Completing the CMS-1500 Claim Form

Use the following information to complete a claim for patient Joe Burton. This is a workers’ compensation claim, and you will need the following additional information to complete the claim:

- The First Report of Injury has been filed.
- This will be a medical claim without disability.
- The date of injury is 2/15/XX.
- Joe will be out of work from 2/15/XX through 2/16/XX.
- The workers’ compensation carrier is:
  Western Worker’s Insurance
  4489 West Sheridan Avenue
  Denver, CO 80217

To complete the claim using MedLook:
Add Western Worker’s Insurance to your Insurance Database.
Add Joe Burton to your patient database

- Leave the work phone blank
- Select Western Worker’s Insurance as Primary Insurance
- Enter Joe’s Employee ID as Patient ID number
- Select “Other” for Relationship to Insured
- Enter the employer information for the Last Name, Address and Phone number
- Leave the Birth Date blank, Insured’s sex must be completed, click Male
- Under the Accident bar, select Yes for Employment related, enter the state abbreviation and enter the injury date
- Under the Disability bar, select “Partial” and enter in the Start and End Dates

The MedLook claim will not enter NONE into field 9, completes fields 11c and 13, assigns an account number and completes field 31. These differences are acceptable.
Medical Care Center
100 South Main
Yourtown, CO 80000
(970) 555-1111
Group NPI: 0665544004
Group EIN: 99-0000009

Patient Information
Name: Joe Burton
Date of Birth: 11-27-61
Address: 6243 Hickory Lane
City: Mytown
State: CO
ZIP: 80001
Home Phone: (970) 555-2221

Employment Information
Name of Employer: Warehouse Plus
Address: 4848 West Street
City: Mytown
State: CO
ZIP: 80001
Phone: 970-555-8899
Employee ID: 623003864

Insurance Information
Primary Insurance
Name
ID#
Group#
Address
City
State
ZIP
Secondary Insurance
Name
ID#
Group#
Address
City
State
ZIP

I authorize the release of any information including diagnosis and treatment. I authorize my insurance carrier to pay directly to the doctor any benefits otherwise payable to me.

Joe Burton
Signature of patient (or parent of minor child)

Physician signature: Dwight Harrison, MD

SSN: 100-01-0002
NPI: 0657490049
Participating Provider for: Medicaid and Western Workers Insurance

Date of Service: 2/15/XX
Diagnosis: 920 Scalp contusion
Procedure: 99202 Office Visit, New Patient
Charge: $50.00

Today’s Charge: $50.00
Cash/Check: $0.00
Balance: $50.00