

# HIT 190 - CMS 1500 Claim Form Activity

**I posted a link for a pdf claim form that is fillable format - you can type in the blanks. Or you can print the copy and handwrite it. If you hand write it, please make sure it is legible.**

Complete the claim form with the following information:

Ins company name - BCBS, 1452 Sunshine Avenue, Blueberry, MO, 56897-3214

Group health plan, patient's relationship to insured is spouse, patient's condition related to a-b-c  
- NO to each

Patient name - Mary J. Brown, date of birth - 3/16/58, sex - female

Insured's name - Roger L. Brown, date of birth - 1/15/56, sex - male

ID number - XYJ30956478, Group name - ABC Glass Company, Group # - 57893

Date of service - August 28, 2016,

No other insurance plans, date of current illness is August 28, 2016

Diagnosis codes/descriptions - R50.9 - fever unknown origin, A09 - infectious gastroenteritis

CPT codes - 99214 - Evaluation/Mgmt Level 4, cost \$215.00, x1 unit, place of service - 11

Referring provider - Dr. Joseph Malware, Pt account number - K35792, Rendering provider NPI - 12984536784

Accept assignment - YES, total charge - \$215.00, Signature of physician - Dr. Karen Friend,

Service address - 2347 Eastern Avenue, Strawberry, MO 65789-2121

**Anything not recorded here for your claim form needs to be left BLANK.**