



PCP and Specialist Billing Requirements for HCFA-1500 (12-90) Form

FIELD#	DESCRIPTION	R (REQUIRED) C (CONDITIONAL)
1a	Health Partners ID number	R
1d	Other	R
2	Patient name (Last name, first name, middle initial)	R
3	Patient's birth date	R
4	N/A (Same as field #2)	
5	Patient's complete address and telephone number	R
6	Patient's relationship to insured	R
7	N/A (Same as field #5)	
8	Patient status	R
9	Other insured information Note: Be sure to check with patient for possibility of other medical insurance coverage. Health Partners is always payer of last resort.	C
10	Is patient's condition related to: a. employment? (current or previous) b. auto accident? c. other accident?	R R R
11	Insured's policy group or FECA number	R
11a	Insured's date of birth	R
11b	Employer's name or school name	C
11c	Insurance plan or program name	R
11d	Is there another health benefit plan?	R
12	Patient's or authorized person's signature	R
13	Insured's or authorized person's signature	C
14	Date of current illness, injury pregnancy (R. CHIRO)	R
15	Date of same or similar illness	C
16	Dates patient unable to work in current occupation	C
17	Name of referring physician	R
17a	UPIN number	R
18	Hospitalization dates related to current services	C
19	Medical License Number	R
20	Outside lab?	C
21	Diagnosis code(s) Relate items to 24e by procedure line.	R
22	Medicaid resubmission code (original DCN for adjustments)	C
23	Prior authorization number or referral number	R
24 A-F	A, B, C, D, E, F	R
24 G-J	G, H, I, J	C
24-K	UPIN number	R
25	Federal tax ID number	R
26	Provider's patient account number	
27	Assumed yes by Health Partners contract	
28	Total charge	R
29	Amount paid	C
30	Balance due	C
31	Signature of physician or supplier	R
32	Name and address of facility where services were rendered	R
33	Physician or supplier's billing name, address, zip code and phone number. Use HP location (site) number in GRP# section. Also include UPIN number in the PIN# section.	R

Please review section on back of HCFA-1500 (12-90) regarding Medicaid payments.