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Commonwealth of Massachusetts
MASSHEALTH
MEDICAL SERVICES CLAIM

RETURN TO | MassHealth, P.O. Box 9118, Hingham, MA 02043

1.8M-11/00-G-100060

1. PROVIDER'S NAME, ADDRESS & TELEPHONE NO.
1A. BILLING PROVIDER NPI
1B. BILLING PROVIDER TAXONOMY
1C. RENDERING PROVIDER NPI
1D. RENDERING PROVIDER TAXONOMY
2. PAY TO PROVIDER NO.
3. BILLING AGENT NO.
4. PRIOR AUTHORIZATION NO.

5. SERVICING PROVIDER'S NAME
6. SERVICING PROVIDER NO.
7. REFERRING PROVIDER'S NAME
8. REFERRING PROVIDER NO.

9. MEMBER'S NAME
10. MEMBER ID NO.
11. DATE OF BIRTH
12. SEX
13. OTHER INSUR.
14. PATIENT ACCOUNT NO.

15. PLACE OF SERVICE
16A. IS MEMBER BEING TREATED AS A RESULT OF AN ACCIDENT?
16B. IF YES, TYPE &
17. IS MEMBER BEING TREATED AS A RESULT OF EPSDT SCREENING?
18. L.O.F.
19. PATIENT STATUS
20. DISCHARGE DATE

21. DIAGNOSIS CODE
22. DIAGNOSIS NAME
23. DIAGNOSIS CODE
24. DIAGNOSIS NAME

Table with columns: 25. DATE OF SERVICE (FROM, TO), 27. DESCRIPTION OF SERVICE, 28. PROCEDURE CODE-MODIFIER, 29. TREAT REL. TO DIAG., 30. TREAT REL. TO FAM. PL., 31. UNITS OF SERVICE, 32. USUAL FEE, 33. OTHER PAID AMOUNT, 34. EMERG. SERV.

35. REMARKS:
36. TOTAL USUAL FEE
37. TOTAL OTHER PAID AMOUNT

The person whose signature appears below certifies that he/she has read the statement on the reverse side and that such statements apply to this claim and are incorporated herein. Signed under the pains and penalties of perjury.

38. AUTHORIZED SIGNATURE
39. BILLING DATE

40. ADJUSTMENT RESUBMITTAL
41. FORMER TRANSACTION CONTROL NO.

42. FOR OFFICE USE ONLY
A. ATTACHMENT CODE
B. CODE
C. CODE
D. CODE

CLM-9 (Rev. 03/07)