

2017 Claims Form		1. Please use: <input type="checkbox"/> Family Planning Program (XXX) <input type="checkbox"/> DEHS Family Planning Program (DFPP)		<input type="checkbox"/> FHC <input type="checkbox"/> DEHC	2a. DFPP only: <input type="checkbox"/> Partial Pay <input type="checkbox"/> No Pay	2b. Billing Periods TFF 2c. Billing periods HFF
		3. Provider Name			4. Billing/Invoicing Dates (mm/yyyy)	
6. Patient's Name (Last Name, First Name, Middle Initial)			7. Address (Name, City, State)			7a. ZIP Code
8. County of Residence	9. Date of Birth (mm/yyyy)	10. Sex <input type="checkbox"/> F <input type="checkbox"/> M	11. Patient Status <input type="checkbox"/> New Patient <input type="checkbox"/> Established Patient	12. Patient's Social Security Number		
13. Reproductive History Pregnancies: <input type="checkbox"/> Abortions: <input type="checkbox"/> Miscarriages: <input type="checkbox"/> Stillbirths: <input type="checkbox"/>	13a. Date of Last Pregnancy (mm/yyyy)	13b. Gestational Age at Delivery (weeks)	13c. Method of Contraception (if any) <input type="checkbox"/> Condom <input type="checkbox"/> IUD <input type="checkbox"/> Implant <input type="checkbox"/> Intrauterine System <input type="checkbox"/> Other	13d. Current Method of Contraception (if any) <input type="checkbox"/> Condom <input type="checkbox"/> IUD <input type="checkbox"/> Implant <input type="checkbox"/> Intrauterine System <input type="checkbox"/> Other	14. Medical History <input type="checkbox"/> Diabetes <input type="checkbox"/> Hypertension <input type="checkbox"/> Asthma <input type="checkbox"/> Other	15. Allergies <input type="checkbox"/> Penicillin <input type="checkbox"/> Eggs <input type="checkbox"/> Shellfish <input type="checkbox"/> Latex <input type="checkbox"/> Other
16. Family Income (Last 12 Months)			16a. Family Size			
17. Number of Children in Program		17a. Number Live Births		17b. Number Living Children		
18. Primary Birth Control Method (Before Initial Visit) <input type="checkbox"/> Condom <input type="checkbox"/> IUD <input type="checkbox"/> Implant <input type="checkbox"/> Intrauterine System <input type="checkbox"/> Other	18a. Date of Last Visit (mm/yyyy)	18b. Reason for Change (Required only if DFPP or FHC) <input type="checkbox"/> Moved <input type="checkbox"/> Lost Insurance <input type="checkbox"/> Other	18c. Current Method of Birth Control (if any) <input type="checkbox"/> Condom <input type="checkbox"/> IUD <input type="checkbox"/> Implant <input type="checkbox"/> Intrauterine System <input type="checkbox"/> Other	18d. Date of Last Visit (mm/yyyy)	18e. Reason for Change (Required only if DFPP or FHC) <input type="checkbox"/> Moved <input type="checkbox"/> Lost Insurance <input type="checkbox"/> Other	18f. Date of Last Visit (mm/yyyy)
19. If No Method Used at End of This Visit, Give Reason (Required only if DFPP or FHC) <input type="checkbox"/> No Insurance <input type="checkbox"/> Lost Insurance <input type="checkbox"/> Other						
20. Is There Other Insurance Available? <input type="checkbox"/> Yes <input type="checkbox"/> No			20a. Other Insurance Name and Address			
21a. Student's Policy Group No.	21b. Student Code	22. Other Insurance (MC, Aetna, etc.)		23. Date of Identification		
24. Name of Referring Provider		24a. Referring Office (if any)		24b. Level of Practitioner <input type="checkbox"/> Physician <input type="checkbox"/> Nurse <input type="checkbox"/> Mid-Level <input type="checkbox"/> Other		
24c. Referring NPI						
25. Diagnosis Code (ICD-9-CM, or ICD-10-CM) A. _____ B. _____ C. _____ D. _____ E. _____ F. _____ G. _____ H. _____ I. _____ J. _____ K. _____ L. _____			25a. ICD-9-CM Code		25b. Authorization Number	
26. Date of Service (mm/yyyy)			26a. Place of Service		26b. Date of Submission (mm/yyyy)	
27. Type of Service			27a. Procedure, Service, or Supplies (CPT/HCPC) Modifier		27b. Units or Days (Quantity)	
28. Billing Code (ICD-9-CM)			28a. Billing Code (ICD-9-CM)		28b. Billing Code (ICD-9-CM)	
29. Billing Code (ICD-9-CM)			29a. Billing Code (ICD-9-CM)		29b. Billing Code (ICD-9-CM)	
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143. Billing Code (ICD-9-CM)			143a. Billing Code (ICD-9-CM)		143b. Billing Code (ICD-9-CM)	
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145. Billing Code (ICD-9-CM)			145a. Billing Code (ICD-9-CM)		145b. Billing Code (ICD-9-CM)	
146. Billing Code (ICD-9-CM)			146a. Billing Code (ICD-9-CM)		146b. Billing Code (ICD-9-CM)	
147. Billing Code (ICD-9-CM)			147a. Billing Code (ICD-9-CM)		147b. Billing Code (ICD-9-CM)	
148. Billing Code (ICD-9-CM)			148a. Billing Code (ICD-9-CM)		148b. Billing Code (ICD-9-CM)	
149. Billing Code (ICD-9-CM)			149a. Billing Code (ICD-9-CM)		149b. Billing Code (ICD-9-CM)	
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154. Billing Code (ICD-9-CM)			154a. Billing Code (ICD-9-CM)		154b. Billing Code (ICD-9-CM)	
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156. Billing Code (ICD-9-CM)			156a. Billing Code (ICD-9-CM)		156b. Billing Code (ICD-9-CM)	
157. Billing Code (ICD-9-CM)			157a. Billing Code (ICD-9-CM)		157b. Billing Code (ICD-9-CM)	
158. Billing Code (ICD-9-CM)			158a. Billing Code (ICD-9-CM)		158b. Billing Code (ICD-9-CM)	
159. Billing Code (ICD-9-CM)			159a. Billing Code (ICD-9-CM)		159b. Billing Code (ICD-9-CM)	
160. Billing Code (ICD-9-CM)			160a. Billing Code (ICD-9-CM)		160b. Billing Code (ICD-9-CM)	
161. Billing Code (ICD-9-CM)			161a. Billing Code (ICD-9-CM)		161b. Billing Code (ICD-9-CM)	
162. Billing Code (ICD-9-CM)			162a. Billing Code (ICD-9-CM)		162b. Billing Code (ICD-9-CM)	
163. Billing Code (ICD-9-CM)			163a. Billing Code (ICD-9-CM)		163b. Billing Code (ICD-9-CM)	
164. Billing Code (ICD-9-CM)			164a. Billing Code (ICD-9-CM)		164b. Billing Code (ICD-9-CM)	
165. Billing Code (ICD-9-CM)			165a. Billing Code (ICD-9-CM)		165b. Billing Code (ICD-9-CM)	
166. Billing Code (ICD-9-CM)			166a. Billing Code (ICD-9-CM)		166b. Billing Code (ICD-9-CM)	
167. Billing Code (ICD-9-CM)			167a. Billing Code (ICD-9-CM)		167b. Billing Code (ICD-9-CM)	
168. Billing Code (ICD-9-CM)			168a. Billing Code (ICD-9-CM)		168b. Billing Code (ICD-9-CM)	
169. Billing Code (ICD-9-CM)			169a. Billing Code (ICD-9-CM)		169b. Billing Code (ICD-9-CM)	
170. Billing Code (ICD-9-CM)			170a. Billing Code (ICD-9-CM)		170b. Billing Code (ICD-9-CM)	
171. Billing Code (ICD-9-CM)			171a. Billing Code (ICD-9-CM)		171b. Billing Code (ICD-9-CM)	
172. Billing Code (ICD-9-CM)			172a. Billing Code (ICD-9-CM)		172b. Billing Code (ICD-9-CM)	
173. Billing Code (ICD-9-CM)			173a. Billing Code (ICD-9-CM)		173b. Billing Code (ICD-9-C	

2017 Claim Form Tmhp

L Cohen



2017 Claim Form Tmhp:

Unveiling the Magic of Words: A Report on "2017 Claim Form Tmhp"

In a world defined by information and interconnectivity, the enchanting power of words has acquired unparalleled significance. Their capability to kindle emotions, provoke contemplation, and ignite transformative change is truly awe-inspiring. Enter the realm of "2017 Claim Form Tmhp," a mesmerizing literary masterpiece penned with a distinguished author, guiding readers on a profound journey to unravel the secrets and potential hidden within every word. In this critique, we shall delve into the book's central themes, examine its distinctive writing style, and assess its profound effect on the souls of its readers.

<https://py.bijouxmedusa.com/data/publication/Documents/practical%20guide%20to%20english%20grammar.pdf>

Table of Contents 2017 Claim Form Tmhp

1. Understanding the eBook 2017 Claim Form Tmhp
 - The Rise of Digital Reading 2017 Claim Form Tmhp
 - Advantages of eBooks Over Traditional Books
2. Identifying 2017 Claim Form Tmhp
 - Exploring Different Genres
 - Considering Fiction vs. Non-Fiction
 - Determining Your Reading Goals
3. Choosing the Right eBook Platform
 - Popular eBook Platforms
 - Features to Look for in an eBook 2017 Claim Form Tmhp
 - User-Friendly Interface
4. Exploring eBook Recommendations from 2017 Claim Form Tmhp
 - Personalized Recommendations
 - 2017 Claim Form Tmhp User Reviews and Ratings
 - 2017 Claim Form Tmhp and Bestseller Lists

5. Accessing 2017 Claim Form Tmhp Free and Paid eBooks
 - 2017 Claim Form Tmhp Public Domain eBooks
 - 2017 Claim Form Tmhp eBook Subscription Services
 - 2017 Claim Form Tmhp Budget-Friendly Options
6. Navigating 2017 Claim Form Tmhp eBook Formats
 - ePub, PDF, MOBI, and More
 - 2017 Claim Form Tmhp Compatibility with Devices
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