



Office Name: Lorem ipsum dolor sit amet, consectetur adipiscing

Today's Date: 04/13/2016

Patient Name: Lorem ipsum dolor sit amet, consectetur adipiscing

Patient Address: Lorem ipsum dolor sit amet, consectetur adipiscing elit. Aenean commodo ligula eget dolor. Aenean massa. Cum sociis natoque penatibus et magnis dis parturient montes, nascetur ridiculus mus. Donec qu

City: Lorem ipsum dolor sit amet, consectetur adipiscing elit. Aenean commodo ligula eget dolor. Aenean massa. Cum sociis natoque penatibus et magnis dis parturient montes, nascetur ridiculus mus. Donec qu

State: FL

Zip: 11111

Patient DOB: 12/01/1990

Patient Sex: M

Patient SSN #: 111-11-1111

ID #/Claim #: 11111111111111111111

Group #: 11111111111111111111

Insurance Co.: Lorem ipsum dolor sit amet, consectetur adipiscing

EDI Payer #: 11111111111111111111

Insurance Address: Lorem ipsum dolor sit amet, consectetur adipiscing elit. Aenean commodo ligula eget dolor. Aenean massa. Cum sociis natoque penatibus et magnis dis parturient montes, nascetur ridiculus mus. Donec qu

Insurance Phone: 111-111-1111

Insured Name: Lorem ipsum dolor sit amet, consectetur adipiscing

Insured DOB: 12/01/1990

Condition Related To: ☐ None ☐ Employment ☒ Auto ☐ Other

Injury Date: 12/05/2000

Adjuster Name: Lorem ipsum dolor sit amet, consectetur adipiscing

Insurance Fax #: 111-111-1111

Secondary Insurance Co.: Lorem ipsum dolor sit amet, consectetur adipiscing

Secondary Insurance Phone: 111-111-1111

Secondary Insurance ID #: 123123123wefds131232

Secondary Insurance Group #: 12321321321321321321

Secondary Insured Name: Lorem ipsum dolor sit amet, consectetur adipiscing

Secondary Insured DOB: 12/01/1990

For Chiropractice Medicare Claims:

Initial Txt Date: 01/01/2016

X-Ray Date or PART Codes: Lorem ipsum dolor sit amet, consectetur adipiscing elit. Aenean commodo ligula eget dolor. Aenean m

Referring Provider Information:

Date Last Seen by Referring Provider: 12/01/1990

Referring Provider Name: Lorem ipsum dolor sit amet, consectetur adipiscing

Referring Provider NPI: 1111111111

If Seen in a Hospital or Nursing Home:

Date of Admission to Facility: 12/01/1990

Name & Address of Facility: Lorem ipsum dolor sit amet, consectetur adipiscing

Diagnosis Codes (max. 4): Lorem ipsum dolor sit amet, consectetur adipiscing elit. Aenean commodo ligula eget dolor. Aenean m

Do you want MBPros to verify eligibility and benefits (\$9.95 fee applies)? Yes

Additional Information: Lorem ipsum dolor sit amet, consectetur adipiscing elit. Aenean commodo ligula eget dolor. Aenean massa. Cum sociis natoque penatibus et magnis dis parturient montes, nascetur ridiculus mus. Donec qu