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

*** REPRINT ***

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1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN FECA BLK/UNG OTHER (For Program in Item 1)									
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) ANGEL, THEODORE J									
3. PATIENT'S BIRTH DATE 09 15 1975 SEX F									
4. INSURED'S NAME (Last Name, First Name, Middle Initial) ANGEL, THEODORE J									
5. PATIENT'S ADDRESS (No., Street) 5471 RARITAN WAY APT 1431									
6. INSURED'S ADDRESS (No., Street) 5471 RARITAN WAY APT 1431									
7. INSURED'S ADDRESS (No., Street) 5471 RARITAN WAY APT 1431									
8. INSURED'S ADDRESS (No., Street) 5471 RARITAN WAY APT 1431									
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) ANGEL, THEODORE J									
10. OTHER INSURED'S POLICY OR GROUP NUMBER I919978									
11. RESERVED FOR NUCC USE									
12. RESERVED FOR NUCC USE									
13. RESERVED FOR NUCC USE									
14. INSURANCE PLAN NAME OR PROGRAM NAME MEDICAID-COLORADO									
15. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (LMP) 02 23 2023 QUAL 431									
16. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (LMP) 02 23 2023 QUAL 431									
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE DN JESSIE SWAN MD									
18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES Y1 FROM MM DD TO MM DD									
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)									
20. OUTSIDE LAB? YES NO									
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) S09.90XA S43.402A V49.50XA Y92.410									
22. RESUBMISSION CODE									
23. PRIOR AUTHORIZATION NUMBER									
24. A. DATE(S) OF SERVICE FROM MM DD TO MM DD									
25. FEDERAL TAX ID NUMBER 475273455									
26. PATIENT'S ACCOUNT NO. 0114419296									
27. ACCEPT ASSIGNMENT? YES NO									
28. TOTAL CHARGE 1091 00									
29. AMOUNT PAID 0 00									
30. REVD 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.) JESSIE SWAN MD									
32. SERVICE FACILITY LOCATION INFORMATION NORTH SUBURBAN MEDICAL CENTER 9191 GRANT ST THORNTON, CO 80229-4361									
33. BILLING PROVIDER INFO & PH # (800) 225 0953 PO BOX 172328 DENVER, CO 80217-2328									
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