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By PESG at 3:20 pm, Jul 03, 2024

LV686  
PROVIDERS EDGE WC  
33 E BLACKWELL ST

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HEALTH INSURANCE CLAIM FORM

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

DOVER

NJ 07801

PICA CLAIM # PJWC085939		PICA	
1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN FECA BLK LUNG OTHER (Medicare#) (Medicaid#) (ID#/DoD#) (Member ID#) (ID#) (ID#) (ID#)		1a. INSURED'S I.D. NUMBER (For Program in Item 1) PJWC085939	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) HOWARD, GARRY		4. INSURED'S NAME (Last Name, First Name, Middle Initial) PROVIDERS EDGE WC	
5. PATIENT'S ADDRESS (No., Street) 717 WASHINGTON AVE APT A3 APT		7. INSURED'S ADDRESS (No., Street) 33 E BLACKWELL ST	
CITY LINDEN		CITY DOVER	
STATE NJ		STATE NJ	
ZIP CODE 07036		ZIP CODE 07801	
TELEPHONE (Include Area Code) ( )		TELEPHONE (Include Area Code) ( )	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		11. INSURED'S POLICY GROUP OR FECA NUMBER PJWC085939	
a. OTHER INSURED'S POLICY OR GROUP NUMBER		a. INSURED'S DATE OF BIRTH MM DD YY SEX M F	
b. RESERVED FOR NUCC USE		b. OTHER CLAIM ID (Designated by NUCC) Y4 PJWC085939	
c. RESERVED FOR NUCC USE		c. INSURANCE PLAN NAME OR PROGRAM NAME	
d. INSURANCE PLAN NAME OR PROGRAM NAME		d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, complete items 9, 9a, and 9d.	
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 06/21/2024		13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED Signature On File	
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL 10 31 23 439		16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE DN CHARLES A GATTO		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) PROVIDERS EDGE WC		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) ICD Ind. 0 A. M542 B. C. D. E. F. G. H. I. J. K. L.		22. RESUBMISSION CODE ORIGINAL REF. NO. 23. PRIOR AUTHORIZATION NUMBER	
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. EPST/ Facility Plan I. ID. QUAL J. RENDERING PROVIDER ID. #			
1 06 21 24 06 21 24 11 72050 TC A 107.00 1.00 PXC 2085R0202X			
2			
3			
4			
5			
6			
25. FEDERAL TAX I.D. NUMBER SSN EIN 460623701 X		26. PATIENT'S ACCOUNT NO. NJDB1599517	
27. ACCEPT ASSIGNMENT? (For gov't. claims, see back) X YES NO		28. TOTAL CHARGE \$ 107.00	
29. AMOUNT PAID \$ 0.00		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.) WAXMAN, ROBERT N Signature on File 06/25/2024 SIGNED DATE		32. SERVICE FACILITY LOCATION INFORMATION NJIN OF UNION 445 CHESTNUT ST UNION NJ 070839305 a. b.	
33. BILLING PROVIDER INFO & PH # ( 844) 835-9907 NEW JERSEY IMAGING NETWORK LLC 27695 NETWORK PL CHICAGO IL 606731278 a. 1629327887 b.			

## NJIN OF UNION

Patient Name: GARRY HOWARD  
Birth Date: 07/03/1963

Referring Doctor: GATTO, CHARLES A  
Reading Doctor: Waxman, Robert N  
Visit No.: 1024412469  
Order No.: 1033929676  
Exam Date: 06/21/2024 14:27:39  
Exam: 72050 - X-RAY CERVICAL SPINE 4 OR 5 VIEWS

BISN ID: 79394630  
Patient Type: O  
Claim Number: PJWC085939

MRN : 19067692R

Performed at : DIAGNOSTIC RADIOLOGY ASSOCIATES NJIN UNION  
445 CHESTNUT ST  
UNION, NJ 07083

EXAM: X-RAY CERVICAL SPINE 4 OR 5 VIEWS

HISTORY: Neck pain.

TECHNIQUE: 5 views of the cervical spine.

COMPARISON: None.

FINDINGS: Examination of the cervical spine reveals no evidence of fracture or misalignment.

Multilevel disc space loss and spondylosis of the mid cervical spine.

The adjacent soft tissues are unremarkable.

IMPRESSION: Multilevel disc space loss and spondylosis of the mid cervical spine. No evidence of instability on flexion or extension views.

WAXMAN ROBERT  
Electronically Signed: 06/22/2024 12:23:43

