

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 Person treated

Insured Person who is insured, generally the parent

Pre-populated codes

Refer to the transaction number on your receipt

This section completed by YOU

This section completed by CLINIC

Clinic information

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 ☐ F ☐				INSURED'S DATE OF BIRTH MM DD YYYY SEX M ☐ F ☐			
PATIENT RELATIONSHIP TO INSURED Self ☐ Spouse ☐ Child ☐ Other ☐							
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 #		
					NONPAR		
					NPI 1508398462		
FEDERAL TAX I.D. NUMBER 81-3176969	SSN ☐	EIN ☒	PATIENT'S ACCOUNT NO.	TOTAL CHARGES	AMOUNT PAID		
SIGNATURE OF CERTIFIED TECHNICIAN <i>A.U.</i>		SERVICE LOCATION INFO Lice Clinics of America - City 123 Lice Lane City, AB 45678 555-555-1212		BILLING PROVIDER INFO & PH # Lice Clinics of America - City 123 Lice Lane City, AB 45678 555-555-1212			
SIGNED DATE		NPI 1508398462		NPI 1508398462			
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			

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		MM	DD	YYYY	SEX
		:	:		M ☐ F ☐			:	:		M ☐ F ☐
PATIENT RELATIONSHIP TO INSURED				Self	Spouse	Child	Other				
				☐	☐	☐	☐				
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		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		AMOUNT PAID	
81-1319405		☐		☒				\$		\$	
SIGNATURE OF CERTIFIED TECHNICIAN						SERVICE FACILITY LOCATION INFO			BILLING PROVIDER INFO & PH #		
Darlene LaFramboise						Lice Clinics of America - NOVA 429A Carlisle Drive Herndon, VA 20170 (703)303-1576			Lice Clinics of America - NOVA 429A Carlisle Drive Herndon, VA 20170 (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 Krista Lauer, MD.											
DATE											
PATIENT'S SIGNATURE (I authorize the release of any medical or other information necessary to process this claim.)											
SIGNED											
DATE											

