

**MODA HEALTH PLANS** PO BOX 40384

HEALTH INSURANCE CLAIM FORM APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12 PORTLAND, OR 97240 FAX: (855) 522-9810

	PICA																PICA
1.	MEDICARE	MEDICA	D TRI	CARE		CHAMPVA				CA		1a. INSURE	D'S I.D. NUMI	BER		(For Progra	am in Item 1)
	(Medicare#)	(Medicaid	#) [ID#	/DoD#)		(Member ID	#) HEA (ID#)	LTH PLAN	III (ID	.K LUNG #)	(ID#)						
2 F	PATIENT'S NAME	(I ast Name Fi	rst Name Midd	le Initial)		<del>-</del> ' '	3. PATIENT'S		F.	SE	x	4 INSURED	'S NAMF(Las	t Name Fire	t Name	, Middle Initia	I)
2. '	ATILITY O TAME	. (Lust Harrie,)	ot Harrie, Isliaa	ic iiiidai,			O. TAILLITT	- DIKTIT BATT	M		 F [ ]	4. 111001120	O IVANIL (Las	k raine,i ii		, middle iinid	,
-																	
5. F	PATIENT'S ADDRI	ESS (No.,Stree	1)				6. PATIENT'S	RELATIONS		INSURE	' _	7. INSURED	'S ADDRESS	(No.,Street	)		
							Self	Spouse	Child		Other						
СІТ	Υ					STATE	8. RESERVE	D FOR NUC	C USE			CITY					STATE
ZIP	CODE		TELEPHONE (I	nclude Are	ea Code)							ZIP CODE			TELE	PHONE (Inclu	ide Area Code)
			•		•											•	,
L													515 5511511				
9. 0	OTHER INSURED	O'S NAME (Last	First, Middle In	itial)			10. IS PATIEI	NTS CONDIT	HON REL	D:	11. INSURE	D'S POLICY (	GROUP OR	FECA	NUMBER		
a. 0	OTHER INSURED	S POLICY OR	GROUP NUME	BER			a. EMPLOYM	ENT? (Curre	ent or Prev	vious)		a. INSURED	'S DATE OF E	BIRTH			SEX
								YES		NO						м	F
b. RESERVED FOR NUCC USE							b. AUTO ACCIDENT? PLACE (State)					b. OTHER CLAIM ID (Designated by NUCC)					
1								YES		NO ,							
-	RESERVED FOR	NUCC USE				2	o OTHER AC		L	ا ". ل		o INCLIDAN	CE PLAN NA	ME OR BO	OCE 41	A NIAME	
6. 1	LOERVED FOR	HUUU USE					c. OTHER ACCIDENT?					C. INSURAN	OL FLAN NA	WE OR PR	JURAI	I IVANE	
<u></u>								YES		NO							
d. I	NSURANCE PLAI	N NAME OR P	ROGRAM NAM	E			10d. CLAIM C	CODES (Desi	ignated by	y NUCC)		d. IS THERE	ANOTHER H	HEALTH BE	NEFIT	PLAN?	
												[]\	ES	NO If y	es,com	plete items 9,	9a and 9d.
12.	PATIENT'S OF	R AUTHORIZEI	PERSON'S S	IGNATUR	E I autho	rize the releas	e of any medi	cal or other i	info nece	ssary		13. INSURE	D'S OR AUT	HORIZED I	PERSC	N'S SIGNATI	JRE I authorize
	to process this below.	claim. I also re	equest payment	t of govern	iment ben	nefits either to	myself or to th	e party who	accepts a	assignme	nt	paymen services	it of medical b described be	enefits to the	ne unde	rsigned physi	ician or supplier for
	0.01.50						_					0.01					
$\vdash$	SIGNED							DATE				SIGNE					
14.	DATE OF CURR	RENT ILLNESS,	INJURY, or PF	REGNANC	Y (LMP)	15. C	THER DATE					16. DATES	PATIENT UNA	ABLE TO W	ORK I	N CURRENT	OCCUPATION
			QUAL			QUA	L					FROM				го	
17.	NAME OF REFE	RRING PROVI	DER OR OTHE	R SOURC	E	17a.						18. HOSPIT	ALIZATION D	ATES REL	ATED	TO CURRENT	r services
						17b.	NPI					FROM				го	
19.	ADDITIONAL CL	AIM INFORMA	TION (Designat	ted by NU	CC)							20. OUTSID	E LAB?	\$	CHAR	GES	
				-									res 🗀	NO			
-	DIAGNOSIS OR	NATURE OF I	L NECC OF IN	IUDV Dal			-le (0.4F)					22. RESUBI					
21.		NATURE OF I	LLNESS OR IN	JUKT KEI	ate A-L to	service line L	(24E)	F	ICD Ind.			CODE	NISSION	1	ORIG	INAL REF. NO	<b>)</b> .
	2.NO.10010 OK								_ 1								
A			В. 🖳		_	C. L			D. l								
A E			B.			c. ∟ g. ∟			D. L H. L			23. PRIOR A	AUTHORIZAT	ION NUMB	ER		
		<del></del>			_							23. PRIOR A	AUTHORIZAT	ION NUMB	ER		
	. L	(S) OF SERVICE	F	В.		G.	DURES,SERV		H. ( L. (		E.		AUTHORIZAT		Lu I	. I.	J.
E.	. L	E(S) OF SERVICE	F	PLACE C	∮F	G. L K. L D. PROCE (Exp	lain Unusual C	ircumstances	H. L L. L JPPLIES s)		DIAGNOSIS		F.	G. DAYS OR	H. EPSD Family	ID	RENDERING
E.		E(S) OF SERVICE	F J E	1	∮F	G.	lain Unusual C		H. L L. L JPPLIES s)						H. EPSD	ID	
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E. 1. 24.			F. L	PLACE C	E EMG	G. L K. L D. PROCE (Exp	lain Unusual C	MODIFII	H. L L. L JPPLIES s)	ASSIGNA	DIAGNOSIS POINTER		F.	G. DAYS OR UNITS	H. EPSD Family Plan	NPI NPI NPI NPI NPI	RENDERING
E. 1. 24.	A. DATE		F. L	PLACE C SERVICE	E EMG	G. L. K. L. D. PROCE (Exp CPT/HCPC	lain Unusual C	MODIFII	H. L L. L JPPLIES s) IER ACCEPT		DIAGNOSIS POINTER	\$ CHA	F.	G. DAYS OR UNITS	H. EPSD Family Plan	NPI NPI NPI NPI NPI NPI	RENDERING PROVIDER ID. #
24. 25.	A. DATE From	D. NUMBER	F. L. J. L. SE To	PLACE C SERVICE	E EMG	G. L. K. L. D. PROCE (Exp CPT/HCPC	lain Unusual C	MODIFII	H. L L. UJPPLIES s) IER  ACCEPT YES		DIAGNOSIS POINTER	\$ CHA	F. RGES	G. DAYS OR UNITS	H. EPSD Family Plan	NPI NPI NPI NPI NPI NPI	RENDERING PROVIDER ID. #
24. 25.	A. DATE From  FEDERAL TAX I.  SIGNATURE OF INCLUDING DE	D. NUMBER  F PHYSICIAN C GREES OR CF	F. L J. L SE To SSN R SUPPLIER EDENTIALS	PLACE C SERVICE	E EMG	G. L. K. L. D. PROCE (Exp CPT/HCPC	lain Unusual C	MODIFII	H. L L. UJPPLIES s) IER  ACCEPT YES		DIAGNOSIS POINTER	\$ CHA	F.	G. DAYS OR UNITS	H. EPSD Family Plan	NPI NPI NPI NPI NPI NPI	RENDERING PROVIDER ID. #
24. 25.	A. DATE From  FEDERAL TAX I.	D. NUMBER  F PHYSICIAN C GREES OR C5 statements on	F. L  J. L  To  SSN  R SUPPLIER EDENTIALS the reverse	PLACE C SERVICE	E EMG	G. L. K. L. D. PROCE (Exp CPT/HCPC	lain Unusual C	MODIFII	H. L L. UJPPLIES s) IER  ACCEPT YES		DIAGNOSIS POINTER	\$ CHA	F. RGES	G. DAYS OR UNITS	H. EPSD Family Plan	NPI NPI NPI NPI NPI NPI	RENDERING PROVIDER ID. #
24. 25.	FEDERAL TAX I.	D. NUMBER  F PHYSICIAN C GREES OR C5 statements on	F. L  J. L  To  SSN  R SUPPLIER EDENTIALS the reverse	PLACE C SERVICE	E EMG	G. L. K. L. D. PROCE (Exp CPT/HCPC	lain Unusual C	MODIFII	H. L L. UJPPLIES s) IER  ACCEPT YES		DIAGNOSIS POINTER	\$ CHA	F. RGES	G. DAYS OR UNITS	H. EPSD Family Plan	NPI NPI NPI NPI NPI NPI	RENDERING PROVIDER ID. #
24. 25.	FEDERAL TAX I.	D. NUMBER  F PHYSICIAN C GREES OR C5 statements on	F. L  J. L  To  SSN  R SUPPLIER EDENTIALS the reverse	PLACE C SERVICE	E EMG	G. L. K. L. D. PROCE (Exp CPT/HCPC	lain Unusual C	MODIFII	H. L L. UJPPLIES s) IER  ACCEPT YES		DIAGNOSIS POINTER	\$ CHA	F. RGES	G. DAYS OR UNITS	H. EPSD Family Plan	NPI NPI NPI NPI NPI NPI	RENDERING PROVIDER ID. #