



# HEALTH SYSTEMS

REFER TO YOUR I.D. CARD FOR PROPER MAILING ADDRESS

EMPLOYEE ID NUMBER

Employee ID number input boxes

## MEDICAL CLAIM FORM

### PATIENT AND EMPLOYEE INFORMATION

Form section for Patient and Employee Information, including fields for name, date of birth, address, sex, relationship, and insurance coverage.

### PHYSICIAN OR SUPPLIER INFORMATION

Form section for Physician or Supplier Information, including fields for date of illness, date first consulted, condition related to, and hospitalization dates.

Table with 6 columns: A (Date of Service), B\* (Place of Service), C (Fully Describe Procedures), D (Diagnosis Code), E (Charges), F (Days or Units). Includes a legend for Place of Service Codes.

Form section for Signature and Charges, including fields for physician signature, acceptance of assignment, total charges, and patient account number.