Provider's Statement

Employee Information

Name

Social Security Number

Patient's Name	Patient's Birthdate (MM/DD/YYYY)

Date of Illness (first symptom) or injury (accident) or pregnancy (LMP)	Date first consulted you for this condition	If patient has had similar illness or injury, give dates	If an emergency check here ☐ emergency

Date patient able to return to work	Date of total disability from through	Date of partial disability from through

Name of referring physician (e.g., Public Health Agency)	For services related to hospitalization give hospitalization dates admitted discharged

Name & address of facility where services rendered (if other than home or office)

Diagnosis or nature of illness or injury (please indicate primary and secondary)

1.

2.

3.

4.

Procedures, Medical Services, Supplies Furnished

Date of Service	Place of Service*	Procedure Code Identify**	Description of Service	Type of Service †	Charges	Days or Units	Diagnosis Code ††	Administrative Use Only

Physician's Name & Address (include zip code)	Telephone Number ( )	Enter the taxpayer identifying number to be used for 1099 reporting purposes. You are required under authority of law to furnish your taxpayer identifying number.
	Patient Account Number	Total charge $ _____ Amount paid $ _____ Balance due $ _____

Physician's or supplier's signature	Date

* Place of Service Codes:

1 - (IH)	- Inpatient Hospital	8 - (SNF)	- Skilled Nursing Facility
2 - (OH)	- Outpatient Hospital	9 -	- Ambulance
3 - (O)	- Office Visit	0 - (OL)	- Other Location
4 - (H)	- Patient Home	A - (IL)	- Independent Laboratory
5 -	- Day Care Facility (PSY)	B -	- Other Medical Surgical Facility
6 -	- Night Care Facility (PSY)	C - (RTC)	- Residential Treatment Center
7 - (NH)	- Nursing Home	D - (STF)	- Specialized Treatment Facility

† Type of Service Codes:

1	- Medical Care	8	- Assistance at Surgery
2	- Surgery	9	- Other Medical Service
3	- Consultation	0	- Blood or Packed Red Cells
4	- Diagnostic X-Ray	A	- Used DME
5	- Diagnostic Laboratory	M	- Alternate Payment for Maintenance Dialysis
6	- Radiation Therapy	Y	- Second Opinion on Elective Surgery
7	- Anesthesia	Z	- Third Opinion on Elective Surgery

**** Please Use Current Procedural Terminology Codes For Surgery**

†† Please Use ICD•9•CM For Discharge Diagnosis