

## Family Care Claim Form Outline

Member Information	Key Information
<b>1. Member Identification</b>	<ul style="list-style-type: none"> <li>Nine-digit number from the Authorization form (if this is not listed on the Authorization form, contact your MCO)</li> </ul>
<b>2. Member Last Name</b>	<ul style="list-style-type: none"> <li>Member's Last Name from the Authorization form</li> </ul>
<b>3. Primary Diagnosis Code</b>	<ul style="list-style-type: none"> <li>Enter the primary diagnosis code if applicable</li> </ul>
<b>4. Member Date of Birth</b>	<ul style="list-style-type: none"> <li>Member's date of birth from the Authorization form</li> </ul>
<b>5. Member First Name</b>	<ul style="list-style-type: none"> <li>Member's First Name from the Authorization form</li> </ul>
<b>6. Patient Account (invoice) #</b>	<ul style="list-style-type: none"> <li>Optional – prints on provider remittance advice (PRA) for provider's internal claim identification purposes</li> </ul>



Provider Information	Key Information
<b>7. Provider Tax/EIN/SSN</b>	<ul style="list-style-type: none"> <li>Nine-digit number from the Authorization form</li> </ul>
<b>8. Business Name</b>	<ul style="list-style-type: none"> <li>Facility where the services were rendered (found on the left side of Authorization form)</li> </ul>
<b>9. Business Address</b>	<ul style="list-style-type: none"> <li>Facility street address (found on the left side of Authorization form)</li> <li>No P.O. Box</li> </ul>
<b>10. City/State/Zip Code</b>	<ul style="list-style-type: none"> <li>Facility city, state, and ZIP code (found on the left side of Authorization form)</li> </ul>
<b>11. Provider Billing NPI #</b>	<ul style="list-style-type: none"> <li>Ten-digit NPI# that starts with 1 or 2</li> <li>Required for medical services</li> </ul>
<b>12. Billing Provider Name</b>	<ul style="list-style-type: none"> <li>Provider's billing name (found on the right side of the Authorization form)</li> <li>Billing Provider Name must be filled in even if the information is the same as the facility/servicing information in Box 8</li> </ul>
<b>13. Billing Address</b>	<ul style="list-style-type: none"> <li>Provider's billing address (found on the right side of the Authorization form)</li> <li>Billing Address must be filled in even if the information is the same as the facility/servicing information in Box 9</li> </ul>
<b>14. City/State/ZIP Code</b>	<ul style="list-style-type: none"> <li>Provider's city, state, and ZIP code (found on the right side of the Authorization form)</li> <li>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</li> </ul>

Claim Information	Key Information
<b>15. Date of Service (MM/DD/YY)</b>	<ul style="list-style-type: none"> <li>From date/to date of service (date span or individual date of service covered under the Authorization number)</li> <li>Do not submit claims in advance (future dates)</li> <li>Do not submit two different years on the same claim</li> </ul>
<b>16. Type of Bill</b>	<ul style="list-style-type: none"> <li>Three to four-digit Bill Type should only be used for Institutional claims (billed with Revenue Codes)</li> <li>Personal Care services MUST be submitted with 0323</li> </ul>
<b>17. Service Code: Revenue Code</b>	<ul style="list-style-type: none"> <li>Three or four-digit service code from the Authorization form</li> <li>Do not key the five-digit HCPCS/CPT code in this field</li> </ul>
<b>18. Service Code: HCPCS/CPT Code</b>	<ul style="list-style-type: none"> <li>Five-digit service code from the Authorization form</li> <li>Do not key the three or four-digit Revenue code in this field</li> </ul>
<b>19. Mod (1)</b>	<ul style="list-style-type: none"> <li>Two-digit modifier is only required if listed on the Authorization form</li> </ul>
<b>19. Mod (2)</b>	<ul style="list-style-type: none"> <li>Two-digit modifier is only required if listed on the Authorization form</li> </ul>
<b>19. Mod (3)</b>	<ul style="list-style-type: none"> <li>Two-digit modifier is only required if listed on the Authorization form</li> </ul>
<b>19. Mod (4)</b>	<ul style="list-style-type: none"> <li>Two-digit modifier is only required if listed on the Authorization form</li> </ul>
<b>20. Authorization Number</b>	<ul style="list-style-type: none"> <li>Unique number assigned to specific date of service and service code listed on the Authorization form</li> <li>One like authorization number per claim</li> </ul>
<b>21. Rendering Provider NPI #</b>	<ul style="list-style-type: none"> <li>Ten-digit Rendering Provider NPI# that starts with a 1 or 2 is required for Mental Health services</li> <li>Rendering Provider NPI # is optional for all other services</li> </ul>
<b>22. Units Billed</b>	<ul style="list-style-type: none"> <li>Number of units within the authorized units</li> </ul>
<b>23. (\$) Total Charge</b>	<ul style="list-style-type: none"> <li>Total dollar amount billed for claim line</li> </ul>
<b>24. (\$) Total Charges</b>	<ul style="list-style-type: none"> <li>Total dollar amount of all claim lines billed</li> </ul>
<b>25. Authorized Signature</b>	<ul style="list-style-type: none"> <li>Signature of provider, printed name, and date of signature (required)</li> </ul>
<b>26. Disclaimer Code</b>	<ul style="list-style-type: none"> <li>Two or three-digit code provided by your Managed Care Organization</li> </ul>

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