

DRUG WITH AN ASSIGNED HCPCS DRUG CODE – STOCKED BY PHYSICIAN and ADMINISTERED IN THE OFFICE

1500

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

PICA		PICA	
1. MEDICARE <input type="checkbox"/> (Medicare #) MEDICAID <input type="checkbox"/> (Medicaid #) TRICARE CHAMPUS <input type="checkbox"/> (Sponsor's SSN) CHAMPVA <input type="checkbox"/> (Member ID#) GROUP HEALTH PLAN <input type="checkbox"/> (SSN or ID) FECA BLK LUNG <input type="checkbox"/> (SSN) OTHER <input checked="" type="checkbox"/> (ID)		1a. INSURED'S I.D. NUMBER (For Program in Item 1) 123-45-6789	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) Smith, Jane N.		3. PATIENT'S BIRTH DATE MM DD YY M <input type="checkbox"/> F <input checked="" type="checkbox"/>	
4. INSURED'S NAME (Last Name, First Name, Middle Initial) Smith, Jane N.		5. PATIENT'S ADDRESS (No., Street) 123 Main Street	
6. PATIENT RELATIONSHIP TO INSURED Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>		7. INSURED'S ADDRESS (No., Street) 123 Main Street	
8. PATIENT STATUS Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Other <input type="checkbox"/>		9. CITY Anytown	
9. STATE MA		10. ZIP CODE 12345	
10. TELEPHONE (Include Area Code) ()		11. CITY Anytown	
11. STATE USA		12. ZIP CODE 12345	
12. TELEPHONE (Include Area Code) ()		13. INSURED'S POLICY GROUP OR FECA NUMBER	
14. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		15. IS PATIENT'S CONDITION RELATED TO:	
a. OTHER INSURED'S POLICY OR GROUP NUMBER		a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
b. OTHER INSURED'S DATE OF BIRTH MM DD YY M <input type="checkbox"/> F <input type="checkbox"/>		b. AUTO ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO PLACE (State)	
c. EMPLOYER'S NAME OR SCHOOL NAME		c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
d. INSURANCE PLAN NAME OR PROGRAM NAME		10d. RESERVED FOR LOCAL USE	
13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.		16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY	
SIGNED		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY	
17a. NPI		20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO \$ CHARGES	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate items 1, 2, 3 or 4 to 17a. by Line) 1. 174.0		22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.	
24. A. From MM DD		24F - Medication Charge	
1. J9179		24G - Quantity of Medication Used	
2. 96409		28. TOTAL CHARGE \$ XXX XX	
3.		29. AMOUNT PAID \$ XXX XX	
4.		30. BALANCE DUE \$ XXX XX	
5.		31. BILLING PROVIDER INFO & PH # () John Brown, M.D. 111 Hospital Drive Anytown, USA 12345	
6.		32. ASSIGNMENT? <input type="checkbox"/> NO	
25. FEDERAL TAX I.D. NUMBER 123-45-6789		33. a. NPI b.	
26. SSN EIN		34.	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)		35.	

Box 21 - Diagnosis Code
Enter appropriate ICD-9-CM diagnosis code
Example: 174.0 Malignant neoplasm of female breast - Nipple and areola
Please note: Other codes may apply

National Provider Identifier
Enter appropriate NPI as assigned by CMS (**Note:** See also boxes 24, 32, and 33)

Box 19 - Optional: Indicate the name, strength and NDC number of medication administered
Example: Halaven 1mg/2mL, 62856-0389-01

Box 24D - Procedures, Services or Supplies
Enter appropriate HCPCS Code
Example: J9179 Injection, eribulin mesylate 0.1 mg
Please note: Other codes may apply

Box 24D - Procedures, Services or Supplies
Enter appropriate CPT codes for drug administration services
Example: 96409 Chemotherapy administration; intravenous, push technique, single or initial substance/drug
Please note: Other codes may apply

Box 24G - Quantity of Medication Used
Enter 1 unit for each 0.1 mg of Halaven given