Fiachra Forms
CHARTING SOLUTIONS

# ------- CMS 1500 PDF ---------

Type, Print and Save your Claim on your Mac or Windows Computer.

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# Introduction

The CMS-1500 is the "Universal Claim Form" used to bill Medicare and private insurances for services provided. It is the paper form used for processing claims from physicians, providers, and suppliers that are excluded from the mandatory electronic claims submission requirements. Despite the increased use in electronic claims submission, the CMS 1500 remains the most commonly used claim form in the United States. The majority of paper claims sent to carriers are scanned using Optical Character Recognition (OCR) technology.

1500 Claim Form (02/12) revised by the National Uniform Claim Committee

# CMS 1500 Fillable PDF

The CMS 1500 PDF is ideal for fast submission of the standard paper claim used by health care providers to bill for services. Type, Print, Save & Edit a CMS-1500 with Adobe Reader software on your Mac or Windows Computer. The newly revised form (OMB-0938-1197 FORM 1500 (02-12) allows for ICD-10 reporting, and brings uniformity with the current health care claims requirements.

## User Highlights

- Displays just like the CMS-1500 on the computer screen.
- Helpful callout messages in each field assist the user.
- Save & re-use your templates over and over.
- Install on up to 2 computers such as home and office.
- Works with both Mac & Windows when using Adobe Reader.

## System Requirements

The CMS 1500 PDF template requires Adobe Reader, version 10 or greater to type, print and save the claim using either a Mac or Windows computer. Be sure to download and install the latest version of Adobe Reader, the free, trusted standard for all PDF files.

### Important: Mac and Windows both have a default PDF viewer. Be sure to open in Adobe Reader first, rather than use these other programs, to ensure the ability to type, print and save.

# Type the Claim

Open the form with Adobe Reader on your Mac or Windows computer. Start filling in the blue highlighted fill fields. Use tab to advance throughout the numbered fields:

Fields 1-13 – Patient & Insured Information.
Fields 14-33 – Procedural & Provider Information.

The blue fill fields are positioned to match the NUCC placement grid to ensure the claim will be scanned and processed. See Instruction Manual for more information.

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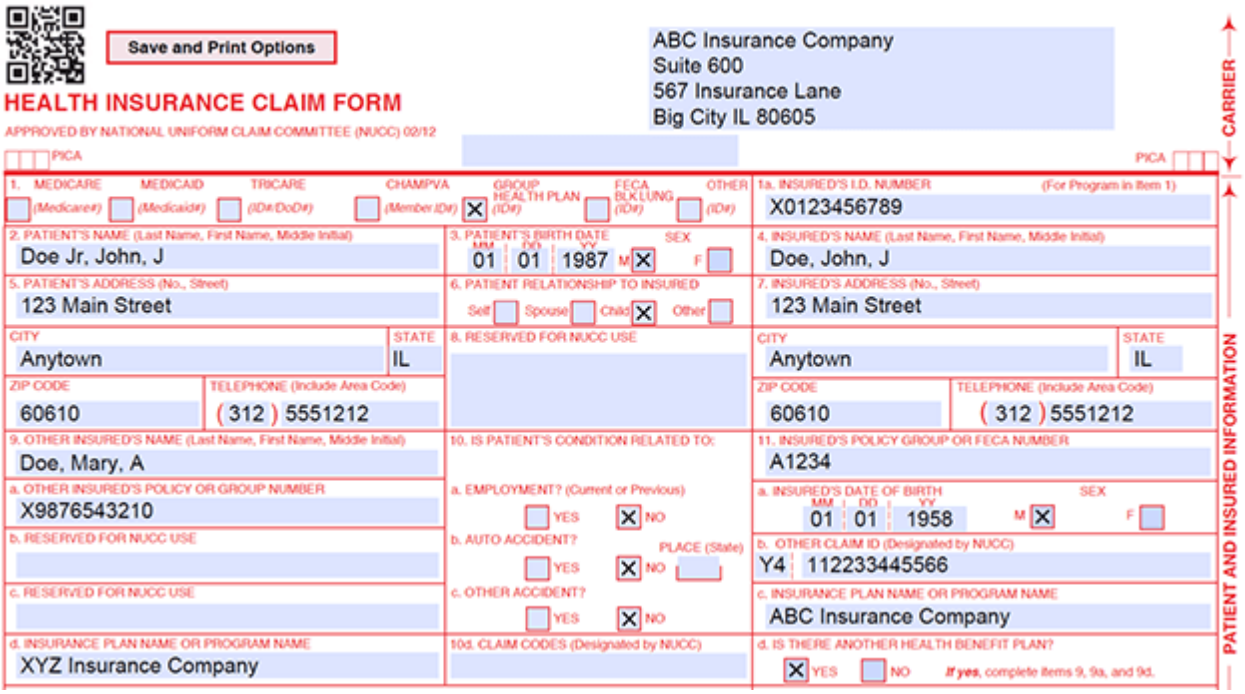


Save and Print Options

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

ABC Insurance Company
Suite 600
567 Insurance Lane
Big City IL 80605

CARRIER

PICA

1. MEDICARE (Medicare#) MEDICAID (Medicaid#) TRICARE (ID#/DoD#) CHAMPVA (Member ID#) [X] GROUP HEALTH PLAN (ID#) FECA BLK LUNG (ID#) OTHER (ID#)

1a. INSURED'S I.D. NUMBER (For Program in Item 1): X0123456789

2. PATIENT'S NAME (Last Name, First Name, Middle Initial): Doe Jr, John, J

3. PATIENT'S BIRTH DATE MM DD YY: 01 01 1987 SEX M [X] F

4. INSURED'S NAME (Last Name, First Name, Middle Initial): Doe, John, J

5. PATIENT'S ADDRESS (No., Street): 123 Main Street

6. PATIENT RELATIONSHIP TO INSURED: Self Spouse Child [X] Other

7. INSURED'S ADDRESS (No., Street): 123 Main Street

CITY: Anytown STATE: IL

8. RESERVED FOR NUCC USE

CITY: Anytown STATE: IL

ZIP CODE: 60610 TELEPHONE (Include Area Code): (312) 5551212

ZIP CODE: 60610 TELEPHONE (Include Area Code): (312) 5551212

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial): Doe, Mary, A

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER: A1234

a. OTHER INSURED'S POLICY OR GROUP NUMBER: X9876543210

a. EMPLOYMENT? (Current or Previous) YES [X] NO

a. INSURED'S DATE OF BIRTH MM DD YY: 01 01 1958 SEX M [X] F

b. RESERVED FOR NUCC USE

b. AUTO ACCIDENT? YES [X] NO PLACE (State)

b. OTHER CLAIM ID (Designated by NUCC): Y4 112233445566

c. RESERVED FOR NUCC USE

c. OTHER ACCIDENT? YES [X] NO

c. INSURANCE PLAN NAME OR PROGRAM NAME: ABC Insurance Company

d. INSURANCE PLAN NAME OR PROGRAM NAME: XYZ Insurance Company

10d. CLAIM CODES (Designated by NUCC)

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? [X] YES NO If yes, complete items 9, 9a, and 9d.

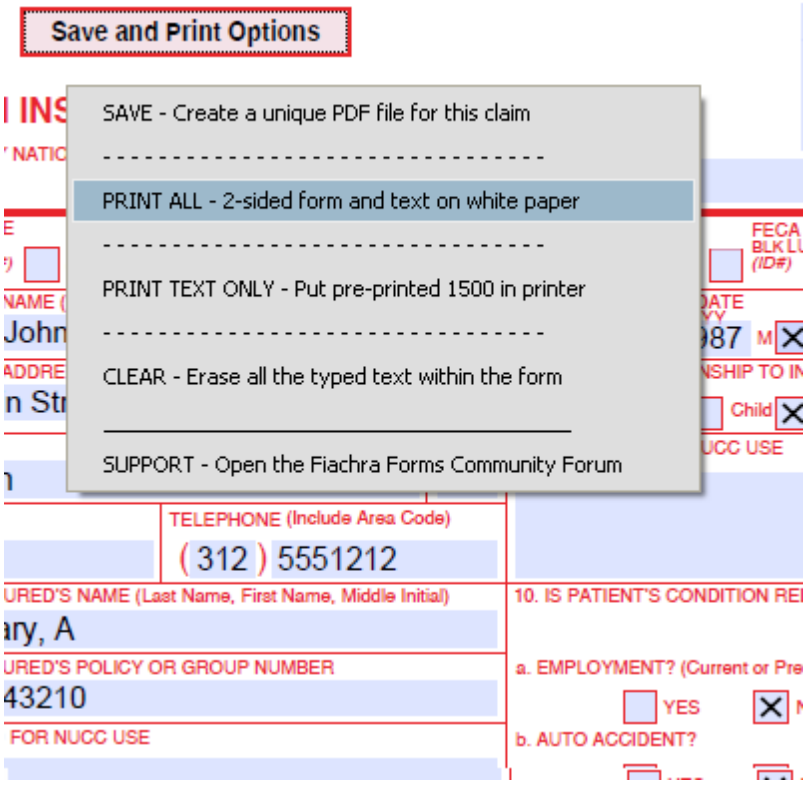
PATIENT AND INSURED INFORMATION

# Print Options

Once you have completed the claim, click on the pink button at the top of the 1500 labeled "Save and Print Options" to open the drop-down menu.

Choose one of the print options from the menu:

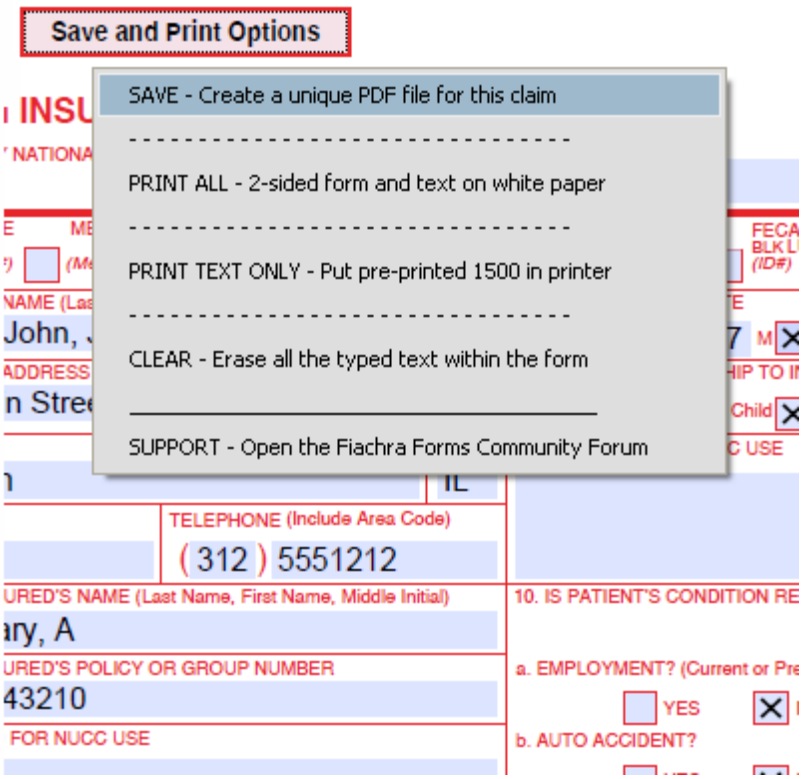
- Print the red 1500 form with black typed text on plain paper. Print the back side as well to ensure the claim will be accepted.
- If you have a commercially printed 1500 paper claim, load into the printer and choose to print “text only” from the menu on the screen.



# Save as PDF

To save the claim, click on the pink button at the top of the 1500 "Save and Print Options" to open the drop-down menu. Save each claim on your computer with a unique file name (example john-doe.pdf). Create your own pre-filled templates to save time and avoid payment errors.

- Purchaser can use the CMS 1500 PDF on up to two computers, such as home and office. Easily open, edit and resave the template over and over.
- Keep Protected Health Information (PHI) safe by following your computer safeguards to meet HIPAA Security Rules.



# Forum and Support

**Fiachra Forms offers individual support and service by phone, email, video tutorials, and a community forum for commonly asked questions.**

## Live Support

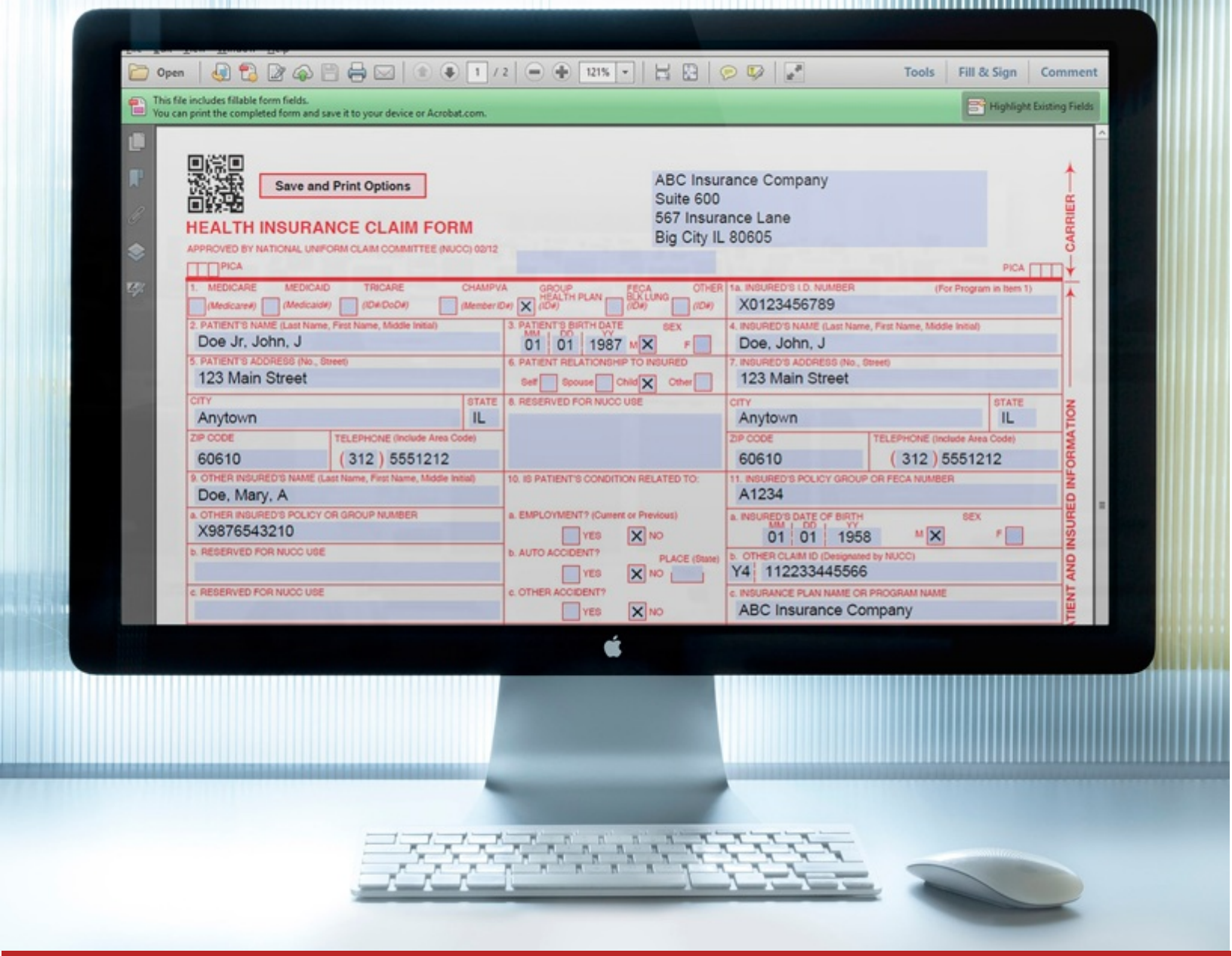
Dedicated support agents are available to chat on the website Monday-Friday 10:00 a.m. to 4:00 p.m. Mountain Time.

## Phone Support

Phone support is available Monday through Friday, 10 – 4 PM.
Call us at 602-999-1243

## Community Forum

Free community forum with the most frequently asked questions. Customers can submit a question, idea, problem or praise.




# Fiachra Forms

## CHARTING SOLUTIONS

Click Here to Purchase