治 🗉 зыбарынча та башан экртриятені өтара				
where the amplitude of ministrating prioritation may be a $\frac{1}{2}$				
EALTH INSURANCE CLAIM FORM				
ROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12				
MEDICARE MEDICAID TRICARE CHAMPVA	A GROUP FECA OTHER) For Pre	ogram in Item 1)
(Medicare#) (Medicaid#) (ID#/DoD#) (Member ID)#) (ID#) (ID#) (ID#)		1090 S 2093 S	n e jaeled e n GilCARE Mea
ATIENT'S NAME (Last Name, First Name, Middle Initial)	3. PATIENT'S BIRTH DATE SEX	4. INC 10 NO.	ime, First Name, Middle Ini	tial) - the state
ATIENT'S ADDRESS (No., Street)	6. PATIENT RELATIONSHIP TO INSURED		, Street)	lite provider &
EGA AND BLACK LUNCI	Self Spouse Child Other			
Considered to the based of extending even of a stellar STATE	8. RESERVED FOR NUCC USE	CITHE		STATE
CODE TELEPHONE (Include Area Code)	e benangken yn gittlêlioù yn ko a wr ys sett n wulan kaadan tra intern an a helaik ar	ZIP	TELEPHONE (Include	Area Code)
ny direct service in monophy (you un) my direct responses on example	estoro y m of thebian benerical entry on em yd br			ervices on the
THER INSURED'S NAME (Last Name, First Name, Middle Initial)	10. IS PATIENT'S CONDITION RELATED TO:		UP OR FECA NUMBER	
THER INSURED'S POLICY OR GROUP NUMBER	a. EMPLOYMENT? (Current or Previous)	a. 194	H S	SEX
ESERVED FOR NUCC USE	b. AUTO ACCIDENT?		M	S F St Too
	YES NO		ted by NUCC)	
ESERVED FOR NUCC USE	c. OTHER ACCIDENT?		DR PROGRAM NAME	totic B that of
SURANCE PLAN NAME OR PROGRAM NAME			TH BENEFIT PLAN?	O NGE: Any C Adam anglinate
	10d. CLAIM CODES (Designated by NUCC)		If yes, complete items 9,	9a, and 9d.
READ BACK OF FORM BEFORE COMPLETING PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the r			ZED PERSON'S SIGNATU	
or process this claim. I also request payment of government benefits either t selow.			s to the undersigned physic	
	DATE			
	OTHER DATE MM DD YY			
QUAL. QUAL QUAL QUAL QUAL QUAL QUAL QUAL QUA			TO S RELATED TO CURRENT YY	SERVICES
	NPI		YY MM TO	DD YY
ADDITIONAL CLAIM INFORMATION (Designated by NUCC)			CHARGES	Ved. Sept. 12,
DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to servi	ce line below (24E)		bela lo belao	OR OWCR O
B. L. Martin and and an or C. L.	ICD Ind.		ORIGINAL REF. NO.	
F. L G. L	н.	23 - 7 (1 A. 1 C. 10	NUMBER	i nestadurnojaj
J K A. DATE(S) OF SERVICE B. C. D. PROCEI	L. L. DURES, SERVICES, OR SUPPLIES E.			J.
From To PLACE OF (Explai DD YY MM DD YY SERVICE EMG CPT/HCPC	in Unusual Circumstances) DIAGNOSIS CS MODIFIER POINTER		H. I. EPSDT Family Plan QUAL. F	RENDERING ROVIDER ID. #
			NPI	
			NPI	
			NPI Anticipation of the second	
			, NPI	ed buorit vo
			NPI	
			NPI	tao ing sa bu
FEDERAL TAX I.D. NUMBER SSN EIN 26. PATIENT'S A	CCOUNT NO. 27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES NO		29. AMOUNT PAID 3	0. Rsvd for NUCC L
		28.20 C A A A A A A A A A A	∞ & PH # ()	
INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse	B & Bornstein (tradeletion) first payment & S and complete (tradeletion) first payment and a local maximal second second second second second and secon			
apply to this bill and are made a part thereof.)		/ 1 1 -> uo you see II	~	
uriess is display a valid OMB contra sumber. The valid OMB c	noternaini to not slige a of problem to herein			

712 => do you see me