

# Physician Office

## Sample CMS - 1500 Paper Claim Form

**Alcon Reimbursement Services**  
(866)457-0277  
**1500**

**HEALTH INSURANCE CLAIM FORM**  
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

**AT-IOL**  
**SAMPLE CLAIM FORM**

Use for billing physician services

CARRIER

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PATIENT AND INSURED INFORMATION

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PHYSICIAN OR SUPPLIER INFORMATION

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NUCC Instruction Manual available at: www.nucc.org APPROVED OMB-0938-0999 FORM CMS-1500 (08-05)

AcrySof®  
IQ Toric®

V2787 (Astigmatism correcting function of intraocular lens)

AcrySof®  
IQ ReSTOR®

V2788 (Presbyopia correcting function of intraocular lens)

Note regarding commercial payors: Some payors may not recognize code V2788 and may require another code for reporting non-covered services (eg: A9270, non-covered item or service)

Diagnosis pointer indicates astigmatism or presbyopia.

Modifier GY - (Item or service statutorily excluded or does not meet the definition of any Medicare benefit)

Customary charges for non-covered services equals patient payment.

<sup>1</sup>www.cms.hhs.gov/MLN MattersArticles/downloads/MM5527.pdf

Gray: required  
Blue: if requested by the patient

Information contained in this document is provided as a reference for providers in obtaining appropriate and accurate reimbursement. Content within the document is for information purposes only. Alcon does not guarantee that the use of the recommended codes will result in reimbursement. Providers may always contact the payer directly in regards to any reimbursement or billing questions.



(866) 457-0277 - ARS@alconlabs.com

**NOTE: CMS does not require non-covered services to be listed on the claim form. The code recommended above should be used if a patient requests a denial and/or for facility tracking of non-covered charges.<sup>1</sup>**