



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02-12

PATIENT AND INSURED INFORMATION										PHYSICIAN OR SUPPLIER INFORMATION									
1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> TRICARE <input type="checkbox"/> CHARITY <input type="checkbox"/> OTHER HEALTH PLAN (OHP) <input type="checkbox"/> HEALTH REFORM (HRA) <input type="checkbox"/> OTHER <input type="checkbox"/> (Medicare) (Medicaid) (Tricare) (Charity) (Member ID) (Other Health Plan) (HRA) (Other)										2. INSURED'S ID NUMBER (For Program in Item 1)									
3. PATIENT'S NAME Last Name, First Name, Middle Initial										4. INSURED'S NAME Last Name, First Name, Middle Initial									
5. PATIENT'S ADDRESS (No. Street)										6. INSURED'S ADDRESS (No. Street)									
7. CITY										8. STATE									
9. ZIP CODE										10. TELEPHONE (Include Area Code)									
11. OTHER INSURED'S NAME Last Name, First Name, Middle Initial										12. INSURED'S POLICY GROUP OR POLA NUMBER									
13. OTHER INSURED'S POLICY OR GROUP NUMBER										14. INSURED'S DATE OF BIRTH MM DD YY									
15. RESERVED FOR NUCC USE										16. OTHER CLAIM ID (Designated by NUCC)									
17. RESERVED FOR NUCC USE										18. INSURANCE PLAN NAME OR PROGRAM NAME									
19. INSURANCE PLAN NAME OR PROGRAM NAME										20. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, complete items 3, 5a, and 5b.									
21. PATIENTS OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.																			
SIGNED										SIGNED									
22. DATE OF CURRENT CLAIM REQUEST (If Pre-Existing LMP) MM DD YY										23. OTHER DATE MM DD YY									
24. NAME OF REFERRING PROVIDER OR OTHER SOURCE										25. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES									
26. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)										27. OUTSIDE LAST <input type="checkbox"/> YES <input type="checkbox"/> NO 28. CHARGES									
29. PROVIDER OR NATURE OF BUSINESS OR ENTITY (Indicate in service line below) (SIC Code) 30. ORIGINAL REF. NO.										31. PRIOR AUTHORIZATION NUMBER									
32. A. DATE OF SERVICE MM DD YY 33. PLACE OF SERVICE 34. PROCEDURE, SERVICE, OR SUPPLY (Include Official Description) 35. CHARGES 36. CHARGES 37. CHARGES 38. CHARGES 39. CHARGES 40. CHARGES 41. CHARGES 42. CHARGES 43. CHARGES 44. CHARGES 45. CHARGES 46. CHARGES 47. CHARGES 48. CHARGES 49. CHARGES 50. CHARGES 51. CHARGES 52. CHARGES 53. CHARGES 54. CHARGES 55. CHARGES 56. CHARGES 57. CHARGES 58. CHARGES 59. CHARGES 60. CHARGES 61. CHARGES 62. CHARGES 63. CHARGES 64. CHARGES 65. CHARGES 66. CHARGES 67. CHARGES 68. CHARGES 69. CHARGES 70. CHARGES 71. CHARGES 72. CHARGES 73. CHARGES 74. CHARGES 75. CHARGES 76. CHARGES 77. CHARGES 78. CHARGES 79. CHARGES 80. CHARGES 81. CHARGES 82. CHARGES 83. CHARGES 84. CHARGES 85. CHARGES 86. CHARGES 87. CHARGES 88. CHARGES 89. CHARGES 90. CHARGES 91. CHARGES 92. CHARGES 93. CHARGES 94. CHARGES 95. CHARGES 96. CHARGES 97. CHARGES 98. CHARGES 99. CHARGES 100. CHARGES										51. CHARGES 52. CHARGES 53. CHARGES 54. CHARGES 55. CHARGES 56. CHARGES 57. CHARGES 58. CHARGES 59. CHARGES 60. CHARGES 61. CHARGES 62. CHARGES 63. CHARGES 64. CHARGES 65. CHARGES 66. CHARGES 67. CHARGES 68. CHARGES 69. CHARGES 70. CHARGES 71. CHARGES 72. CHARGES 73. CHARGES 74. CHARGES 75. CHARGES 76. CHARGES 77. CHARGES 78. CHARGES 79. CHARGES 80. CHARGES 81. CHARGES 82. CHARGES 83. CHARGES 84. CHARGES 85. CHARGES 86. CHARGES 87. CHARGES 88. CHARGES 89. CHARGES 90. CHARGES 91. CHARGES 92. CHARGES 93. CHARGES 94. CHARGES 95. CHARGES 96. CHARGES 97. CHARGES 98. CHARGES 99. CHARGES 100. CHARGES									
51. FEDERAL TAX ID NUMBER 52. PATIENT'S ACCOUNT NO. 53. ACCEPT ASSIGNMENT <input type="checkbox"/> YES <input type="checkbox"/> NO										54. TOTAL CHARGE 55. AMOUNT PAID 56. Balance Due									
57. SIGNATURE OF PHYSICIAN OR SUPPLIER (I certify that the statements on the reverse apply to this bill and are made a part thereof.)										58. SERVICE FACILITY LOCATION INFORMATION									
SIGNED										SIGNED									

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Minjie Lin



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Table of Contents Power Building In Medical Coding And Insurance Form Completion

1. Understanding the eBook Power Building In Medical Coding And Insurance Form Completion
 - The Rise of Digital Reading Power Building In Medical Coding And Insurance Form Completion
 - Advantages of eBooks Over Traditional Books
2. Identifying Power Building In Medical Coding And Insurance Form Completion
 - Exploring Different Genres
 - Considering Fiction vs. Non-Fiction
 - Determining Your Reading Goals
3. Choosing the Right eBook Platform
 - Popular eBook Platforms
 - Features to Look for in an Power Building In Medical Coding And Insurance Form Completion
 - User-Friendly Interface
4. Exploring eBook Recommendations from Power Building In Medical Coding And Insurance Form Completion
 - Personalized Recommendations
 - Power Building In Medical Coding And Insurance Form Completion User Reviews and Ratings
 - Power Building In Medical Coding And Insurance Form Completion and Bestseller Lists
5. Accessing Power Building In Medical Coding And Insurance Form Completion Free and Paid eBooks

- Power Building In Medical Coding And Insurance Form Completion Public Domain eBooks
- Power Building In Medical Coding And Insurance Form Completion eBook Subscription Services
- Power Building In Medical Coding And Insurance Form Completion Budget-Friendly Options
- 6. Navigating Power Building In Medical Coding And Insurance Form Completion eBook Formats
 - ePub, PDF, MOBI, and More
 - Power Building In Medical Coding And Insurance Form Completion Compatibility with Devices
 - Power Building In Medical Coding And Insurance Form Completion Enhanced eBook Features
- 7. Enhancing Your Reading Experience
 - Adjustable Fonts and Text Sizes of Power Building In Medical Coding And Insurance Form Completion
 - Highlighting and Note-Taking Power Building In Medical Coding And Insurance Form Completion
 - Interactive Elements Power Building In Medical Coding And Insurance Form Completion
- 8. Staying Engaged with Power Building In Medical Coding And Insurance Form Completion
 - Joining Online Reading Communities
 - Participating in Virtual Book Clubs
 - Following Authors and Publishers Power Building In Medical Coding And Insurance Form Completion
- 9. Balancing eBooks and Physical Books Power Building In Medical Coding And Insurance Form Completion
 - Benefits of a Digital Library
 - Creating a Diverse Reading Collection Power Building In Medical Coding And Insurance Form Completion
- 10. Overcoming Reading Challenges
 - Dealing with Digital Eye Strain
 - Minimizing Distractions
 - Managing Screen Time
- 11. Cultivating a Reading Routine Power Building In Medical Coding And Insurance Form Completion
 - Setting Reading Goals Power Building In Medical Coding And Insurance Form Completion
 - Carving Out Dedicated Reading Time
- 12. Sourcing Reliable Information of Power Building In Medical Coding And Insurance Form Completion
 - Fact-Checking eBook Content of Power Building In Medical Coding And Insurance Form Completion
 - Distinguishing Credible Sources
- 13. Promoting Lifelong Learning
 - Utilizing eBooks for Skill Development

- Exploring Educational eBooks

14. Embracing eBook Trends

- Integration of Multimedia Elements
- Interactive and Gamified eBooks

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