

# Physician Office

## Sample CMS - 1500 Paper Claim Form

1500

### HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05



PICA <input type="checkbox"/>												PICA <input type="checkbox"/>											
1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA <input type="checkbox"/> OTHER <input type="checkbox"/>				2. PATIENT'S NAME (Last Name, First Name, Middle Initial)				3. PATIENT'S BIRTH DATE				4. INSURED'S NAME (Last Name, First Name, Middle Initial)											
5. PATIENT'S ADDRESS (No., Street)				6. PATIENT RELATIONSHIP TO INSURED				7. INSURED'S ADDRESS (No., Street)				8. PATIENT STATUS											
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				12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE											
13. INSURED'S DATE OF BIRTH				14. DATE OF SERVICE				15. PATIENT HAS HAD SAME OR SIMILAR ILLNESS				16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION											
17. EMPLOYER'S NAME OR SCHOOL NAME				18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES				19. RESERVOIR				20. OUTSIDE LAB?											
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY				22. PROCEDURE(S)				23. DIAGNOSIS POINTER				24. CHARGES											
25. FEDERAL TAX I.D. NUMBER				26. SERVICE FACILITY LOCATION INFORMATION				27. BILLING PROVIDER INFO & PH #				28. AMOUNT PAID											
29. SIGNATURE OF PHYSICIAN OR SUPPLIER				30. BALANCE DUE				31. SIGNATURE OF PHYSICIAN OR SUPPLIER				32. SERVICE FACILITY LOCATION INFORMATION											

Enter appropriate diagnosis code(s). Because policies vary, verification of covered diagnoses is recommended.

Include appropriate modifiers (i.e., -RT or -LT)

Physicians should use code 66183, Insertion of anterior segment aqueous drainage device, without extraocular reservoir; external approach, for both Medicare and private payers.