1500 Claim Form Instructions

Items 1 Through 13

Patient Data

This tool provides a quick overview of a few important fields in the claim form. Each number listed below provides direction to the corresponding numbered field within the claim form. For detailed instructions please consult the **NUCC Guide**.

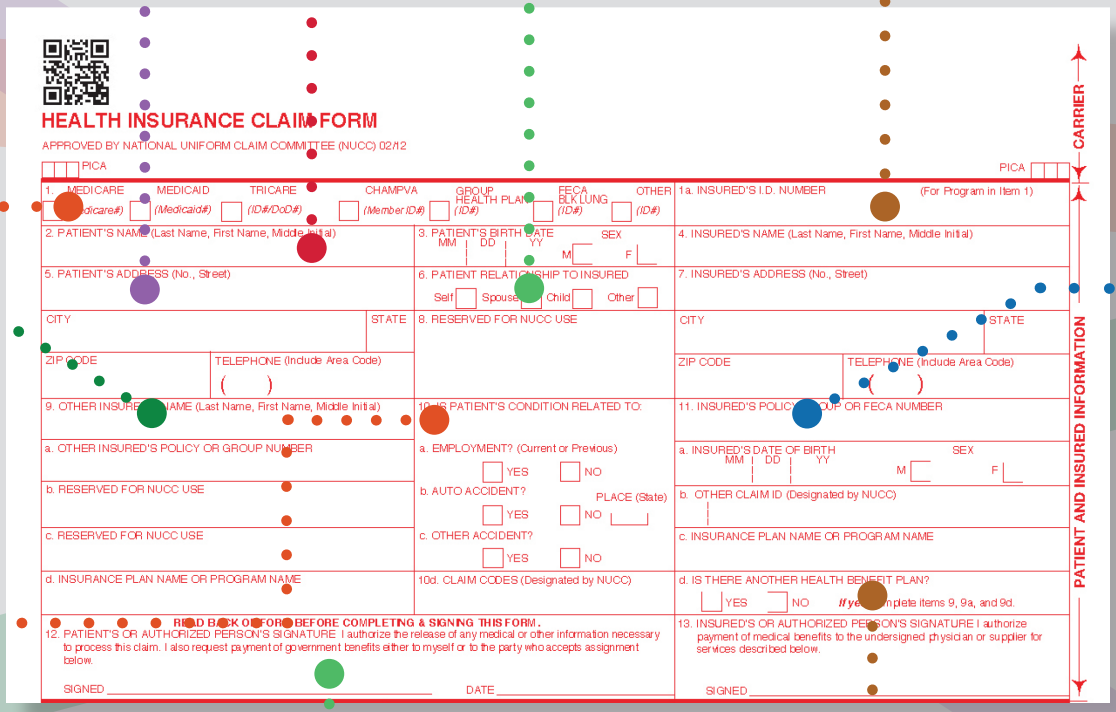
1 Select type of insurance; place X in the appropriate box.

2 Enter the patient's full name EXACTLY as it appears on their card.

6 Place X in the box that indicates patient's relationship to insured when Item # 4 is not the same as your patient.

5 Enter patient's mailing address and telephone #.

1A Enter insured's ID # EXACTLY as it appears on the card or the Claim # for WC or PI.



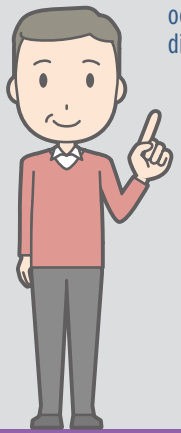
9 If field 11d indicates your patient has other coverage, complete fields 9, 9a, and 9d, otherwise leave blank.

11 Enter the insured's identifier as it appears on the insured's card, auto, or other coverage. If field 4 is completed, then this field should be completed.
NOTE: Date of Birth must be in 8-digit format with spaces (MM | DD | CCYY)

10A-10C Place X for service related to Job Injury, Auto Accident, or Other Accident. Where the Accident occurred must be identified (2 digits) if 'YES' is marked in 10B.

12 Enter "Signature on File," and the date signed in 6-digit (MM/DD/YY) or 8-digit format (MM/DD/CCYY), indicating patient's signature is on file and clinic is authorized to release required information for processing claim.

11D If your patient has other coverage, enter an X in the correct box. If marked "YES", complete 9, 9a, and 9d.



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1500 Claim Form Instructions

Items 14 Through 33
Provider Data

14 Enter one continuous 8 digit number (MMDDCCYY) without spaces for Items 14, 16, 18, 19 and 24a

19 Refer to public or private payer regarding the use of this field. Some payers ask for certain identifiers in this field.

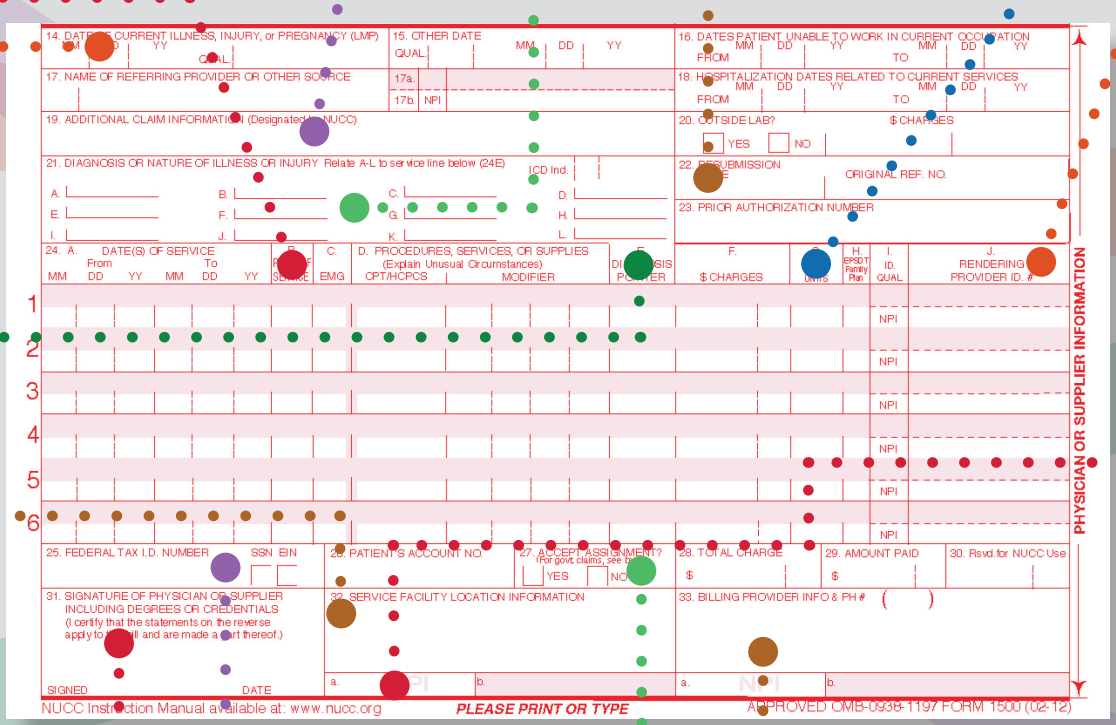
21 Enter diagnosis and applicable ICD indicator: 0 for ICD-10.

24B Enter the two-digit Place of Service Code (list can be found at www.cms.gov) Example: Office-11

22 IF resubmitting a claim, enter the bill frequency code: 7 Replacement of prior claim, 8 Void/cancel of prior claim. (Leave blank for Medicare.)

24G Enter the number of units.

24J The individual rendering the service is reported in 24J. Enter the non-NPI ID number in the shaded area of the field. Enter the NPI number in the unshaded area of the field.



24E Enter the **diagnosis pointer** from field 21 to link a diagnosis code to the CPT performed.

32A Enter the NPI number of the service facility location. Only report a Service Facility Location NPI when the NPI is different from the Billing Provider NPI.

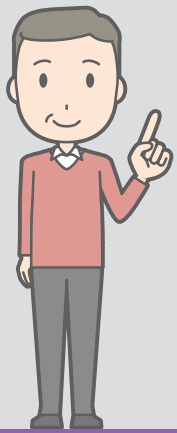
32 Enter the name, address, city, state, and ZIP code of the location **where the services were rendered**.

25 Enter the "Federal Tax ID Number" of the Billing Provider identified in Item #33.

33 Enter the provider's billing name, address, ZIP code, and phone number.

27 Place X in the correct box; indicates that the provider agrees to accept assignment under the terms of the payer's program.

31 Enter the legal signature of the practitioner, or "Signature on File," or "SOF."



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