

**Version 6.0 - CMS1500 Form – Field information**

17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE <b>Gary Johnson MD</b>			17a. <b>1G 687585</b>			18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM <b>MM DD YY 05 01 07</b> TO <b>MM DD YY 05 10 07</b>											
19. RESERVED FOR LOCAL USE			17b. NPI <b>8687769098</b>			20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO											
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (RELATE ITEMS 1,2,3 OR 4 TO ITEM 24E BY LINE) 1. <b>346 9</b> 3. _____ 2. _____ 4. _____						22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO. 23. PRIOR AUTHORIZATION NUMBER											
24. A. DATE(S) OF SERVICE		B. Place of Service		C. EMG		D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER				E. DIAGNOSIS POINTER	F. \$ CHARGES		G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL	J. RENDERING PROVIDER ID. #	
11 07 05		11				99211 04 03 02 01				1	75 00		1		1B NPI	Ins.ID_Prov.ID Prov NPI#	
11 07 05		11				99070				1	120 00		1		1B NPI	Ins.ID_Prov.ID Prov NPI#	
11 07 05		11				90724				1	75 00		1		1B NPI	Ins.ID_Prov.ID Prov NPI#	
11 07 05		11				93015				1	25 00		1		1B NPI	Ins.ID_Prov.ID Prov NPI#	
															NPI		
															NPI		
25. FEDERAL TAX I.D. NUMBER <b>Prov TaxID#</b>			SSN <input type="checkbox"/> EIN <input checked="" type="checkbox"/>			26. PATIENT'S ACCOUNT NUMBER <b>SIMPS00001</b>			27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			28. TOTAL CHARGE \$ <b>295 00</b>		29. AMOUNT PAID \$ <b>0 00</b>		30. BALANCE DUE \$ <b>295 00</b>	
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.) <b>Mitchell Adams</b> SIGNED <b>05 21 07</b> DATE						32. SERVICE FACILITY LOCATION INFORMATION <b>County Hospital</b> <b>3287 East Main Street</b> <b>Salt Lake City UT 84111</b> a. <b>Fac. NPI</b> b. <b>Facility #</b>						33. BILLING PROVIDER INFO & PH# <b>801 555 1122</b> <b>Creekside Clinic</b> <b>1100 E. North Union Avenue</b> <b>Midvale UT 84047</b> a. <b>Practice NPI#</b> b. <b>1B Ins.ID_Prov.ID</b>					

**Where to populate these Fields:**

**Box 17**

**Referring Physician** – Find or add new Referring Physician in the Address List. Lists > Addresses > Find Physician. Enter Referring Provider on the Bill. First, access the bill > Bill Options > Insurance Claim tab > Referring Physician field.

**Box 17A.**

**Referring Physician Legacy ID #** - Lists > Addresses > Select Physician > Default UPIN field. (Qualifier will automatically populate).

**Box 17B.**

**Referring Physician NPI #** - Lists > Addresses > Select Physician > National Provider ID field.

**Box 24J.**

**Provider ID #** – File > Providers and Employees File > Insurance IDs tab > Enter a Provider ID for the specific Insurance Company.

**Prov NPI#** - Provider File > Electronic Billing tab > National Provider ID field.

Box 32

**Facility** - Find or add new Facility in the Address List. Lists > Addresses > Find Facility. Enter the facility on the Bill. First, access the bill > Bill Options > Insurance Claim tab > Facility field.

Box 32A.

**Facility NPI #** – Lists > Addresses > Find Facility > Insurance IDs tab > National Provider ID field.

Box 32B.

**Facility #** – Lists > Addresses > Find Facility > Insurance IDs tab > Facility Number field.

Box 33A.

**Practice NPI #** - File > Practice Information > Electronic Claims tab > Custom ID 3 field. (If this field is left blank the program will use the Provider's NPI # instead).

Box 33B.

**Provider ID #** - (same as box 24J. above) File > Providers and Employees File > Insurance IDs tab > Enter a Provider ID for the specific Insurance Company.