

HORIZON

PO BOX 1609

HEALTH INSURANCE CLAIM FORM

PROA	APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NU		ARK, NJ 07101-1609
	PICA		
Member 600 1/00 1	1. MEDICARE MEDICAID TRICARE	CHAMPVA GROUP FECA	OTHER 1a. INSURED'S I.D. NUMBER (For Program in Item 1)
ATTH_LUDY	(Medicare#) (Medicaid#) (ID#/DoD#)	(Member ID#) HEALTH PLAN BLK LUNG (ID#)	(<i>ID#</i>) NJX3HZN21631523
ATTH_LUDY	2. PATIENT'S NAME (Last Name, First Name, Middle Initial)	3. PATIENT'S BIRTH DATE SEX	4. INSURED'S NAME (Last Name, First Name, Middle Initial)
SEARLY AVE	SMITH, JUDY		F X SMITH, JUDY
TELEPHONE (Industs Area Colls)	5. PATIENT'S ADDRESS (No., Street)	6. PATIENT RELATIONSHIP TO INSURE	7. INSURED'S ADDRESS (No., Street)
CLAR	77 BRANT AVE	Self X Spouse Child Ot	77 BRANT AVE
### CODE TELEPHONE (include Avea Code) 22P CODE TELEPHONE (include Avea Code) 200666 (908) 722-5678 200666 (908)	CITY	STATE 8. RESERVED FOR NUCC USE	CITY STATE
OTHER RIBURED'S POLICY OR GROUP NUMBER D. A. EMPLOYMENT? (CURRENT? CONDITION RELATED TO: STATEMENT SONALTION RELATED TO: S	CLARK	NJ	CLARK NJ
OTHER INSURED'S NAME (LIME Name, First Name, Middle Initial)	ZIP CODE TELEPHONE (Include Area C	ode)	ZIP CODE TELEPHONE (Include Area Code)
CHIEFE INDUPEDED POLICY OR GROUP NUMBER	07066 (908)722-5678		07066 (908) 722-5678
Direct Insulated S POLICY OR GROUP NUMBER	9. OTHER INSURED'S NAME (Last Name, First Name, Middle In	itial) 10. IS PATIENT'S CONDITION RELATED	TO: 11. INSURED'S POLICY GROUP OR FECA NUMBER
RESERVED FOR NUCC USE			G3701
RESERVED FOR NUCC USE	a. OTHER INSURED'S POLICY OR GROUP NUMBER	a. EMPLOYMENT? (Current or Previous)	a. INSURED'S DATE OF BIRTH SEX
VES X NO CINSURANCE PLAN NAME OR PROGRAM NAME 10s. CLAIM CODES (Designated by NUCC) CLAIM CODES (Designated		YES X NO	12 13 1989 M F X
COTHER ACCIDENT VES NO NO NO NO NO NO NO N	b. RESERVED FOR NUCC USE	b. AUTO ACCIDENT?	E (State) b. OTHER CLAIM ID (Designated by NUCC)
NSURANCE PLAN NAME OR PROGRAM NAME		YES X NO	
READ BACK OF FORM SEFORE COMPLETING & SIGNATURE LIMBOURS LIM	c. RESERVED FOR NUCC USE	c. OTHER ACCIDENT?	c. INSURANCE PLAN NAME OR PROGRAM NAME
VES NO If yes, complete tiems 9, 6a, and 9d.		YES X NO	
PATENTS OF LATHORIZED PERSON'S SIGNATURE I authorize processors in calian. Tablo request payment of government benefits either to myself or to the party who accepts assignment to process this calian. Tablo request payment of government benefits either to myself or to the party who accepts assignment to process this calian. Tablo request payment of government benefits either to myself or to the party who accepts assignment to process this calian. Tablo request payment of government benefits either to myself or to the party who accepts assignment to process the calian. Tablo request payment of government benefits either to myself or to the party who accepts assignment to process the calian. Tablo request payment of medical benefits to the undersigned physician or supplier for services described below. SIGNATURE ON FILE	d. INSURANCE PLAN NAME OR PROGRAM NAME	10d. CLAIM CODES (Designated by NUC	d. IS THERE ANOTHER HEALTH BENEFIT PLAN?
PATIENTS OF AUTHORIZED PERSONS SIGNATURE authorizes the release of any medical or other information necessary to process this claim. I also request systems of government benefits either to myself or to the pasty who caccets assignment below. SIGNATURE ON FILE			YES X NO If yes, complete items 9, 9a, and 9d.
Signature Discrepance Di			
SIGNATURE ON FILE	to process this claim. I also request payment of government ber		, payment of meaning to the annual grown projection of capping to
15. OTHER DATE 15.	below.		
10 06 23 431 0.014.	SIGNED SIGNATURE ON FILE	DATE 10 06 2023	SIGNED
10 06 23 431 0.04L FROM TO FROM TO	14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (L	MP) 15. OTHER DATE	16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION
ADDITIONAL CLAIM INFORMATION (Designated by NUCC) 20. OUTSIDE LAB? 30. OUTSIDE LAB?	10 06 23 431 QUAL.	QUAL.	FROM
ADDITIONAL CLAIM INFORMATION (Designated by NUCC) 20. OUTSIDE LAB? 30. OUTSIDE LAB.	17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. 0 IM53.85 B. IM99.03 C. IM62.49 D. IM99.04 H. IM99.01 F. IM52.05 M. DATE(S) OF SERVICE From D. VY MM D. D. VY SERVICE EMG CPT-HCPCS MODIFIER DOWN SERVICE EMG CPT-HCPCS MODIFIER DOWN SERVICE EMG CPT-HCPCS DOWN SERVICE DOWN SERVICE EMG CPT-HCPCS DOWN SERVICE DOWN SERVICE P. D. D. D. MCS CPT-HCPCS DOWN SERVICE P. D. D. D. MCS CPT-HCPCS DOWN SERVICE SCHARGES DOWN SERVICE DOWN SERVICE DOWN SERVICE DOWN SERVICE P. D. D. MCS CPT-HCPCS DOWN SERVICE SCHARGE SCHA		17b. NPI	
DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. 0 IM99.04 ICD Ind. 0 ICD Ind. 0 IM99.04 ICD Ind. 0 ICD Ind. 0	19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$ CHARGES
MS3.85			YES X NO 0.00
M99.01	21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate	A-L to service line below (24E) ICD Ind. 0	22. RESUBMISSION CODE ORIGINAL REF. NO
May	A. LM53.85 B. LM99.03	c. M62.49 p. M99.04	
No. DATE(S) OF SERVICE B. C. D. PROCEDURES, SERVICES, OR SUPPLIES DIAGNOSIS DIAGNOSIS PROVIDER DIAGNOSIS DIAGNOSIS PROVIDER DIAGNOSIS DIAGNOSIS PROVIDER DIAGNOSIS DIAGNOSIS PROVIDER DIAGNOSIS DIAGNOSIS DIAGNOSIS PROVIDER DIAGNOSIS DIAGNOSIS DIAGNOSIS PROVIDER DIAGNOSIS D			23. PRIOR AUTHORIZATION NUMBER
FEDERAL TAX I.D. NUMBER SN EIN 26. PATIENT'S ACCOUNT NO. 27. ACCEPT ASSIGNMENT? For govir claims, see based of claims, see ba	l J		
M DD YY MM DD YY SERVICE EMG CPT/HCPCS MODIFIER POINTER \$ CHARGES UNTS Few QUAL PROVIDER ID. # ZZ 111N00000X D 06 23 10 06 23 11 98941 ABDE 90 00 1 N NPI 1417975002 ZZ 111N00000X D 06 23 10 06 23 11 97140 59 C 55 00 1 N NPI 1417975002 ZZ 111N00000X D 06 23 10 06 23 11 G0283 ABD 60 00 1 N NPI 1417975002 ZZ 111N00000X D 06 23 10 06 23 11 99203 25 ABCDE 250 00 1 N NPI 1417975002 ZZ 111N00000X D 06 23 10 06 23 11 99203 25 ABCDE 250 00 1 N NPI 1417975002 ZZ 111N00000X D 06 23 10 06 23 11 99203 25 ABCDE 250 00 1 N NPI 1417975002 ZZ 111N00000X D 06 23 10 06 23 11 99203 25 ABCDE 250 00 1 N NPI 1417975002 ZZ 111N00000X D 06 23 10 06 23 11 99203 25 ABCDE 250 00 1 N NPI 1417975002 ZZ 111N00000X D 06 23 10 06 23 11 99203 25 ABCDE 250 00 1 N NPI 1417975002 ZZ 111N00000X D 06 23 10 06 23 11 99203 25 ABCDE 250 00 1 N NPI 1417975002 ZZ 111N00000X D 06 23 10 06 23 11 99203 25 ABCDE 250 00 1 N NPI 1417975002 ZZ 111N00000X D 06 23 10 06 23 11 99203 25 ABCDE 250 00 1 N NPI 1417975002 ZZ 111N00000X D 06 23 10 06 23 11 99203 25 ABCDE 250 00 1 N NPI 1417975002 ZZ 11N00000X D 06 23 10 06 23 11 99203 25 ABCDE 250 00 1 N NPI 1417975002 ZZ 111N00000X D 06 23 10 06 23 11 P PICTOR PROVINCE USE 250 00 1 N NPI 1417975002 ZZ 111N00000X D 06 23 10 06 23 11 P PICTOR PROVINCE USE 250 00 N NPI 1417975002 ZZ 111N00000X D 06 23 10 06 23 11 P PICTOR PROVINCE USE 250 00 N NPI 1417975002 ZZ 111N00000X D 06 23 10 06 23 11 P PICTOR PROVINCE USE 250 00 N NPI 1417975002 ZZ 111N00000X D 06 23 10 06 23 11 P PICTOR PROVINCE USE 250 00 N NPI 1417975002 ZZ 111N0000X D 06 23 10 06 23 11 P PICTOR PROVINCE USE 250 00 N NPI 1417975002 ZZ 111N0000X D 06 23 10 06 23 11 P PICTOR PROVINCE USE 250 00 N NPI 1417975002 ZZ 111N0000X D 06 23 10 06 23 11 P PICTOR PROVINCE USE 250 00 N NPI 1417975002 ZZ 111N0000X D 06 23 10 06 23 11 P PICTOR PROVINCE USE 250 00 N NPI 1417975002 ZZ 111N0000X D 06 23 10 06 23 11 P PICTOR PROVINCE USE 250 00 N NPI 1417975002 ZZ 111N0000X D 06 23 10 06 23 11 P PICTOR PROVINCE USE 250 00 N NPI 1417		/=	ACNOSIS DAYS EPSDT IN DENDEDING
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Signature of Physician or Supplier Including Degrees of the statements on the reverse apply to this bill and are made a part thereof.) Signature of Degrees of the statements of the reverse apply to this bill and are made a part thereof.) REEN, TAYLOR, DC CLARK, NJ 070666		1 1	ZZ 111N00000X
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