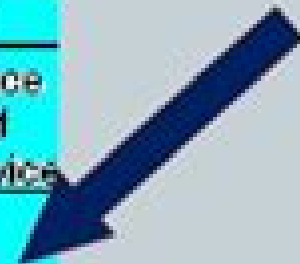


CMS 1500 Form – Block 24b



- **24b.** For each date of service, enter the place of service code.
 - **Substance abuse treatment programs must enter code “11” here.**

24. A						B
DATE(S) OF SERVICE						Place of Service
From			To			
MM	DD	YY	MM	DD	YY	



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Jianjun Gao



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