

New CMS-1500 Timeline

January 6, 2014 - Payers begin receiving and processing paper claim submitted on the revised 1500 Claim Forms (version 02/12).

Jan. 6 thru March 31, 2014 - Dual use period during which payers continue to receive and process paper claims submitted on the old 1500 Forms.

April 1, 2014 - Payers receive and process paper claims submitted ONLY on the revised forms.

HEALTH INSURANCE CLAIM FORM
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN FECA OTHER

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)

3. PATIENT'S BIRTH DATE (MM/DD/YY)

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. RESERVED FOR NUCC USE

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 OR AUTHORIZED PERSON'S SIGNATURE

14. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (LMP)

15. OTHER DATE

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? YES NO

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY

22. SUBMISSION CODE

23. PRIOR AUTHORIZATION NUMBER

24. A. DATES OF SERVICE

25. FEDERAL TAX I.D. NUMBER

26. PATIENT'S ACCOUNT NO.

27. ACCEPT ASSIGNMENT?

28. TOTAL CHARGE

29. AMOUNT PAID

30. REVENUE FOR NUCC USE

31. SIGNATURE OF PHYSICIAN OR SUPPLIER

32. SERVICE FACILITY LOCATION INFORMATION

33. BILLING PROVIDER INFO & PH #

Pricing

Laser Sheets

100 - \$12.75

250 - \$18.75

500 - \$29.95

1000 - \$54.50

2500 - \$72.25

Continuous Feed

1 part - 2500 - \$72.50

2 part - 1000 - \$72.50

**Required for all
paper claims**

4-1-2014

Order Form

Style: Laser Quantity: _____
1 part continuous Quantity: 2500
2 part continuous Quantity: 1000

Shipping Charges
Orders over \$45.00 receive **FREE SHIPPING**
Orders under \$45.00 - \$8.95 shipping

Ship to: _____



Fax order to: 1.801.487.0118
Call Toll Free: 1.800.852.5565

Attn: _____ Phone: _____

Fax: _____ Email: _____

If using a web based email, save pdf to desktop, then email as an attachment.