

HOW TO COMPLETE THE HEALTH INSURANCE CLAIMS FORM

MEDICAL CODES HAVE BEEN PREFILLED

The Lice Clinics of America Health Insurance Claim Form is pre-populated with the necessary codes including the location of service code (11), diagnosis code (B85.0) and the treatment code (99203). Other sections of the claim form will need to be customized using the easy fill PDF.

HOW TO FILL OUT THE FORM

1. **YELLOW SECTION: FILLED BY CLINIC**
2. **PURPLE AND BLUE SECTIONS: COMPLETED BY YOU**
 - Patient (purple)
 - Insured (aqua)
3. **CLIENT FILLS OUT AFTER TREATMENT**
4. **WHITE SECTION IS PRE-FILLED**

Each treated client needs a separate form

PATIENT'S NAME (Last Name, First Name, Middle Name)				INSURED'S NAME (Last Name, First Name, Middle Name)			
PATIENT'S DATE OF BIRTH MM DD YYYY SEX M <input type="checkbox"/> F <input type="checkbox"/>				INSURED'S DATE OF BIRTH MM DD YYYY SEX M <input type="checkbox"/> F <input type="checkbox"/>			
PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>							
PATIENT'S ADDRESS (No., Street)				INSURED'S ADDRESS (No., Street)			
CITY STATE				CITY STATE			
ZIP CODE		TELEPHONE (Include Area Code)		ZIP CODE		TELEPHONE (Include Area Code)	
				INSURED'S I.D. NUMBER			
				INSURED'S POLICY GROUP NUMBER			
				INSURANCE PLAN NAME			
DIAGNOSIS (ICD 10) A. B 85.0							
DATE OF SERVICE MM DD YYYY	PLACE OF SERVICE 11	SERVICES CPT/HCPCS 99203	DIAGNOSIS POINTER A	CHARGES	RENDERING PROVIDER I.D. OR BILLING #		
FEDERAL TAX I.D. NUMBER SSN EIN PATIENT'S ACCOUNT NO.				TOTAL CHARGES	AMOUNT PAID	NONPAR 1508398462	
81-3176969 <input type="checkbox"/> <input checked="" type="checkbox"/>							
SIGNATURE OF CERTIFIED TECHNICIAN <i>A.L.</i>				SERVICE LOCATION INFO Lice Clinics of America - City 123 Lice Lane City, AB 45678 555-555-1212 NPI 1508398462		BILLING PROVIDER INFO & PH # Lice Clinics of America - City 123 Lice Lane City, AB 45678 555-555-1212 NPI 1508398462	
SIGNED DATE							
SIGNATURE OF NATIONAL MEDICAL DIRECTOR (Dr. Krista Lauer - NPI 1679558407 - National Medical Director. I provide periodic review of treatments and medical records. The treatment is provided in accordance with Lice Clinics of America™, AirAllie® certification standards and Larada Sciences, Inc.)							
SIGNED <i>Krista Lauer, M.D.</i>				DATE XX/XX/XXX (date of service)			
PATIENT'S SIGNATURE (I authorize the release of any medical or other information necessary to process this claim.)							
SIGNED				DATE			

Patient Person treated (Purple and Blue sections)

Insured Person who is insured, generally the parent (Blue sections)

Pre-populated codes (Green sections: B 85.0, 11, 99203, A)

Refer to the transaction number on your receipt (Yellow section: 1508398462)

This section completed by YOU (Purple and Blue sections)

This section completed by CLINIC (Yellow section)

Clinic information (Yellow section)

HEALTH INSURANCE CLAIM FORM

REQUEST FOR RE-IMBURSEMENT**This is NOT a Provider Claim. Direct all inquiries to the insured.**

PATIENT'S NAME (Last Name, First Name, Middle Name)				INSURED'S NAME (Last Name, First Name, Middle Name)				
PATIENT'S DATE OF BIRTH		MM	DD	YYYY	SEX	INSURED'S DATE OF BIRTH		
		:	:	:	M <input type="checkbox"/> F <input type="checkbox"/>			
		:	:	:	M <input type="checkbox"/> F <input type="checkbox"/>			
PATIENT RELATIONSHIP TO INSURED				INSURED'S I.D. NUMBER				
Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>								
PATIENT'S ADDRESS (No., Street)				INSURED'S ADDRESS (No., Street)				
CITY			STATE	CITY			STATE	
ZIP CODE		TELEPHONE (Include Area Code)		ZIP CODE		TELEPHONE (Include Area Code)		
DIAGNOSIS [ICD 10]				INSURED'S POLICY GROUP NUMBER				
A. B 85.0								
DATE OF SERVICE		PLACE OF SERVICE	SERVICES CPT/HCPCS	DIAGNOSIS POINTER	CHARGES		RENDERING PROVIDER I.D. OR BILLING #	
MM DD YYYY		11	99203	A	\$		NONPAR	
							NPI 1760922975	
FEDERAL TAX I.D. NUMBER		SSN	EIN	PATIENT'S ACCOUNT NO.		TOTAL CHARGES		
81-1319405		<input type="checkbox"/>	<input checked="" type="checkbox"/>			AMOUNT PAID		
						\$		
						\$		
SIGNATURE OF CERTIFIED TECHNICIAN			SERVICE FACILITY LOCATION INFO			BILLING PROVIDER INFO & PH #		
<i>Darlens LaFramboise</i>			Lice Clinics of America - NOVA 6134 Redwood Square Cntr • Suite 102 Centreville, VA 20121 (703) 303-1576			Lice Clinics of America - NOVA 6134 Redwood Square Cntr • Suite 102 Centreville, VA 20121 (703) 303-1576		
SIGNED			NPI 1760922975			NPI 1760922975		
DATE								
SIGNATURE OF NATIONAL MEDICAL DIRECTOR (Dr. Krista Lauer - NPI 1679558407 - National Medical Director. I provide periodic review of treatments and medical records. The treatment is provided in accordance with Lice Clinics of America™, AirAllé® certification standards and Larada Sciences, Inc.)								
SIGNED <i>Krista Lauer, MD.</i> DATE								
PATIENT'S SIGNATURE (I authorize the release of any medical or other information necessary to process this claim.)								
SIGNED DATE								