

CMS-1500 Data Entry

Ben Benson
Patient ID: AB137383

Intake Information
Intake On: 06/15/2009
Payer: Commercial
Discharged: []

CMS-1500 For Ben Benson
Bill#: 1010346 Bill Date: 11/10/2009 Status: Open
Connecticare
837 3rd Avenue
Farmington, CT
06844

21. Diagnoses Or Nature Of Illness
1. 682.3 3. 715.16
2. 831.00 4. 719

22. Medicaid Resubmission Code
Code: 00 = Original Claim
Original Ref#: 3265841

23. Prior Authorization Number
8654741

	Of Service	To	B. Service	C. EMG	D. Procedures, Services, Supplies	E.	F. Charges	G.
2	11/09/2009		62		97116	KX	12	\$23.87
3	11/09/2009		62		97530 59	KX	12	\$28.47
4	11/09/2009		62		97537 59	KX	12	\$26.47
5	11/12/2009		62		64550	KX	12	\$16.95
6	11/12/2009		62		97003	KX	12	\$78.03
7	11/12/2009		62		97032		12	\$46.11

Print PDF Delete CMS-1500 Save CMS-1500 Refresh CMS-1500

Greenwich Outpatient Center Tuesday, December 15, 2009

Create claims from intake data & treatment charges automatically.

Claims print on standard copy paper or submit them for payment electronically.

Make changes to the claims "on the fly." Un-post & correct claims previously submitted.