

1500
HEALTH INSURANCE CLAIM FORM
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

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1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> EXCEPTING <input type="checkbox"/> OTHER <input type="checkbox"/> <small>(Medicare #) (Medicaid #) (Sponsor's SSN) (Member ID) (ASN or ID) (SSN) (ID)</small>		1a. INSURED'S I.D. NUMBER (For Program in Item 1)	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)		3. PATIENT'S BIRTH DATE MM DD YY SEX M <input type="checkbox"/> F <input type="checkbox"/>	
5. PATIENT'S ADDRESS (No., Street) CITY STATE ZIP CODE TELEPHONE (Includes Area Code)		7. INSURED'S ADDRESS (No., Street) CITY STATE ZIP CODE TELEPHONE (Includes Area Code)	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) YES <input type="checkbox"/> NO <input type="checkbox"/> b. AUTO ACCIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/> PLACE (State) _____ c. OTHER ACCIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/>	
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE. I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNED _____ DATE _____		13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE. I authorize payment of medical benefits to the undersigned physician or supplier for service described below. SIGNED _____	
14. DATE OF CURRENT ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP) MM DD YY		15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS, GIVE FIRST DATE MM DD YY	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Please itemize, I, 2, 3 or 4 to item 21C by line)		22. MEDICAID RESUBMISSION ORIGINAL REF. NO. _____	
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY B. PLACE OF SERVICE C. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) D. DIAGNOSIS E. DIAGNOSIS F. CHARGES G. BASIS OR UNITS H. I.D. ID. QUAL. J. RENDERING PROVIDER ID #		23. PRIOR AUTHORIZATION NUMBER	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (Identify 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 #		34. TOTAL CHARGE \$ _____ 35. AMOUNT PAID \$ _____ 36. BALANCE DUE \$ _____	

NUCC Instruction Manual available at: www.nucc.org APPROVED OMB-0638-0999 FORM CMS-1500 (08/05)

Location	Change
Header	The barcode was removed.
Header	The language "PLEASE DO NOT STAPLE IN THIS AREA" was removed from the left-hand side.
Header	The rectangle with "1500" was added in black ink to the left-hand side.
Header	The title "HEALTH INSURANCE CLAIM FORM" was moved from the lower, right-hand side to the left-hand side.

Location	Change
Header	The language “APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05” was added to the left-hand side.
Header	The language “TEST VERSION – NOT FOR OFFICIAL USE” was added to the right-hand side. This language will be removed when the form is approved by OMB.
Box 1	“TRICARE” was added above “CHAMPUS”.
Box 1	Under CHAMPVA, “VA File #” was changed to “Member ID#”.
Box 17a	The box was split in half length-wise.
Box 17a	This area was shaded. This box will accommodate other ID numbers.
Box 17a	Two vertical lines were added. This field will accommodate a two byte qualifier for other ID numbers.
Box 17b	This field was added.
Box 17b	Two vertical lines were added with the “NPI” label. This field will accommodate the NPI number.
Box 21	The lines after the decimal point in items 1, 2, 3, and 4 were extended to accommodate four bytes.
Box 24	The line with the alpha indicators was removed. The alpha indicators were moved next to the respective titles in the title fields.
Box 24	The line numbers to the left of Box 24 were increased in size and centered with each line.
Box 24	Each of the six lines were split length-wise and shading was added to the top portion of each line. This area is to be used for the reporting of supplemental information.
Box 24	Vertical line separators on each of the six lines have been removed from the shaded area, except for the lines before Boxes 24I and 24J.
Box 24C	“Type of Service” was removed. This field is now titled “EMG”.
Box 24D	The field became wider by three bytes.
Box 24D	Shading was added vertically between “CPT/HCPCS” and “MODIFIER”.
Box 24D	Vertical lines were added in the unshaded “MODIFIER” section to accommodate four sets of two bytes.
Box 24E	The title was changed from “DIAGNOSIS CODE” to “DIAGNOSIS POINTER”.
Box 24E	The field was decreased by three bytes.
Box 24G	This field was increased by one byte.
Box 24H	This field was decreased by one byte.
Box 24I	The title was changed from “EMG” to “ID. QUAL.”
Box 24I	A horizontal line was added length-wise across the field separating the shaded and unshaded portions of the field.
Box 24I	The label “NPI” was added in the unshaded portion of the field.
Box 24J	The title was changed from “COB” to “RENDERING PROVIDER ID. #”
Box 24J	A dotted horizontal line was added length-wise across the field separating the shaded and unshaded portions of the field. The NPI number is to be reported in the unshaded field. An other ID number can be reported in the shaded field.
Box 24K	This field, “RESERVED FOR LOCAL USE” was removed.
Box 32	Boxes 32a and 32b were added at the bottom.
Box 32a	This field was added to accommodate reporting of the NPI number and is indicated by the shaded label of “NPI”.
Box 32b	This shaded field was added to accommodate the reporting of other ID numbers.
Box 33	Parentheses were added after the title to indicate the location for reporting the telephone number.

Location	Change
Box 33	Boxes 33a and 33b were added at the bottom.
Box 33a	The title of this field was changed from "PIN#" to "a."
Box 33a	A shaded label of NPI was added to the box to indicate the reporting of the NPI number.
Box 33b	The title was changed from "GRP#" to "b." to accommodate the reporting of other ID numbers.
Box 33b	The field was shaded.
Footer	The language "NUCC Instruction Manual available at: www.nucc.org " was added to the left-hand side.
Footer	The OMB approval numbers were removed and the language "OMB APPROVAL PENDING" was added. The numbers will be added after approval has been received by OMB.
Back	The following language was added in the last line at the bottom of the form: "This address is for comments and/or suggestions only. DO NOT MAIL COMPLETED CLAIM FORMS TO THIS ADDRESS."