

HEALTH INSURANCE CLAIM FORM

1. MEDICARE: MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> CHAMPVA <input type="checkbox"/> OTHER <input type="checkbox"/> (Medicare #) (Medicaid #) (Champion's 2286) (VA/DoD #)		3. PATIENT'S BIRTH DATE: MM DD YY SEX: M <input type="checkbox"/> F <input type="checkbox"/>		5. INSURED'S POLICY NUMBER:	
2. PATIENT'S NAME (Last, First, Middle Initial)		4. PATIENT'S RELATIONSHIP TO INSURED: Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>		6. INSURED'S ADDRESS (Res., Street)	
7. PATIENT'S ADDRESS (Res., Street)		8. PATIENT STATUS: Single <input type="checkbox"/> Married <input type="checkbox"/> Other <input type="checkbox"/>		9. INSURED'S ADDRESS (Res., Street)	
CITY: STATE: ZIP CODE:		EMPLOYED <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>		CITY: STATE: ZIP CODE:	
10. OTHER INSURED'S NAME (Last, First, Middle Initial)		11. IS PATIENT'S CONDITION RELATED TO:		12. INSURED'S POLICY GROUP OR POLICY NUMBER	
13. OTHER INSURED'S POLICY OR GROUP NUMBER		a. EMPLOYMENT (CURRENT OR PREVIOUS): <input type="checkbox"/> YES <input type="checkbox"/> NO		14. INSURED'S DATE OF BIRTH: MM DD YY SEX: M <input type="checkbox"/> F <input type="checkbox"/>	
15. OTHER INSURED'S DATE OF BIRTH: MM DD YY SEX: M <input type="checkbox"/> F <input type="checkbox"/>		b. AUTO ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		16. EMPLOYER'S NAME OR SCHOOL NAME	
17. EMPLOYER'S NAME OR SCHOOL NAME		c. OTHER ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		17. INSURANCE PLAN NAME OR PROGRAM NAME	
18. INSURANCE PLAN NAME OR PROGRAM NAME		19. IS THERE ANY OTHER HEALTH BENEFIT PLAN?		18. INSURED'S POLICY OR AUTHORIZED PERSON'S SIGNATURE (I authorize payment of services/benefits to the undersigned physician or supplier for services described below)	
19. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE (I authorize the release of any medical or other information necessary to process this claim. I acknowledge payment of government benefits either to myself or to the party who accepts assignment below)		20. DATE:		19. INSURED'S POLICY OR AUTHORIZED PERSON'S SIGNATURE (I authorize payment of services/benefits to the undersigned physician or supplier for services described below)	
20. DATE:		21. IF PATIENT HAS HAD SAME OR DIFFERENT ADDRESS (Last 4 First Name): MM DD YY		20. DATE:	
21. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE		21a. (C) NUMBER OF REFERRED PHYSICIAN		21. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE	
22. RESERVED FOR LOCAL USE		22. RESERVED FOR LOCAL USE		22. RESERVED FOR LOCAL USE	
23. CHARGES OR NATURE OF ILLNESS OR INJURY (RELATE ITEM 11a OR 12a TO ITEM 24a BY LINE)		23. CHARGES OR NATURE OF ILLNESS OR INJURY (RELATE ITEM 11a OR 12a TO ITEM 24a BY LINE)		23. CHARGES OR NATURE OF ILLNESS OR INJURY (RELATE ITEM 11a OR 12a TO ITEM 24a BY LINE)	
24. CHARGES OR NATURE OF ILLNESS OR INJURY (RELATE ITEM 11a OR 12a TO ITEM 24a BY LINE)		24. CHARGES OR NATURE OF ILLNESS OR INJURY (RELATE ITEM 11a OR 12a TO ITEM 24a BY LINE)		24. CHARGES OR NATURE OF ILLNESS OR INJURY (RELATE ITEM 11a OR 12a TO ITEM 24a BY LINE)	
25. FEDERAL TAX ID NUMBER: SSN EIN		25. PATIENT'S ACCOUNT NO.		25. FEDERAL TAX ID NUMBER: SSN EIN	
26. SIGNATURE OF PHYSICIAN OR SUPPLIER (INCLUDES DEGREE(S) OR CREDENTIALS. It certifies that the statements on this invoice apply to this bill and are made a part thereof.)		26. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (If other than home or office)		26. SIGNATURE OF PHYSICIAN OR SUPPLIER (INCLUDES DEGREE(S) OR CREDENTIALS. It certifies that the statements on this invoice apply to this bill and are made a part thereof.)	
27. SIGNATURE OF PHYSICIAN OR SUPPLIER (INCLUDES DEGREE(S) OR CREDENTIALS. It certifies that the statements on this invoice apply to this bill and are made a part thereof.)		27. ACCOUNT ASSIGNMENT? (If paid directly, not back) YES <input type="checkbox"/> NO <input type="checkbox"/>		27. SIGNATURE OF PHYSICIAN OR SUPPLIER (INCLUDES DEGREE(S) OR CREDENTIALS. It certifies that the statements on this invoice apply to this bill and are made a part thereof.)	
28. TOTAL CHARGE: \$		28. AMOUNT PAID: \$		28. TOTAL CHARGE: \$	
29. PHYSICIAN, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE #		29. PHYSICIAN, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE #		29. PHYSICIAN, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE #	

Place Of Service Codes For Hcfa 1500

Alice Anne Andress



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Federal Register, 2013-12 Texas Register Texas. Secretary of State, 2001

CHAMPUS, Provider Handbook, 1986

Insurance Handbook for the Medical Office - E-Book Marilyn Fordney, 2015-12-08 Stay up on the latest in insurance billing and coding with Marilyn Fordney s Insurance Handbook for the Medical Office 14th Edition Trusted for more than 30

years this market leading handbook equips you to succeed as medical insurance specialist in any of today's outpatient settings Coverage emphasizes the role of the medical insurance specialist in areas such as diagnostic coding procedural coding Medicare HIPAA and bill collection strategies As with previous editions all the plans that are most commonly encountered in clinics and physicians offices are incorporated into the text as well as icons for different types of payers lists of key abbreviations and numerous practice exercises that assist you in accurately filling out claim forms This new edition also features expanded coverage of ICD 10 electronic medical records electronic claims submission and the HIPAA 5010 keeping you one step ahead of the latest practices and protocols of the profession Key terms are defined and emphasized throughout the text to reinforce understanding of new concepts and terminology Separate chapter on HIPAA Compliance in Insurance Billing as well as Compliance Alerts throughout the text highlights important HIPAA compliance issues to ensure readers are compliant with the latest regulations Emphasis on the business of running a medical office and the importance of the medical insurance specialist details the importance of the medical insurance specialist in the business of the medical office Increased focus on electronic filing claims submission prepares readers for the industry wide transition to electronic claims submission Separate chapter on documentation in the medical office covers the principles of medical documentation and the rationales for it Service to Patient features in most chapters offer examples of good customer service User resources on the Evolve companion website feature performance checklists self assessment quizzes the Student Software Challenge with cases on different payer types and an interactive CMS 1500 02 12 form to fill in NEW Expanded coverage of ICD 10 prepares users to code ICD 10 with the planned effective date of October 2015 NEW Added information on the electronic medical record and electronic claims submission including information on the HIPAA 5010 equips users for the transition between paper and electronic methods of medical records and links the CMS 1500 02 12 form to the electronic submissions process NEW SimChart for the Medical Office SCMO application activities on the companion Evolve website adds additional functionality to the insurance module on the SCMO roadmap

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practice exercises that assist you in accurately filling out claim forms This new edition also features expanded coverage of ICD 10 electronic medical records electronic claims submission and the HIPAA 5010 keeping you one step ahead of the latest practices and protocols of the profession Key terms are defined and emphasized throughout the text to reinforce understanding of new concepts and terminology Separate chapter on HIPAA Compliance in Insurance Billing as well as Compliance Alerts throughout the text highlights important HIPAA compliance issues to ensure readers are compliant with the latest regulations Emphasis on the business of running a medical office and the importance of the medical insurance specialist details the importance of the medical insurance specialist in the business of the medical office Increased focus on electronic filing claims submission prepares readers for the industry wide transition to electronic claims submission Separate chapter on documentation in the medical office covers the principles of medical documentation and the rationales for it Service to Patient features in most chapters offer examples of good customer service User resources on the Evolve companion website feature performance checklists self assessment quizzes the Student Software Challenge with cases on different payer types and an interactive CMS 1500 02 12 form to fill in NEW Expanded coverage of ICD 10 prepares users to code ICD 10 with the planned effective date of October 2015 NEW Added information on the electronic medical record and electronic claims submission including information on the HIPAA 5010 equips users for the transition between paper and electronic methods of medical records and links the CMS 1500 02 12 form to the electronic submissions process NEW SimChart for the Medical Office SCMO application activities on the companion Evolve website adds additional functionality to the insurance module on the SCMO roadmap Medicare and Medicaid Guide ,1969 **Documentation for Rehabilitation** Lori Quinn,James Gordon,2015-12-11 Better patient management starts with better documentation Documentation for Rehabilitation A Guide to Clinical Decision Making in Physical Therapy 3rd Edition shows how to accurately document treatment progress and patient outcomes Designed for use by rehabilitation professionals documentation guidelines are easily adaptable to different practice settings and patient populations Realistic examples and practice exercises reinforce concepts and encourage you to apply what you ve learned Written by expert physical therapy educators Lori Quinn and James Gordon this book will improve your skills in both documentation and clinical reasoning A practical framework shows how to organize and structure PT records making it easier to document functional outcomes in many practice settings and is based on the International Classification for Functioning Disability and Health ICF model the one adopted by the APTA Coverage of practice settings includes documentation examples in acute care rehabilitation outpatient home care and nursing homes as well as a separate chapter on documentation in pediatric settings Guidelines to systematic documentation describe how to identify record measure and evaluate treatment and therapies especially important when insurance companies require evidence of functional progress in order to provide reimbursement Workbook textbook format uses examples and exercises in each chapter to reinforce your understanding of concepts NEW Standardized

Outcome Measures chapter leads to better care and patient management by helping you select the right outcome measures for use in evaluations re evaluations and discharge summaries UPDATED content is based on data from current research federal policies and APTA guidelines including incorporation of new terminology from the Guide to Physical Therapist 3 0 and ICD 10 coding EXPANDED number of case examples covers an even broader range of clinical practice areas **Adams' Coding and Reimbursement - E-Book** Wanda Adams,2008-04-22 NEW application exercises help you put your knowledge of coding and reimbursement into practice

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