# HEALTH INSURANCE CLAIM FORM

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

PICA

1. MEDICARE (Medicare#) MEDICAID (Medicaid#) TRICARE (ID#/DoD#) CHAMPVA (Member ID#) GROUP HEALTH PLAN (ID#) FECA BLK LUNG (ID#) OTHER (ID#)

1a. INSURED'S I.D. NUMBER (For Program in Item 1): ID11 - 12345

2. PATIENT'S NAME (Last Name, First Name, Middle Initial): Khan SHAHRUKH

3. PATIENT'S BIRTH DATE MM DD YY: 11 02 1965 SEX M ✓ F

4. INSURED'S NAME (Last Name, First Name, Middle Initial): Khan SHAH RUKH

5. PATIENT'S ADDRESS (No., Street): 8340 Baltimore Avenue

6. PATIENT RELATIONSHIP TO INSURED: Self ✓ Spouse Child Other

7. INSURED'S ADDRESS (No., Street): 8430 Baltimore Avenue

CITY: College Park STATE

8. RESERVED FOR NUCC USE

CITY: College Park STATE

ZIP CODE: 20742 TELEPHONE (Include Area Code): (667) 445-7930

ZIP CODE: 20740 TELEPHONE (Include Area Code): +1(667) 455-7930

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial): ID11-12345

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER: GP 1-67890

a. OTHER INSURED'S POLICY OR GROUP NUMBER

a. EMPLOYMENT? (Current or Previous) ✓ YES NO

a. INSURED'S DATE OF BIRTH MM DD YY: 12 09 98 SEX M ✓ F

b. RESERVED FOR NUCC USE

b. AUTO ACCIDENT? YES ✓ NO PLACE (State)

b. OTHER CLAIM ID (Designated by NUCC)

c. RESERVED FOR NUCC USE

c. OTHER ACCIDENT? YES ✓ NO

c. INSURANCE PLAN NAME OR PROGRAM NAME: Get a Life

d. INSURANCE PLAN NAME OR PROGRAM NAME: GP2-12345

10d. CLAIM CODES (Designated by NUCC)

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES 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 to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

SIGNED: S Khan DATE: 2025-12-06

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: S Khan

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL

15. OTHER DATE QUAL MM DD YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM TO MM DD YY

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

17a.

17b. NPI

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM TO MM DD YY

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC): Medical Radiology Imaging, 7300 Narwick Rd, MD

20. OUTSIDE LAB? ✓ YES NO $ CHARGES: 110.00

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. Relate A-L to service line below (24E) ICD Ind.

A. S02.31XA B. S06.85JA 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 MM DD YY | To MM DD YY | B. PLACE OF SERVICE | C. EMG | D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS | MODIFIER | E. DIAGNOSIS POINTER | F. $ CHARGES | G. DAYS OR UNITS | H. EPSDT Family Plan | I. ID. QUAL | J. RENDERING PROVIDER ID. # |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 02 28 25 | 08 12 25 | | | A8x29 | NH | A2 | 1500.00 | | | NPI | 9537245402 |
| 2 04 18 25 | 07 11 25 | | | A5x23 | NH | A2 | 720.00 | | | NPI | 9934724432 |
| 3 09 07 24 | 01 09 25 | | | A5x27 | NH | A2 | 300.00 | | | NPI | 3964764232 |
| 4 05 13 23 | 08 22 24 | | | A4x25 | NH | A2 | 564.00 | | | NPI | 3346724x12 |
| 5 01 30 22 | 07 23 | | | A5x28 | NH | A3 | 78.00 | | | NPI | 9945682424 |
| 6 | | | | | | | | | | NPI | |

25. FEDERAL TAX I.D. NUMBER: 872460265 SSN EIN ✓

26. PATIENT'S ACCOUNT NO.: ADD000037X3

27. ACCEPT ASSIGNMENT? (For govt. claims, see back) ✓ YES NO

28. TOTAL CHARGE: $ 3460.00

29. AMOUNT PAID: $ 1000.00

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.)

SIGNED DATE

32. SERVICE FACILITY LOCATION INFORMATION

a. NPI b.

33. BILLING PROVIDER INFO & PH # (412) 7528 23

a. NPI b.

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

NUCC Instruction Manual available at: www.nucc.org **PLEASE PRINT OR TYPE** APPROVED OMB-0938-1197 FORM 1500 (02-12)