## **Submission Example**



Please refer to the NUCC (National Uniform Claim Committee Guide) for complete detailed information on paper claim submission as well as the 837 Professional Implementation Guide for any Electronic Data Interchange (EDI) issues.

## **HEALTH INSURANCE CLAIM FORM**

				837 Professional Implementation Guide for any Electronic Data Interchange (EDI) issues.											
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PICA		, , , ,	·											PIC	
			HAMPVA	GRC	)UP LTH PLAN		OTHER	1a. INSUR	ED'S I.D. N	UMBER			(For Progra	am in Iten	n 1)
(Medicare#) (Medicaid#) (ID#/DoD#) (Member IE 2. PATIENT'S NAME (Last Name, First Name, Middle Initial)			#) (ID#)	)	(ID#)	(ID#)									
				3. PATIENT'S BIRTH DATE SEX MM   DD   YY     M F				4. INSURED'S NAME (Last Name, First Name, Middle Initial)							
5. PATIENT'S ADDRESS	(No., Street)			6. PATIENT				7. INSURE	D'S ADDRE	ESS (No., S	treet)				
CITY		S	STATE					CITY						STAT	E
ZIP CODE	TELEPHO	NE (Include Area Code	e)					ZIP CODE			TELE	PHONE	(Include Are	ea Code)	E
9. OTHER INSURED'S N	AME (Last Name, Ei	) irst Name, Middle Initia	al)			ION RELATED 1	TO	11 INSUR		CY GROUP					
9. OTHER INSORED S IN	AIVIL (Last Name, 11	nst Name, Middle milia	ai <i>)</i>	10. 13 FATIL		ION RELATED	10.	11. 110011	LD 3 FOLK		UNIL		IDEN		
a. OTHER INSURED'S POLICY OR GROUP NUMBER			a. EMPLOYMENT? (Current or Previous)			a. INSURED'S DATE OF BIRTH MM   DD   YY				SEX					
b. RESERVED FOR NUC	CUSE			b. AUTO AC			E (State)	b. OTHER	i CLAIM ID (	i Designated	by NU				]
					YES		_ (30)		,	-		÷			
c. RESERVED FOR N	he name of th	e Referring, Or	dering	or Supe	ervising pro	ovider is en	tered i	n Box 17	7. <sup>AN</sup>	NAME OR	PROG	RAM NA	ME		
lf	Box 17 is pop	oulated with a na									DEVE		N0		
	ection of Box '								HE					and 0d	
Example: DN Donald Duck Qualifiers: DN - Referring, DK - Ord				erina. DO	Q - Supervi	NO <i>If yes</i> , complete items 9, 9a, and 9d.							ze		
12. PATIENT'S OR AU to process this clair	he provider's l	NPI must be list	ted in	Box 17b		-			lica	I benefits to below.					
below.		Taxonomy Cod			ed in Box '	17a with th	ie quali	fier ZZ	<b>1</b>						
	0	0 character Tax		ny Code			$\leq$								
14. DATE OF CURRENT	ILLNESS, INJURY,	or PREGNANCY (LMP	P) 15. C QUA		MAN	DD YY		16. DATES FROM	S PATIENT I MM   DI	UNABLE TO	) WOR	K IN CU TO	RRENT OC MM   DI		Y Y
17. NAME OF REFERRIN		OTHER SOURCE	17a.			67890				N DATES R D   YY	ELATE		IDDENT SI		r's Taxor
DN Donald The ICD Ind Box		a 9 for ICD-9 o	$1 + \frac{1}{2}$		87654012		iccente	FROM duntil m	nandate	d by CM	15				Box 24J
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								Y		NO				t nonu	
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	valid NDC for (	drugs. The code I	must b		(24E) ICD I	Ind. 9		22. RESUE CODE	BMISSION	J		31			
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