

Version 7.0 - CMS1500 Form – Field information

17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE Gary Johnson MD		17a. 1G 687585	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM 05 01 07 TO 05 10 07								
19. RESERVED FOR LOCAL USE		17b. NPI 8687769098	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. 346 9 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. 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. #	
MM	From DD YY	To MM DD YY									
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 Prov TaxID#		SSN <input type="checkbox"/> EIN <input checked="" type="checkbox"/>	26. PATIENT'S ACCOUNT NUMBER SIMPS00001		27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		28. TOTAL CHARGE \$ 295 00		29. AMOUNT PAID \$ 0 00		30. BALANCE DUE \$ 295 00
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.) Mitchell Adams SIGNED 05 21 07 DATE			32. SERVICE FACILITY LOCATION INFORMATION County Hospital 3287 East Main Street Salt Lake City UT 84111 a. Fac. NPI b. Facility #			33. BILLING PROVIDER INFO & PH# 801 555 1122 Creekside Clinic 1100 E. North Union Avenue Midvale UT 84047 a. Practice NPI# b. 1B Ins.ID_Prov.ID					

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 > National Provider ID field.

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.