

Medicaid Managed Care Nursing Home Transition Clean Claim example

APPROVED OMB NO. 0938-0373

1 ANYTOWN RESIDENCE 1 MAPLE AVENUE ANYTOWN, NY 11111		2	3 PATIENT CONTROL NO. AB1234567		4 TYPE OF BILL 250							
5 FED. TAX NO.		6 STATEMENT COVERS PERIOD FROM 06012005 THROUGH 06302005		7 COV. D. 30	8 NCD.	9 C-ID.	10 L-RD.	11				
12 PATIENT NAME Smith, William					13 PATIENT ADDRESS							
14 BIRTHDATE 04191940	15 SEX M	16 M2	17 DATE	18 HR	19 TYPE	20 DRG	21 D HR	22 STAT	23 MEDICAL RECORD NO.	24 CONDITION CODES 24 25 26 27 28 29 30 31		
32 OCCURRENCE DATE	33 OCCURRENCE DATE	34 OCCURRENCE DATE	35 OCCURRENCE DATE	36 OCCURRENCE DATE	37 OCCURRENCE SPAN FROM THROUGH		38					
39 VALUE CODES 61 003.		40 VALUE CODES A3 00.00		41 VALUE CODES 24 3810.		42 VALUE CODES 23 400.00						
42 REV. CD.	43 DESCRIPTION	44 HCPCS RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES						
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50 PAYER Blue Cross Medicaid		51 PROVIDER NO. None 00123456		52 REL. 53 ADD. INFO. 54 SEN.	54 PRIOR PAYMENTS		55 EST. AMOUNT DUE		56			
57 DUE FROM PATIENT												
58 INSURED'S NAME			59 P. REL.		60 CERT. - SDN - HIC - ID NO. None AB12345C		61 GROUP NAME		62 INSURANCE GROUP NO.			
63 TREATMENT AUTHORIZATION CODES			64 ESC			65 EMPLOYER NAME			66 EMPLOYER LOCATION			
67 PRIN. DIAG. CD.		68 CODE	69 CODE	70 CODE	71 CODE	72 CODE	73 CODE	74 CODE	75 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
79 P.C. CODE	80 PRINCIPAL PROCEDURE DATE	81 OTHER PROCEDURE CODE	82 OTHER PROCEDURE DATE	83 OTHER PROCEDURE CODE	84 OTHER PROCEDURE DATE	85 ATTENDING PHYS. ID						
						86 OTHER PHYS. ID						
84 REMARKS												
85 PROVIDER REPRESENTATIVE X James Strong						86 DATE 07/01/05						

(CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.)