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HEALTH INSURANCE CLAIM FORM

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

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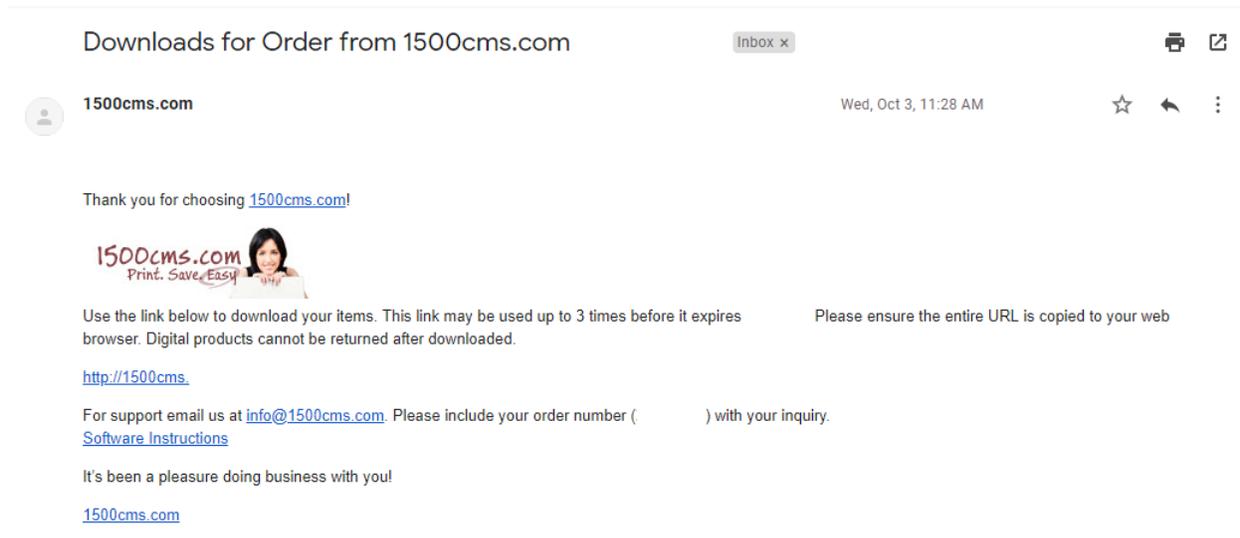
Thank you for choosing 1500cms.com

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 (LUNG) <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)		3. PATIENT'S BIRTH DATE (MM/DO/YY) SEX (M/F)	
4. INSURED'S NAME (Last Name, First Name, Middle Initial)		5. PATIENT'S RELATIONSHIP TO INSURED (Self/Spouse/Child/Other)	
6. PATIENT'S ADDRESS (No., Street)		7. INSURED'S ADDRESS (No., Street)	
8. CITY		9. STATE	
10. ZIP CODE		11. TELEPHONE (Include Area Code)	
12. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		13. IS PATIENT'S CONDITION RELATED TO:	
14. OTHER INSURED'S POLICY OR GROUP NUMBER		15. EMPLOYMENT? (Current or Previous) YES/NO	
16. RESERVED FOR NUCC USE		17. AUTO ACCIDENT? YES/NO PLACE (Date)	
18. RESERVED FOR NUCC USE		19. OTHER ACCIDENT? YES/NO	
20. INSURANCE PLAN NAME OR PROGRAM NAME		21. CLAIM CODES (Designated by NUCC)	
22. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE (I authorize payment of medical benefits to the undersigned physician or supplier for services described below.)		23. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE (I authorize payment of medical benefits to the undersigned physician or supplier for services described below.)	
24. DATE OF CURRENT SERVICE (MM/DO/YY)		25. DATE OF SERVICE (MM/DO/YY)	
26. NAME OF REFERRING PROVIDER OR OTHER SOURCE		27. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION (FROM/TO)	
28. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		29. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES (FROM/TO)	
30. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate A-L to service line below (24E))		31. OUTSIDE LAB? YES/NO \$ CHARGES	
32. A. DATE(S) OF SERVICE (From/To) B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) E. DIAGNOSIS POINTER		33. RESUBMISSION CODE ORIGINAL REF. NO.	
34. FEDERAL TAX I.D. NUMBER SSN EIN		35. PATIENT'S ACCOUNT NO.	
36. 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.)		37. ACCEPT ASSIGNMENT? YES/NO	
38. SERVICE FACILITY LOCATION INFORMATION		39. TOTAL CHARGE \$	
39. BILLING PROVIDER INFO		40. BILLING PROVIDER INFO	

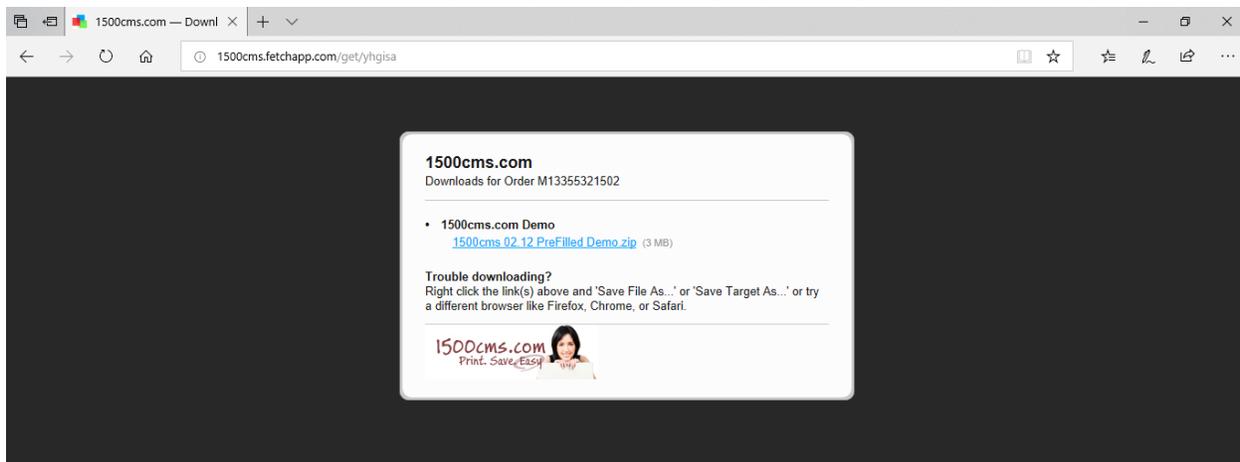


Step one: Download your order

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/>

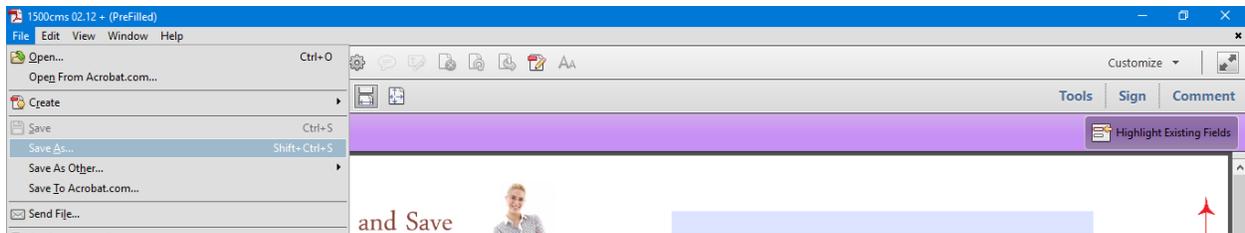
Please note: older versions of Reader do not work well with 1500cms.com software. Other PDF readers may not perform well. **Always use Adobe Reader for best results.**

*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.

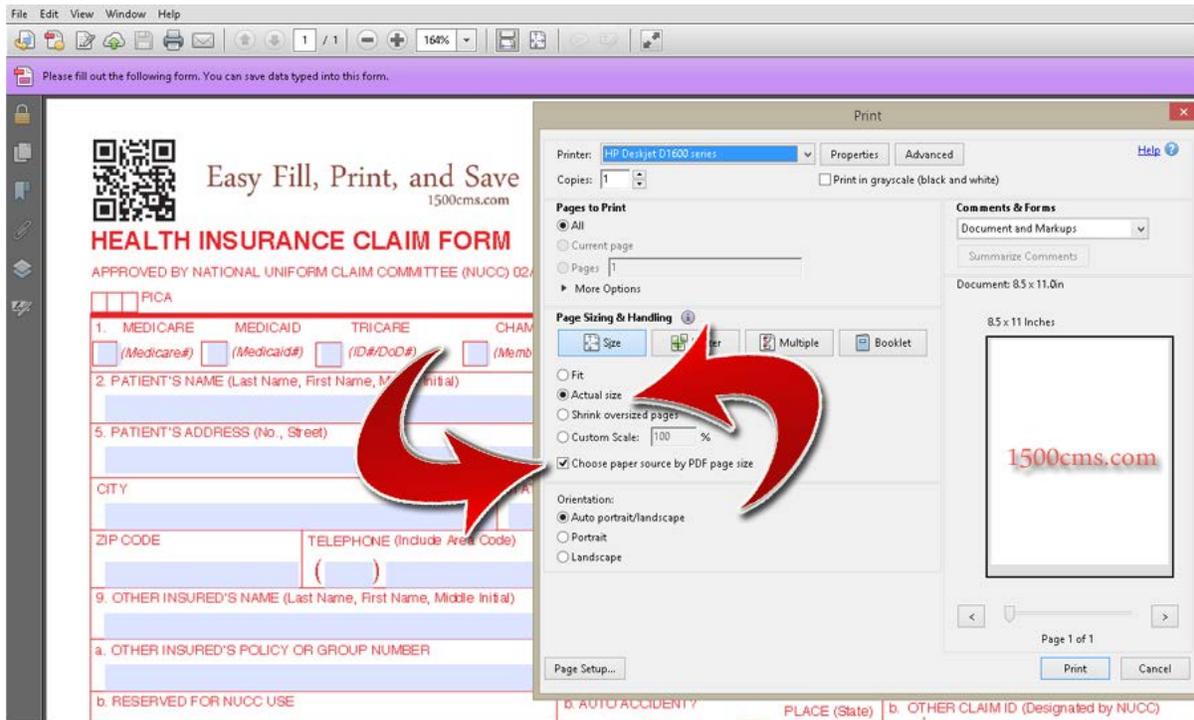


Then each Patient can be added by filling the "Master Template" and selecting "**Saved As**". A new document will be created; this alleviates the need to type the same data more than once.

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.

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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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