHORIZATION NUMBER	
E F G.	Н. [1500]		
I.	L. L. CEDURES, SERVICES, OR SUPPLIES E.	VA0010205250 E. F. G. H. I. J.	
From To PLACE OF (Ex	plain Unusual Circumstances) DIAGNOSIS	DAYS EPSDT ID. F	RENDERING
MM DD YY MM DD YY SERVICE EMG CPT/HO	CPCS MODIFIER POINTER	\$ CHARGES UNITS Plan QUAL. PF	ROVIDER ID. #
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		120,0011 1011	
		NPI NPI	
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25. FEDERAL TAX I.D. NUMBER SSN EIN 26. PATIENT'S ACCOUNT NO. 27. ACCEPT ASSIGNMENT? 28. TOTAL CHARGE 29. AMOUNT PAID 30. Rsvd for NUCC Use			
812344400 X 637-1831 X YES NO \$ 120 00 \$ 0 00			
31. SIGNATURE OF PHYSICIAN OR SUPPLIER SIGNATURE OF PHYSICIAN OR SUPPLIER 32. SERVICE	33. BILLING PROVIDER INFO & PH# (808) 46	8-2439	
(I certify that the statements on the reverse SERENITY COUNSELING SERVI		SERENITY COUNSELING SERVI	
apply to this bill and are made a part thereof.) 99-149 MOANALUA RD, 201		99-149 MOANALUA RD, 201	
	ні 96701	AEIA HI 96701	
SIGNED DATE 45880	11043 b.	4588011043 b.	