



----- 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

The image shows a stack of three CMS-1500 Health Insurance Claim Forms. The top form is the front side, which is a complex form with many fields for patient information, provider information, and claim details. It includes a QR code in the top left corner and a barcode in the top right corner. The form is divided into several sections, including Patient Information, Provider Information, and Claim Information. The bottom two forms are the back side of the form, which is a continuation of the front side and contains additional fields for claim details and payment information. The forms are printed on white paper with black text and red lines. The text "HEALTH INSURANCE CLAIM FORM" is visible at the top of the front form. The text "PLEASE PRINT OR TYPE" is visible at the bottom of the front form. The text "APPROVED CLAIMS USE THIS FORM 1001-001-01" is visible at the bottom right of the front form. The text "NUGO Instruction Manual available at: www.nugoc.org" is visible at the bottom left of the front form. The text "NUGO Instruction Manual" is visible at the bottom left of the back form.

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.

1. MEDICARE (Medicare#)		2. MEDICAID (Medicaid#)		3. TRICARE (ID# DoD#)		4. CHAMPVA (Member ID#)		5. GROUP HEALTH PLAN (ID#)		6. FECA BLK/LUNG (ID#)		7. OTHER (ID#)		8. INSURED'S I.D. NUMBER (For Program in Item 1)									
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											
PICA <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>												PICA <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>											
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 <input checked="" type="checkbox"/> F <input type="checkbox"/>				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 <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input checked="" type="checkbox"/> Other <input type="checkbox"/>				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: a. EMPLOYMENT? (Current or Previous) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> b. AUTO ACCIDENT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> c. OTHER ACCIDENT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 10d. CLAIM CODES (Designated by NUCC)				11. INSURED'S POLICY GROUP OR FECA NUMBER A1234							
a. OTHER INSURED'S POLICY OR GROUP NUMBER X9876543210												a. INSURED'S DATE OF BIRTH MM DD YY 01 01 1958				SEX M <input checked="" type="checkbox"/> F <input type="checkbox"/>							
b. RESERVED FOR NUCC USE												b. OTHER CLAIM ID (Designated by NUCC) Y4 112233445566											
c. RESERVED FOR NUCC USE												c. INSURANCE PLAN NAME OR PROGRAM NAME ABC Insurance Company											
d. INSURANCE PLAN NAME OR PROGRAM NAME XYZ Insurance Company												d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, complete Items 9, 9a, and 9d.</i>											

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.

The image shows a screenshot of a web-based form titled "1500" with a pink button labeled "Save and Print Options" at the top. A dropdown menu is open, displaying the following options:

- SAVE - Create a unique PDF file for this claim
- PRINT ALL - 2-sided form and text on white paper
- PRINT TEXT ONLY - Put pre-printed 1500 in printer
- CLEAR - Erase all the typed text within the form
- SUPPORT - Open the Fiachra Forms Community Forum

The background form is a red 1500 form with various fields. Visible fields include:

- TELEPHONE (Include Area Code): (312) 5551212
- INSURED'S NAME (Last Name, First Name, Middle Initial): ary, A
- INSURED'S POLICY OR GROUP NUMBER: 43210
- FOR NUCC USE
- 10. IS PATIENT'S CONDITION REI
- a. EMPLOYMENT? (Current or Pre
- b. AUTO ACCIDENT?

There are also checkboxes for "FECA BLK L (ID#)", "DATE", "SHIP TO IN", "Child", and "NUCC USE".

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.

The image shows a portion of the CMS 1500 form with the "Save and Print Options" dropdown menu open. The menu options are:

- SAVE - Create a unique PDF file for this claim
- PRINT ALL - 2-sided form and text on white paper
- PRINT TEXT ONLY - Put pre-printed 1500 in printer
- CLEAR - Erase all the typed text within the form
- SUPPORT - Open the Fiachra Forms Community Forum

Visible form fields include:

- INSURANCE INFORMATION: NATIONAL
- NAME (Last, First, Middle Initial): John, ...
- ADDRESS: ... n Street
- TELEPHONE (Include Area Code): (312) 5551212
- INSURED'S NAME (Last Name, First Name, Middle Initial): ... ry, A
- INSURED'S POLICY OR GROUP NUMBER: 43210
- FOR NUCC USE
- 10. IS PATIENT'S CONDITION RE...
- a. EMPLOYMENT? (Current or Pre...): YES (checked)
- b. AUTO ACCIDENT? (checked)

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.

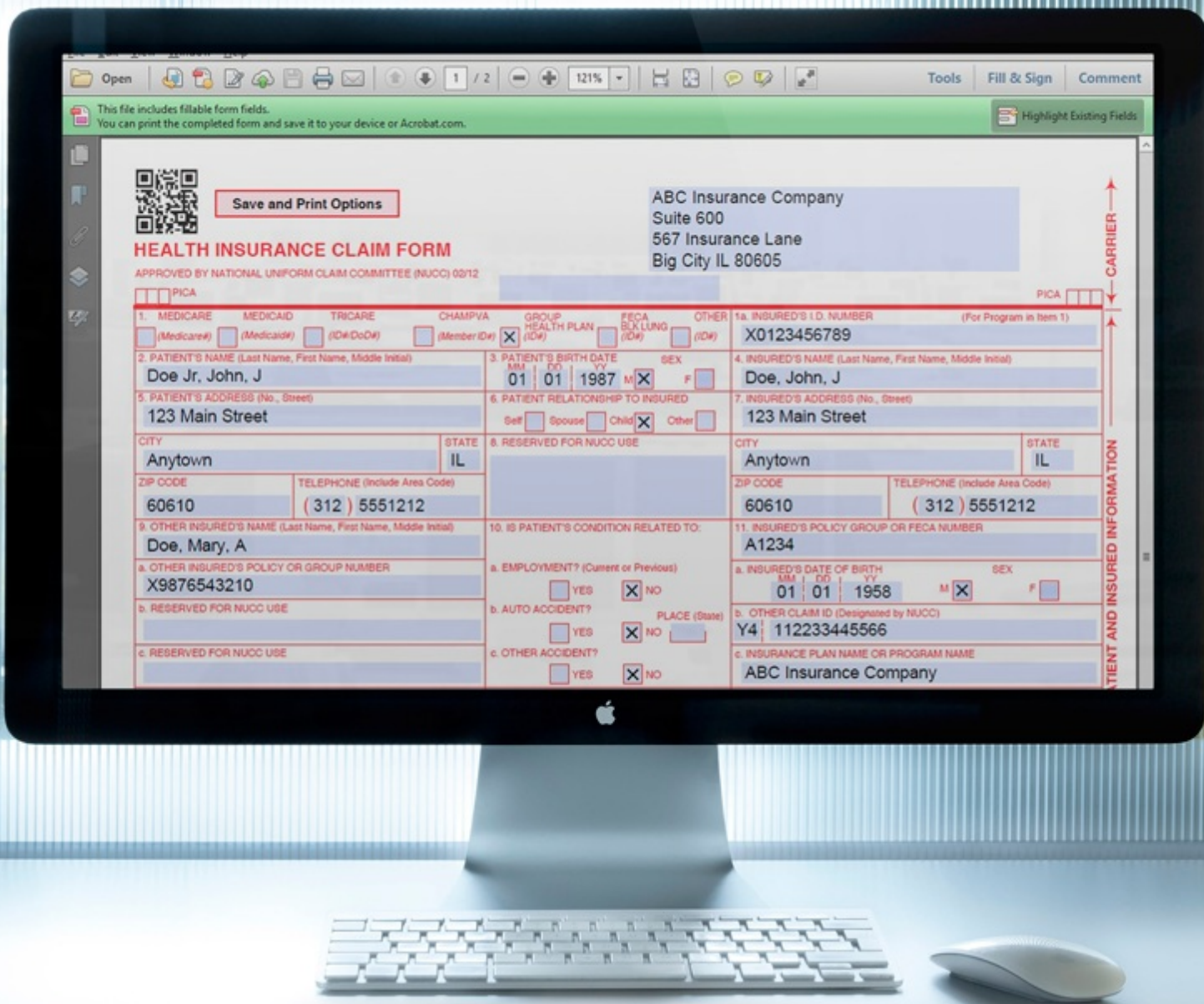
Phone Support

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.





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