

CLAMBER
PATIENT AND INSURED INFORMATION
PHYSICIAN OR SUPPLIER INFORMATION

HEALTH INSURANCE CLAIM FORM

1. MEDICARE MEDICAID CHAMPUS CHAMPVA OTHER <input type="checkbox"/> (Medicare #) <input type="checkbox"/> (Medicaid #) <input type="checkbox"/> (Champus #) <input type="checkbox"/> (Champva #) <input type="checkbox"/> (Other #)										2. PATIENT'S NAME (Last Name, First Name, Middle Initial)										3. PATIENT'S BIRTH DATE MM / DD / YY										4. INSURED'S NAME (Last Name, First Name, Middle Initial)										5. PATIENT'S ADDRESS (No. Street)										6. PATIENT'S RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>										7. INSURED'S ADDRESS (No. Street)										8. PATIENT STATUS Single <input type="checkbox"/> Married <input type="checkbox"/> Other <input type="checkbox"/>										9. CITY										10. STATE										11. ZIP CODE										12. TELEPHONE (Include Area Code)										13. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)										14. OTHER INSURED'S POLICY OR GROUP NUMBER										15. OTHER INSURED'S DATE OF BIRTH MM / DD / YY										16. EMPLOYER'S NAME OR SCHOOL NAME										17. INSURED'S POLICY OR GROUP NUMBER										18. INSURED'S DATE OF BIRTH MM / DD / YY										19. EMPLOYER'S NAME OR SCHOOL NAME										20. INSURED'S PLAN NAME OR PROGRAM NAME										21. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO										22. PHYSICIAN OR AUTHORIZED SUPPLIER'S SIGNATURE (I authorize the release of any medical or other information necessary to process this claim. I acknowledge payment of government benefits shall be paid to the party who accepts assignment below.) SIGNED: _____ DATE: _____										23. INSURED'S OR AUTHORIZED SUPPLIER'S SIGNATURE (I authorize payment of medical benefits to the undersigned physician or supplier for services described below.) SIGNED: _____										24. DATE OF CURRENT SERVICE MM / DD / YY										25. IF PATIENT HAS HAD SAME OF SERVICE, GIVE FIRST DATE MM / DD / YY										26. DATE PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM / DD / YY TO MM / DD / YY										27. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM / DD / YY TO MM / DD / YY										28. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO										29. MEDICATED RESURFACER CODE _____ ORIGINAL REF NO. _____										30. PHYSICIAN AUTHORIZATION NUMBER										31. FEDERAL TAX ID NUMBER SSN EIN										32. PATIENT'S ACCOUNT NO.										33. ACCEPT ASSIGNMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO										34. TOTAL CHARGE										35. AMOUNT PAID										36. BALANCE DUE										37. SIGNATURE OF PHYSICIAN OR SUPPLIER (I certify that the services on this invoice were rendered and are made subject to the terms and conditions of the contract.)										38. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (If other than home or office)										39. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE #									
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Craig Dickstein,Renu Gehring



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educators Lori Quinn and James Gordon this book will improve your skills in both documentation and clinical reasoning A practical framework shows how to organize and structure PT records making it easier to document functional outcomes in many practice settings and is based on the International Classification for Functioning Disability and Health ICF model the one adopted by the APTA Coverage of practice settings includes documentation examples in acute care rehabilitation outpatient home care and nursing homes as well as a separate chapter on documentation in pediatric settings Guidelines to systematic documentation describe how to identify record measure and evaluate treatment and therapies especially important when insurance companies require evidence of functional progress in order to provide reimbursement Workbook textbook format uses examples and exercises in each chapter to reinforce your understanding of concepts NEW Standardized Outcome Measures chapter leads to better care and patient management by helping you select the right outcome measures for use in evaluations re evaluations and discharge summaries UPDATED content is based on data from current research federal policies and APTA guidelines including incorporation of new terminology from the Guide to Physical Therapist 3 0 and ICD 10 coding EXPANDED number of case examples covers an even broader range of clinical practice areas

Insurance Handbook for the Medical Office - E-Book Marilyn Fordney, 2015-12-08 Stay up on the latest in insurance billing and coding with Marilyn Fordney's Insurance Handbook for the Medical Office 14th Edition Trusted for more than 30 years this market leading handbook equips you to succeed as medical insurance specialist in any of today's outpatient settings Coverage emphasizes the role of the medical insurance specialist in areas such as diagnostic coding procedural coding Medicare HIPAA and bill collection strategies As with previous editions all the plans that are most commonly encountered in clinics and physicians offices are incorporated into the text as well as icons for different types of payers lists of key abbreviations and numerous practice exercises that assist you in accurately filling out claim forms This new edition also features expanded coverage of ICD 10 electronic medical records electronic claims submission and the HIPAA 5010 keeping you one step ahead of the latest practices and protocols of the profession Key terms are defined and emphasized throughout the text to reinforce understanding of new concepts and terminology Separate chapter on HIPAA Compliance in Insurance Billing as well as Compliance Alerts throughout the text highlights important HIPAA compliance issues to ensure readers are compliant with the latest regulations Emphasis on the business of running a medical office and the importance of the medical insurance specialist details the importance of the medical insurance specialist in the business of the medical office Increased focus on electronic filing claims submission prepares readers for the industry wide transition to electronic claims submission Separate chapter on documentation in the medical office covers the principles of medical documentation and the rationales for it Service to Patient features in most chapters offer examples of good customer service User resources on the Evolve companion website feature performance checklists self assessment quizzes the Student Software Challenge with cases on different payer types and an interactive CMS 1500 02 12 form to fill in NEW Expanded coverage of ICD 10 prepares users to

code ICD 10 with the planned effective date of October 2015 NEW Added information on the electronic medical record and electronic claims submission including information on the HIPAA 5010 equips users for the transition between paper and electronic methods of medical records and links the CMS 1500 02 12 form to the electronic submissions process NEW SimChart for the Medical Office SCMO application activities on the companion Evolve website adds additional functionality to the insurance module on the SCMO roadmap **Health Care Finance** Judith J. Baker,R. W. Baker,2009-12-18 This is the most practical financial management text for those who need basic financial management knowledge and a better understanding of healthcare finance in particular Using actual examples from hospitals long term care facilities and home health agencies this user friendly text includes practical information for the nonfinancial manager charged with budgeting New to the Third Edition New chapter on Operational Budgeting New chapter on The Financial Impact of Electronic Records New chapter on The Financial Impact of Information Input An expanded explanation of typical forms and terms of financing and equity New Mini Case Study A Facility s Conversion to Electronic Records covers the federally mandated transition to ICD 10 Thoroughly updated instructor supplements including PowerPoints Excel Spreadsheets and Instructor s Manual

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text is listed on the Course of Reading for SOA Fellowship study in the Group Health specialty track Healthcare Risk Adjustment and Predictive Modeling provides a comprehensive guide to healthcare actuaries and other professionals interested in healthcare data analytics risk adjustment and predictive modeling The book first introduces the topic with discussions of health risk available data clinical identification algorithms for diagnostic grouping and the use of grouper models The second part of the book presents the concept of data mining and some of the common approaches used by modelers The third and final section covers a number of predictive modeling and risk adjustment case studies with examples from Medicaid Medicare disability depression diagnosis and provider reimbursement as well as the use of predictive modeling and risk adjustment outside the U S For readers who wish to experiment with their own models the book also provides access to a test dataset

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