

Family Care Claim Form Outline

Member Information	Key Information
Member Identification	<ul style="list-style-type: none"> Nine-digit number from the authorization form; if not listed on the authorization form, contact your managed care organization (MCO)
Member Last Name	<ul style="list-style-type: none"> Member's last name from the authorization form
Primary Diagnosis Code	<ul style="list-style-type: none"> Primary diagnosis code, if applicable
Member Date of Birth	<ul style="list-style-type: none"> Member's date of birth from the authorization form
Member First Name	<ul style="list-style-type: none"> Member's first name from the authorization form
Patient Account (Invoice) Number	<ul style="list-style-type: none"> Optional—prints on provider remittance advice (PRA) for provider's internal claim identification purposes

Provider Information	Key Information
Provider Tax/EIN/SSN	<ul style="list-style-type: none"> Nine-digit number from the authorization form
Business Name	<ul style="list-style-type: none"> Facility where the services were rendered (found on the left side of authorization form)
Business Address	<ul style="list-style-type: none"> Facility street address, found on the left side of authorization form No P.O. boxes
City/State/ZIP Code	<ul style="list-style-type: none"> Facility city, state, and ZIP code, found on the left side of authorization form
Provider Billing NPI Number	<ul style="list-style-type: none"> 10-digit NPI number that starts with 1 or 2 Required for medical services
Billing Provider Name	<ul style="list-style-type: none"> Provider's billing name, found on the right side of the authorization form Billing provider name must be filled in, even if the information is the same as the facility/servicing information in Box 8
Business Address	<ul style="list-style-type: none"> Provider's billing address, found on the right side of the authorization form Billing address must be filled in, even if the information is the same as the facility/servicing information in Box 9
City/State/ZIP Code	<ul style="list-style-type: none"> Provider's city, state, and ZIP code, found on the right side of the authorization form Provider's city, state, and ZIP code must be filled in, even if the information is the same as the facility/servicing information in Box 10



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Claim Information	Key Information
Date of Service (MM/DD/YY)	<ul style="list-style-type: none"> From date/to date of service (date span or individual date of service covered under the authorization number) Do not submit claims in advance (future dates) Do not submit two different years on the same claim
Type of Bill	<ul style="list-style-type: none"> Three- to four-digit bill type should be used only for institutional claims (billed with revenue codes) Personal care services MUST be submitted with 0323
Service Code: Revenue Code	<ul style="list-style-type: none"> Three- or four-digit service code from the authorization form Do not key the five-digit HCPCS/CPT code in this field
Service Code: HCPCS/CPT Code	<ul style="list-style-type: none"> Five-digit service code from the authorization form Do not key the three- or four-digit revenue code in this field
Mod (1)	<ul style="list-style-type: none"> Two-digit modifier is only required if listed on the authorization form
Mod (2)	<ul style="list-style-type: none"> Two-digit modifier is only required if listed on the authorization form
Mod (3)	<ul style="list-style-type: none"> Two-digit modifier is only required if listed on the authorization form
Mod (4)	<ul style="list-style-type: none"> Two-digit modifier is only required if listed on the authorization form
Authorization Number	<ul style="list-style-type: none"> Unique number assigned to specific date of service and service code listed on the authorization form One like authorization number per claim
Rendering Provider NPI Number	<ul style="list-style-type: none"> 10-digit rendering provider NPI number that starts with a 1 or 2 is required for mental health services Rendering provider NPI number is optional for all other services
Units Billed	<ul style="list-style-type: none"> Number of units within the authorized units
(\$) Total Charge	<ul style="list-style-type: none"> Total dollar amount billed for claim line
(\$) Total Charges	<ul style="list-style-type: none"> Total dollar amount of all claim lines billed
Authorized Signature	<ul style="list-style-type: none"> Signature of provider, printed name, and date of signature (required)
Disclaimer Code	<ul style="list-style-type: none"> Two- or three-digit code provided by your managed care organization

NOTE: Please review the claim form for any special handling claim instructions

