



EVOCARE  
C/O ACCOUNTS PAYABLE  
4735 MELISSA WAY  
BIRMINGHAM AL 35243

5689

HEALTH INSURANCE CLAIM FORM

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

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PICA		A# 226425-0001 CNR534		P E 003		226425 PICA	
1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN FECA BLK LUNG OTHER		1a. INSURED'S I.D. NUMBER (For Program in Item 1)		MB01493386			
(Medicare #) (Medicaid #) (ID#/DoD#) (Member ID#) (ID#) (ID#) (ID#)		2. PATIENT'S NAME (Last Name, First Name, Middle Initial)		HEATH JOY		3. PATIENT'S BIRTH DATE SEX	
		12 09 1991 F X		4. INSURED'S NAME (Last Name, First Name, Middle Initial)		HEATH JOY	
5. PATIENT'S ADDRESS (No., Street)		6. PATIENT RELATIONSHIP TO INSURED		7. INSURED'S ADDRESS (No., Street)		2459 FLOWERING TREE DR	
2459 FLOWERING TREE DR		Self X Spouse Child Other		CITY STATE		BARTLETT TN	
CITY STATE		8. RESERVED FOR NUCC USE		CITY STATE		BARTLETT TN	
BARTLETT TN				ZIP CODE TELEPHONE (Include Area Code)		38134 (901) 219-1093	
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	
38134 (901) 219-1093				a. EMPLOYMENT? (Current or Previous)		1048800203	
a. OTHER INSURED'S POLICY OR GROUP NUMBER		b. RESERVED FOR NUCC USE		c. RESERVED FOR NUCC USE		a. INSURED'S DATE OF BIRTH SEX	
						12 09 1991 M F X	
b. RESERVED FOR NUCC USE		c. OTHER ACCIDENT?		10d. CLAIM CODES (Designated by NUCC)		b. OTHER CLAIM ID (Designated by NUCC)	
		YES NO X					
c. RESERVED FOR NUCC USE		d. IS THERE ANOTHER HEALTH BENEFIT PLAN?		13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.		SIGNATURE ON FILE	
d. INSURANCE PLAN NAME OR PROGRAM NAME		YES NO X If yes, complete items 9, 9a and 9d.		SIGNATURE ON FILE		10/28/20	
SIGNATURE ON FILE		14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP)		15. OTHER DATE		16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION	
10/28/20		MM DD YY QUAL		MM DD YY QUAL		FROM MM DD YY TO MM DD YY	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE		17a. 1GOTH000		17b. NPI 1417056409		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES	
DN SAMYA CRUZ MD						FROM MM DD YY TO MM DD YY	
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) ICD Ind. 0		22. RESUBMISSION CODE ORIGINAL REF. NO.	
		YES NO X		A N6310 B C D E F G H I J K L		23. PRIOR AUTHORIZATION NUMBER	
24. A. DATE(S) OF SERVICE From To B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OF UNITS H. EPSDT Family Plan I. ID QUAL J. RENDERING PROVIDER ID. #							
10 28 20 11 77066 A 415 00 1 NPI 1649220120							
10 28 20 11 G0279 A 143 00 1 NPI 1649220120							
25. FEDERAL TAX I.D. NUMBER SSN EIN		26. PATIENT'S ACCOUNT NO.		27. ACCEPT ASSIGNMENT? (For govt. claims, see back)		28. TOTAL CHARGE 29. AMOUNT PAID 30. Rsvd for NUCC use	
621116618 X		10200814		X YES NO		\$ 558 00 \$	
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.)		32. SERVICE FACILITY LOCATION INFORMATION		33. BILLING PROVIDER INFO & PH. # (901) 387-2340			
ROBERT A DUKE MD		DIPC MAMMO		DIAGNOSTIC IMAGING PC			
11/02/20		6401 POPLAR AVE		PO BOX 1000 DEPT 275			
		MEMPHIS TN 38119-		MEMPHIS, TN 381480275			
SIGNED DATE		a. NPI b. 109850		a. 1699725812 b. ZZ2085R0202X			