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HEALTH INSURANCE CLAIM FORM

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

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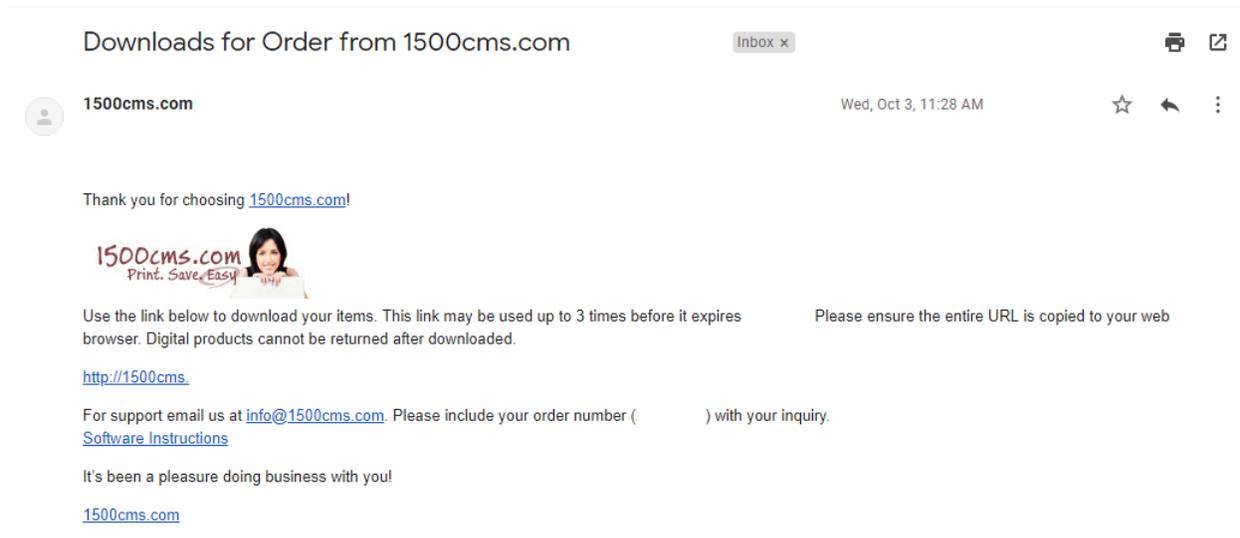
1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA BLA (LNU) <input type="checkbox"/> OTHER <input type="checkbox"/>	1a. INSURED'S I.D. NUMBER (For Program in Item 1)
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)	4. INSURED'S NAME (Last Name, First Name, Middle Initial)
3. PATIENT'S BIRTH DATE (MM/DO/YY) SEX (M/F)	7. INSURED'S ADDRESS (No., Street)
5. PATIENT'S ADDRESS (No., Street)	6. PATIENT RELATIONSHIP TO INSURED (Self/Spouse/Child/Other)
CITY	CITY STATE
ZIP CODE TELEPHONE (Include Area Code)	ZIP CODE TELEPHONE (Include Area Code)
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)	10. IS PATIENT'S CONDITION RELATED TO:
a. OTHER INSURED'S POLICY OR GROUP NUMBER	a. EMPLOYMENT? (Current or Previous) YES/NO
b. RESERVED FOR NUCC USE	b. AUTO ACCIDENT? YES/NO PLACE (Date)
c. RESERVED FOR NUCC USE	c. OTHER ACCIDENT? YES/NO
d. INSURANCE PLAN NAME OR PROGRAM NAME	10c. CLAIM CODES (Designated by NUCC)
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE (I authorize payment of medical benefits to the undersigned physician or supplier for services described below.)	13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE (I authorize payment of medical benefits to the undersigned physician or supplier for services described below.)
14. DATE OF CURRENT SERVICE (MM/DO/YY)	15. DATE OF SERVICE (MM/DO/YY)
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES (FROM/TO)
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	20. OUTSIDE LAB? YES/NO \$ CHARGES
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate A-L to service line below (24E))	22. RESUBMISSION CODE ORIGINAL REF. NO.
24. A. DATE(S) OF SERVICE (From/To) B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) E. DIAGNOSIS POINTER	23. PRIOR AUTHORIZATION NUMBER
25. FEDERAL TAX I.D. NUMBER SSN EIN	26. PATIENT'S ACCOUNT NO.
27. ACCEPT ASSIGNMENT? YES/NO	28. TOTAL CHARGE \$
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify 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



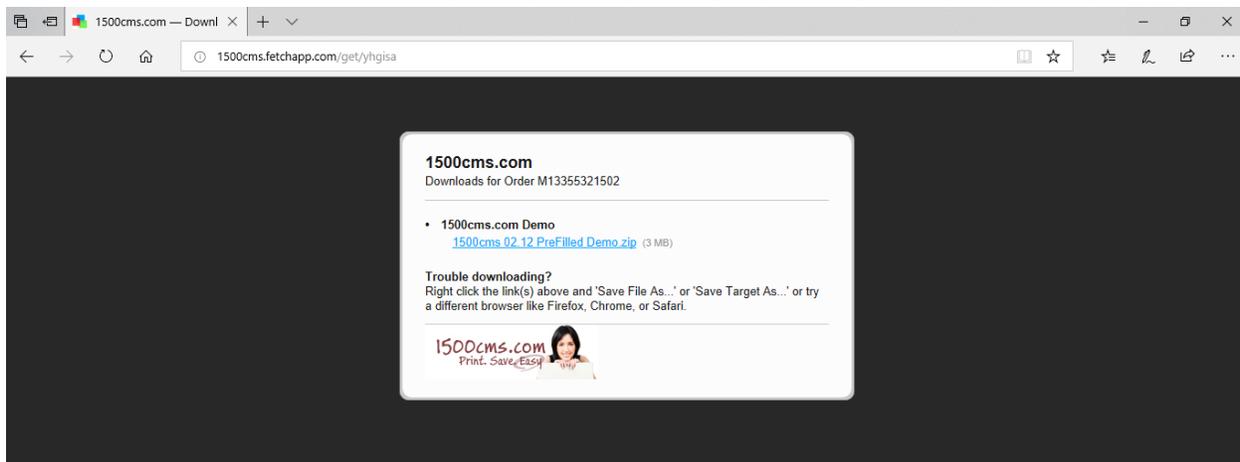
CARRIER
PATIENT AND INSURED INFORMATION
PHYSICIAN OR SUPPLIER INFORMATION

Step one: Download your order

Moments after your order is placed an email will be sent to the email address used during checkout. This email will include a **unique link** to download your order. **Click the link provided in the email, it will look similar to the image below.**



The **unique link** will bring you to the download page. Click on the highlighted link, there can be multiple links depending on the order.



Trouble downloading?

Right click the link(s) above and 'Save File As...' or 'Save Target As...' or try a different browser like Firefox, Chrome, or Safari.

Step two: Make sure Adobe Reader is installed

Most users will have Adobe Reader already installed on the computer.

1500cms.com software is compatible with both **Mac** and **Windows**.

Software is designed to work with **Adobe Reader** Version XI and DC, (users must have the current version) the current version is available free at <http://get.adobe.com/reader/>

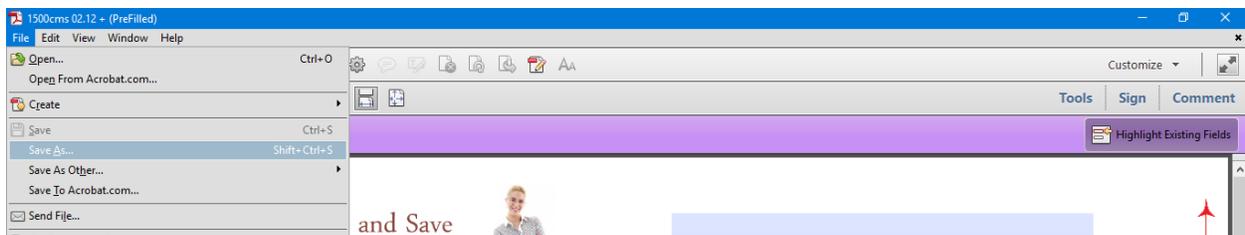
Please note: older versions of Reader do not work well with 1500cms.com software. Other PDF readers may not perform well. **Always use Adobe Reader for best results.**

*Mac users: **Mac Preview** is usually the default PDF application on a Mac (and is not compatible), make sure Adobe Reader is used.*



Step three: Fill the template

Users can also create a "**Master Template**" first with the information that does not change. Complete these sections then select "Save As" from the File Menu.

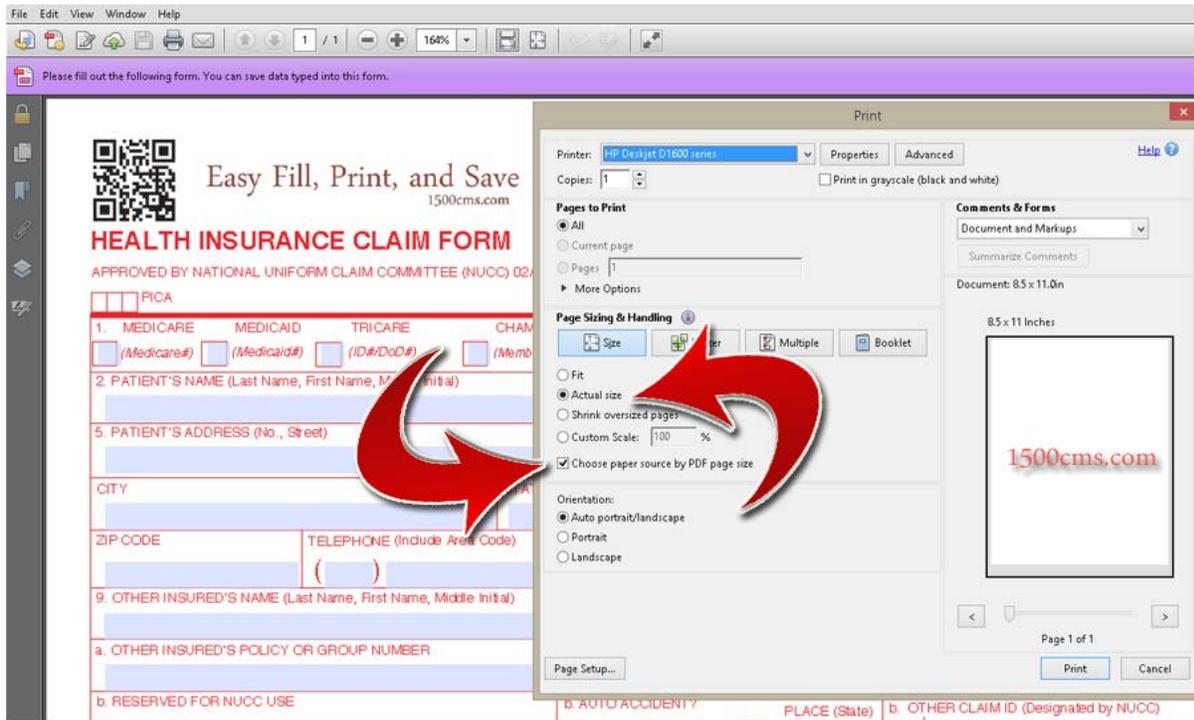


Then each Patient can be added by filling the "Master Template" and selecting "**Saved As**". A new document will be created; this alleviates the need to type the same data more than once.

Each patient will have a document created that can be edited and printed as needed.

Step four: Print the HCFA 1500

When you are ready to print, select "Print" from the Menu. A print dialog box will appear, select "Actual Size" (please review image below)



Important: "Choose paper source PDF page size" this option should be checked with some configuration. Please try both "unchecked" and "checked" to determine the best for your settings.

Need help?

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"WELL, THAT IS JUST SPOT-ON
PERFECT. THANKS!"
-NANCY - APRIL 2015



TESTIMONIALS



IT'S A GOOD DAY TO HAVE A GOOD DAY

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