

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC)		up revolution and an artist opposed to the serious data of the ser
PICA		PICA
	- HEALTH PLAN - BLK LUNG -	1a. INSURED'S I.D. NUMBER (For Program in Item 1)
	mber ID#) (ID#) X (ID#)	A PARCARE MACE MACE MACE AND A PROPERTY OF THE PARCARE MACE MACE MACE MACE MACE MACE MACE MAC
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)	3. PATIENT'S BIRTH DATE SEX	4. INSURED'S NAME (Last Name, First Name, Middle Initial)
KAWAMOTO, RENEE	12 21 1987 FX	
5. PATIENT'S ADDRESS (No., Street)	6. PATIENT RELATIONSHIP TO INSURED	7. INSURED'S ADDRESS (No., Street)
91-534 POHAKUPUNA RD	Self Spouse Child Other X	ORÝHI 30 SRUTAVAIS
CITY AND ADDRESS OF THE PROPERTY OF THE STREET OF THE STRE	TATE 8. RESERVED FOR NUCC USE	CITY STATE STATE
EWA BEACH	dicare conspense, 3)4 have physided or will provide Γ	regulations, en
ZIP CODE TELEPHONE (Include Area Code)	tied by itwice on app bottst by my nosignated o vergra testingtweet to the Federal and switchest strains of Ph	ZIP CODE TELEPHONE (Include Area Code)
96706 (808) 4288243	segui setong yer of thebiani bastemut mana on em ye ba	dentitie ond passage and () stri to sections
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
KAWAMOTO, RENEE	orayon in to analogous to appropriate for the second action of	parael balangere and managers and constraint and constraint and training and constraint and cons
a. OTHER INSURED'S POLICY OR GROUP NUMBER	a. EMPLOYMENT? (Current or Previous)	a, INSURED'S DATE OF BIRTH SEX
	YES X NO	MM DD YY
R000080509243 b. RESERVED FOR NUCC USE	h AUTO ACCIDENT?	
5.7.202.7725 51111000 002	PLACE (State)	b. OTHER CLAIM ID (Designated by NUCC)
, dog 4:	YES X NO	
c. RESERVED FOR NUCC USE	c. OTHER ACCIDENT?	c. INSURANCE PLAN NAME OR PROGRAM NAME
actions ship are such in ending on stretosage code fath talot s	YES X NO	NOTE: NO STATE CONTRACT CONTRA
d. INSURANCE PLAN NAME OR PROGRAM NAME	10d. CLAIM CODES (Designated by NUCC)	d. IS THERE ANOTHER HEALTH BENEFIT PLAN?
UND REPORTED TO SING FOR THE SECOND STREET	C DP SICCIOARIS, TABLEMENT PROM, AND BURNEYS	X YES NO If yes, complete items 9, 9a, and 9d.
READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.		13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize
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		payment of medical benefits to the undersigned physician or supplier for services described below.
below. SIGNATURE ON FILE	used to identify you and to determine your oligibility. I	SIGNATURE ON FILE
SIGNED	DATE	SIGNED SIGNED
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP)	15. OTHER DATE	16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION
MM DD YY QUAL.	QUAL. MM DD YY	FROM TO TO YY
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
	17b. NPI	MM DD YY MM DD YY
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$ CHARGES
(30 July 10 Ju		VEO VINO
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)		the state of the s
		22. RESUBMISSION CODE ORIGINAL REF. NO.
A. LF331 B. L. C. L. D. D. L.		STRUCTURE OF THE PROPERTY OF T
E. L. H. L. Y.		23. PRIOR AUTHORIZATION NUMBER
I'm State to produce and perputation of the control	K L	BOUTINE USE 1 country and related documents my
24. A. DATE(S) OF SERVICE B. C. D. F	ROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) E. DIAGNOSIS	F. G. H. I. J. DAYS EPSDT ID. RENDERING OR Family ID. PROVIDED ID.
	r/HCPCS MODIFIER POINTER	\$ CHARGES UNITS Plan QUAL. PROVIDER ID. #
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		NPI
		NPI
		MBI
25. FEDERAL TAX I.D. NUMBER SSN EIN 26. PATIE	NT'S ACCOUNT NO. 27, ACCEPT ASSIGNMENT?	NPI 30. Rsvd for NUCC Use
	(For govt. claims, see back)	
812344400 X 554-	Learning Lea	\$ 180 00 \$ 0 00
INCLUDING DEGREES OR CREDENTIALS	CE FACILITY LOCATION INFORMATION	33. BILLING PROVIDER INFO & PH # (808) 468-2439
(I certify that the statements on the reverse SERE	NITY COUNSELING SERVI	SERENITY COUNSELING SERVI
apply to this bill and are made a part thereof.) $99-1$	49 MOANALUA RD, 201	99-149 MOANALUA RD, 201
SIGNATURE ON FILE AEIA	ні 96701	AEIA HI 96701
SIGNED DATE 41588	011043 b.	4588011043 b.