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HEALTH INSURANCE CLAIM FORM

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

☐ PICA		1500cms.com Instructions for Use										☐ PICA			
1. MEDICARE ☐ MEDICAID ☐ TRICARE ☐ CHAMPVA ☐ GROUP HEALTH PLAN ☐ FECA BLK LUNG ☐ OTHER ☐		1a. INSURED'S I.D. NUMBER (For Program in Item 1)										PICA			
2. PATIENT'S NAME (Last, First, Middle Initial)		3. PATIENT'S BIRTH DATE MM DD YY		SEX M ☐ F ☐		4. INSURED'S NAME (Last Name, First Name, Middle Initial)									
5. PATIENT'S ADDRESS (No. Street)		6. PATIENT RELATIONSHIP TO INSURED Self ☐ Spouse ☐ Child ☐ Other ☐		7. INSURED'S ADDRESS (No., Street)											
CITY		CITY										STATE			
ZIP 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:		11. INSURED'S POLICY GROUP OR FECA NUMBER											
a. OTHER INSURED'S POLICY OR GROUP NUMBER		a. EMPLOYMENT? (Current or Previous)		a. INSURED'S DATE OF BIRTH MM DD YY											
b. RESERVED FOR NUCC USE		b. AUTO ACCIDENT?		b. OTHER CLAIM ID (Designated by NUCC)											
c. RESERVED FOR NUCC USE		c. OTHER ACCIDENT?		c. INSURANCE PLAN NAME OR PROGRAM NAME											
d. INSURANCE PLAN NAME OR PROGRAM NAME		10d. CLAIM CODES (Designated by NUCC)		d. IS THERE ANOTHER HEALTH BENEFIT PLAN?											
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE (I authorize the release of my medical or other information necessary to process this claim 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.)										SIGNED			
SIGNED		DATE										SIGNED			
14. DATE OF CURRENT SERVICE		15. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION										FROM			
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES										FROM			
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB?										\$ CHARGES			
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate A-L to service line below (24E))		22. RESUBMISSION CODE										ORIGINAL REF. NO.			
A.		B.										C.			
D.		E.										F.			
G.		H.										I.			
J.		K.										L.			
24. A. DATE(S) OF SERVICE		B. PLACE OF SERVICE										C. EMG			
D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)		E. DIAGNOSIS POINTER										F. \$ CHARGES			
G. DATE OR UNITS		H. SPICOP Comp File										I. ID. QUAL			
J. RENDERING PROVIDER ID #		K.										L.			
25. FEDERAL TAX I.D. NUMBER		26. PATIENT'S ACCOUNT NO.										27. ACCEPT ASSIGNMENT?			
28. TOTAL CHARGE		29. BILLING PROVIDER INFO										30.			
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.			

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Contact Us

If you have any questions, contact our Customer Support Center.

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Worldwide, find us via our website at

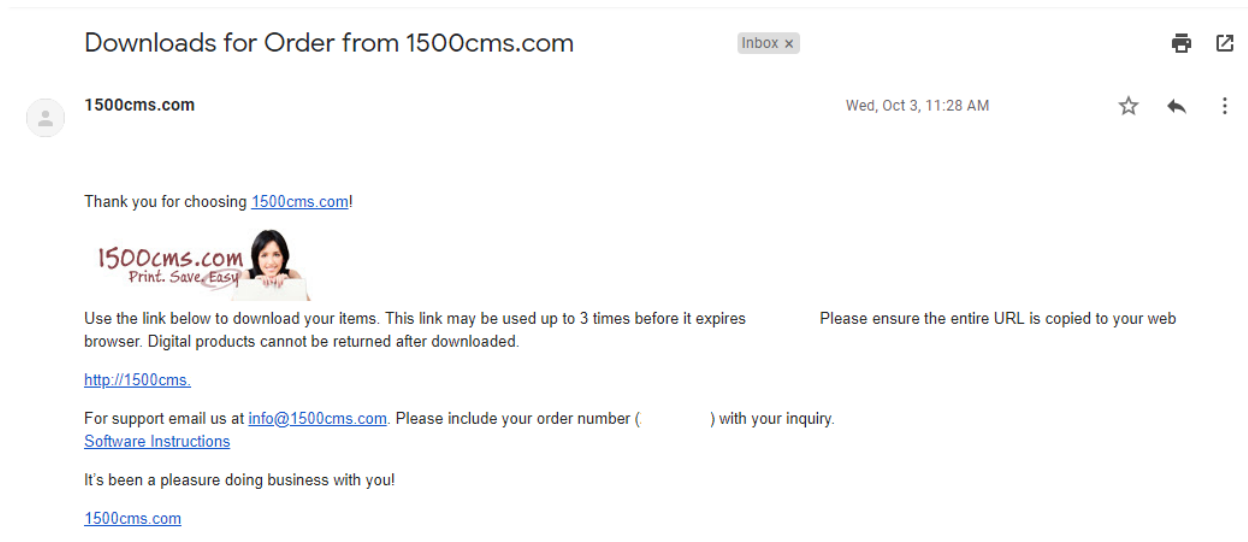
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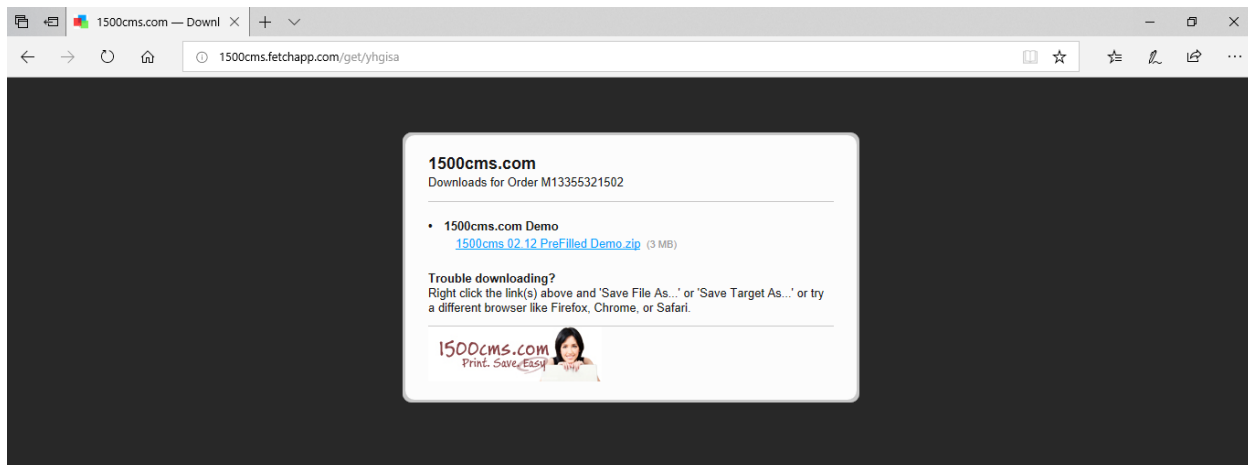


Step one: Download your order

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/>

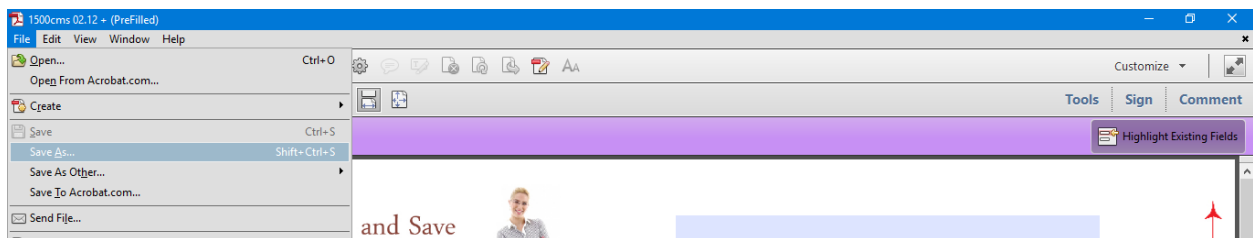
Please note: older versions of Reader do not work well with 1500cms.com software. Other PDF readers may not perform well. **Always use Adobe Reader for best results.**

*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.



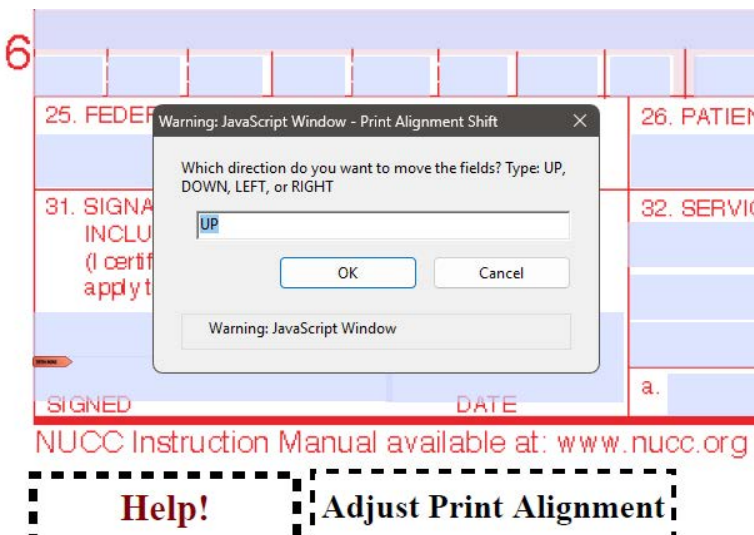
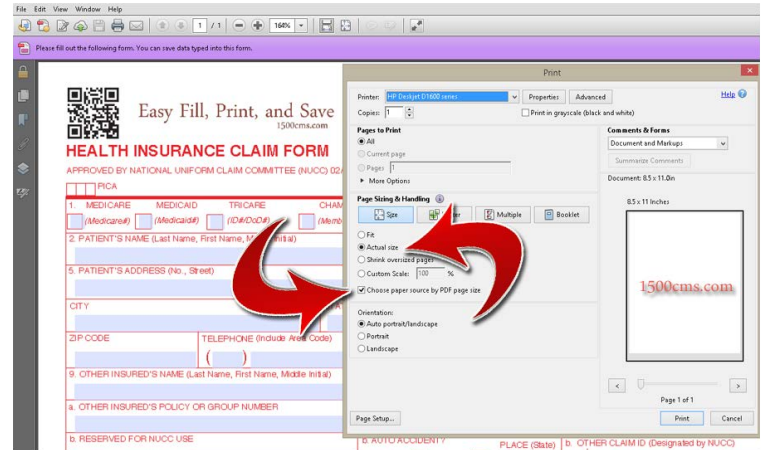
Then each Patient can be added by filling the "Master Template" and selecting "**Saved As**". A new document will be created; this alleviates the need to type the same data more than once.

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.



Step five: Fine-tune print alignment (ProShift™ Release)

If your printer feed causes text to drift slightly off paper boundaries or pre-printed form lines: Locate the PrintAlign helper buttons on your form canvas (Up, Down, Left, Right) [cite: 6]. Click the directional button matching your drift. Enter the shift distance in points (e.g., 2 to 4 points) when prompted, then click OK [cite: 6].

Re-print using Actual Size.

Note: Helper buttons are set to non-print visibility and will never appear on your submitted physical claim form.

Need help?

We are happy to help you!

Email **info@1500cms.com**

