# Health Insurance Claim Form

**APPROVED OMB-0938-1197 FORM 1500 (02-12)**

**PLEASE PRINT OR TYPE**

## Health Insurance Claim Form Information

### 1. Medicare

- Medicaid
- TriCare
- CHAMPVA
- Group Health Plan
- FEDERAL (GA)
- OTHER (GA)

### 2. Patient’s Name (Last Name, First Name, Middle Initial)

### 3. Patient’s Birth Date

- Month (MM)
- Day (DD)
- Year (YY)

### 4. Insured’s Name (Last Name, First Name, Middle Initial)

### 5. Patient’s Address (No., Street)

### 6. Patient Relationship to Insured

- Self
- Spouse
- Child
- Other

### 7. Insured’s Address (No., Street)

### 8. Reserved for NUCC Use

### 9. Other Insured’s Name (Last Name, First Name, Middle Initial)

### 10. Insured’s ID Number

### 11. Insured’s Policy Group or FECA Number

### 12. Other Insured’s Policy or Group Number

- Employment?
- Auto Accident?
- Other Accident?

### 13. Insurance Plan Name or Program Name

### 14. Claim Codes (Designated by NUCC)

### 15. Is this another health benefit plan?

### 16. Is patient’s condition related to:

### 17. Date of Current Illness, Injury, or Pregnancy (LMP)

- Month (MM)
- Day (DD)
- Year (YY)

### 18. Other Date

- Month (MM)
- Day (DD)
- Year (YY)

### 19. Name of Referring Provider or Other Source

### 20. Dates Patient Unable to Work in Current Occupation

- From (MM/DD/YY)
- To (MM/DD/YY)

### 21. Hospitalization Dates Related to Current Services

- From (MM/DD/YY)
- To (MM/DD/YY)

### 22. Additional Claim Information (Designated by NUCC)

### 23. Diagnosis or Nature of Illness or Injury

### 24. Date(s) of Service

- From (MM/DD/YY)
- To (MM/DD/YY)

### 25. Procedures, Services, or Supplies

### 26. Diagnosis Pointer

- ICD (ICD-9, ICD-10, or CPT)

### 27. Prior Authorization Number

### 28. Provider Information

- Name
- Tax ID Number
- Medical License

### 29. Patient’s Account No.

### 30. Accept Assignment?

- Yes
- No

### 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.)

### 32. Service Facility Location Information

### 33. Billing Provider Info & PH #

**NUCC Instruction Manual available at:** www.nucc.org

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