

CMS-1500

Selection Criteria

Claim Type: CMS-1500 Claim ID:

Recipient Information

Recipient Last Name:	Recipient First Name:	Medicaid ID:
Date Field:	Medical Record Number:	Patient weight(lbs):
Patient Account Number:	Recipient Date of Birth:	Post OP from Date:
Prior Authorization Number:		Post OP Through Date:

Provider Information

Provider Last Name or Organization Name:	Southeastern Center	Provider First Name:	Southeastern Center
		National Provider ID:	1316006075
Medicaid Provider Number:		Billing Taxonomy:	
Billing Address:	PO Box 4147	Billing City:	WILMINGTON
Billing State:	NC	Billing ZIP:	28406-4147
Referring Physician Provider No: (Carolina Access Physician Number)		CLIA Number:	
Referring Physician NPI: (Carolina Access Physician NPI)		Referring Physician Taxonomy:	
Service Facility Location:		Service Facility NPI:	
Service Facility ZIP:			

Miscellaneous Claim Information

EPSDT: N	Release of Information: N
EPSDT referral given to Patient?: N	Referral Type:
Paperwork on file at Provider Site for Medicare Override?: N	

Related Causes:	Auto Accident	State of Auto Accident:
	Employment Accident	Date of Accident:
	Other/Accidental Injury	
Original ICN:		

Place of Service Facility Type Code: 11

Claim Submission Reason Code: 1

Adjustment Payer: NCXIX

Rendering/Attending Information

R/A Provider First Name:

R/A Provider Last Name:

R/A Medicaid Provider Number: **Attending Provider #**

R/A NPI: **Agency NPI #**

R/A Taxonomy: **Attending Provider Taxonomy**

CMS-1500 Insurance Detail

Total Insurance:	0.00
------------------	------

Diagnosis Codes

Principal: 3181

Additional

CMS-1500 Detail

1	Service Detail Information												
	From Date of Service	Through Date Of Service	Place of Service	HCPCS/CPT	Mod1	Mod2	Mod3	Mod4	Charge	Units	E/F	DME Days	Line Itm Ctrl Num
	05/27/2008	05/27/2008	11	T1017	HI				45.32	2		0	0
	Insured Information												
	Insurer Detail Allowed Amt	Insurer Detail Paid Amt	Insurer Detail deductible	Insurer Detail co-insurance	Insurer Detail Paid Date								
	0.00	0.00	0.00	0.00									
	No NDC Information												
2	Service Detail Information												
	From Date of Service	Through Date Of Service	Place of Service	HCPCS/CPT	Mod1	Mod2	Mod3	Mod4	Charge	Units	E/F	DME Days	Line Itm Ctrl Num
	05/29/2008	05/29/2008	11	T1017	HI				90.64	4		0	0
	Insured Information												
	Insurer Detail Allowed Amt	Insurer Detail Paid Amt	Insurer Detail deductible	Insurer Detail co-insurance	Insurer Detail Paid Date								
	0.00	0.00	0.00	0.00									
	No NDC Information												
3	Service Detail Information												
	From Date of Service	Through Date Of Service	Place of Service	HCPCS/CPT	Mod1	Mod2	Mod3	Mod4	Charge	Units	E/F	DME Days	Line Itm Ctrl Num
	05/30/2008	05/30/2008	11	T1017	HI				45.32	2		0	0
	Insured Information												
	Insurer Detail Allowed Amt	Insurer Detail Paid Amt	Insurer Detail deductible	Insurer Detail co-insurance	Insurer Detail Paid Date								
	0.00	0.00	0.00	0.00									
	No NDC Information												
	Service Detail Information												
	From Date of Service	Through Date Of Service	Place of Service	HCPCS/CPT	Mod1	Mod2	Mod3	Mod4	Charge	Units	E/F	DME Days	Line Itm Ctrl Num

4	06/02/2008	06/02/2008	11	T1017	HI	67.98	3	0	0			
	Insured Information											
	Insurer Detail Allowed Amt		Insurer Detail Paid Amt		Insurer Detail deductible		Insurer Detail co-insurance		Insurer Detail Paid Date			
	0.00		0.00		0.00		0.00					
No NDC Information												
5	Service Detail Information											
	From Date of Service	Through Date Of Service	Place of Service	HCPCS/CPT	Mod1	Mod2	Mod3	Mod4	Charge	Units E/F	DME Days	Line Itm Ctrl Num
	06/03/2008	06/03/2008	11	T1017	HI				135.96	6	0	0
Insured Information												
Insurer Detail Allowed Amt		Insurer Detail Paid Amt		Insurer Detail deductible		Insurer Detail co-insurance		Insurer Detail Paid Date				
	0.00		0.00		0.00		0.00					
No NDC Information												
6	Service Detail Information											
	From Date of Service	Through Date Of Service	Place of Service	HCPCS/CPT	Mod1	Mod2	Mod3	Mod4	Charge	Units E/F	DME Days	Line Itm Ctrl Num
	06/04/2008	06/04/2008	11	T1017	HI				45.32	2	0	0
Insured Information												
Insurer Detail Allowed Amt		Insurer Detail Paid Amt		Insurer Detail deductible		Insurer Detail co-insurance		Insurer Detail Paid Date				
	0.00		0.00		0.00		0.00					
No NDC Information												

Total Claim Charge: 430.54

Claim Note