

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

П	PICA																PICA	
1.	MEDICARE	MEDIC	AID TR	ICARE		CHAMPVA		GROU			CA	OTHER	1a. INSURED'S I.D. N	UMBER		(For Pro	gram in Item 1)	
	(Medicare#)	(Medica	d#) [IDs	#/DoD#)		(Member II	#)	HEALT (ID#)	H PLAN	BL (ID	.K LUNG #)	(ID#)						
2 1	PATIENT'S NAMI	F (Last Name I	First Name Mide	dle Initial)		٠	3 PATI	ENT'S BI	RTH DA	TE.	SI	-X	4. INSURED'S NAME	I ast Name Fi	irst Nam	ne Middle Ini	tial)	
- '	ATIENT O NAME	L (Lust Humo,	not realite, islict	aic iiiidai,			0.17.	LIVI 0 DI	KIII DA				4. INCONED O NAME	(Last Harrie,	i ot i taiii	ic ,middle iin	iiai)	
_							M F 6. PATIENT'S RELATIONSHIP TO INSURED											
5. F	PATIENT'S ADDE	RESS (No.,Stre	et)				6. PATII	ENT'S R	ELATION	ISHIP TO	INSURE		7. INSURED'S ADDRE	ESS (No.,Stre	et)			
							Self	s	pouse	Child		Other						
CIT	Υ					STATE	8. RESE	ERVED F	OR NUC	CC USE			CITY				STATE	
715	CODE		TELEPHONE (Include Ar	ea Code)								ZIP CODE		TELE	EDHONE (Inc	lude Area Code)	
_"	OODL		, received	include Air	ca ocac,								211 0002		1,555	LI TIONE (III	nade Alea Code)	
_																		
9. OTHER INSURED'S NAME (Last,First, Middle Initial)								PATIENT	SCOND	ITION RE	LATED T	O:	11. INSURED'S POLIC	CY GROUP O	R FECA	NUMBER		
١,																		
a. OTHER INSURED'S POLICY OR GROUP NUMBER								a. EMPLOYMENT? (Current or Previous)					a. INSURED'S DATE OF BIRTH SEX					
							YES NO						M F					
b. RESERVED FOR NUCC USE								b. AUTO ACCIDENT? PLACE (State)					b. OTHER CLAIM ID (Designated by NUCC)					
L				YES NO														
c. RESERVED FOR NUCC USE									c. OTHER ACCIDENT?					NAME OR P	ROGRA	M NAME		
								YES NO										
d. I	NSURANCE PLA	AN NAME OR	PROGRAM NAM	ΛE			10d. CLAIM CODES (Designated by NUCC)						d. IS THERE ANOTHE	ER HEALTH E	BENEFIT	T PLAN?		
							(2.2.2.3.2.3.2.3.3.3.3.3.3.3.3.3.3.3.3.3						YES	_		nplete items	9. 9a and 9d	
15	12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other info necessary																	
to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment												INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for						
	below.												services describe	d below.				
	SIGNED							DAT	Έ				SIGNED					
14.	DATE OF CURI	RENT ILLNES	S. INJURY. or P	REGNANO	CY (LMP)	15. 0	THER D	ATE					16. DATES PATIENT	UNABLE TO	WORK	IN CURREN	T OCCUPATION	
			QUAL		, (,		1	1					FROM					
													FROM TO 18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES					
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 17a.													18. HOSPITALIZATIO	N DATES RE	LATED	TO CURRE	NT SERVICES	
						17b.	NPI	ท					FROM TO					
19.	ADDITIONAL C	LAIM INFORM	ATION (Designa	ated by NU	ICC)								20. OUTSIDE LAB?		\$ CHAF	RGES		
													YES	NO				
21	DIAGNOSIS OF	R NATURE OF	ILLNESS OR II	VJURY Re	late A-L to	service line I	elow (24	IF)					22. RESUBMISSION					
							(2	-,		ICD Ind.			CODE	1	ORIO	GINAL REF.	NO.	
A B C						D												
E	. L		F		_	G.			-	H.			23. PRIOR AUTHORIZ	ZATION NUM	BER			
I. L J. L K. L								L. L.										
24.	A. DATI	E(S) OF SERV	ICE	B.	C.	D. PROCE						E.	F.	G. DAYS OI	H. EPSD	I.	J.	
	From		To	PLACE ((Exp	lain Unus	sual Circi	umstance MODIF			DIAGNOSIS POINTER	\$ CHARGES	UNITS			RENDERING PROVIDER ID. #	
-				102	LINIG	CFINIOR			WICDII	ILK		FOINTER	\$ CHARGES	UNITS	Plan	QUAL	FROVIDER ID. #	
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25.	FEDERAL TAX	I.D. NUMBER	SSI	N EIN	26. P	ATIENT'S ACC	COUNT N	40.	27	ACCEPT			28. TOTAL CHARGE	29.	AMOUL	NPI NPI	30. Rsvd for NUCC Use	
25.	FEDERAL TAX	I.D. NUMBER	SSI	N EIN	26. P/	ATIENT'S ACC	COUNT N	1 0.	27	. ACCEPT		MENT?	28. TOTAL CHARGE	29.	AMOUI	NPI NPI NPI	30. Rsvd for NUCC Use	
	SIGNATURE O	F PHYSICIAN	OR SUPPLIER	N EIN		ATIENT'S ACC				YES			28. TOTAL CHARGE 33. BILLING PROVIDE			NPI NPI NPI	30. Rsvd for NUCC Use	
	SIGNATURE O	OF PHYSICIAN EGREES OR C	OR SUPPLIER REDENTIALS the reverse	N EIN						YES						NPI NPI NPI	30. Rsvd for NUCC Use	
	SIGNATURE O	OF PHYSICIAN EGREES OR C	OR SUPPLIER REDENTIALS the reverse	N EIN						YES						NPI NPI NPI	30. Rsvd for NUCC Use	
	SIGNATURE O	OF PHYSICIAN EGREES OR C	OR SUPPLIER REDENTIALS the reverse	N EIN						YES						NPI NPI NPI	30. Rsvd for NUCC Use	
31.	SIGNATURE O	OF PHYSICIAN EGREES OR C	OR SUPPLIER REDENTIALS the reverse	N EIN						YES		NO			PH#	NPI NPI NPI	30. Rsvd for NUCC Use	