

**Department of Social and Health Services  
Health and Recovery Services Administration  
and  
Department of Health  
Maternal and Infant Health**



# **Childbirth Education**

**Billing Instructions**

**[WAC 388-533-0390]**

## About this publication

This publication incorporates the previous *Childbirth Education Billing Instructions*.

Published in coordination with Washington State's:

Health and Recovery Services Administration  
Department of Social and Health Services  
**AND**  
Maternal and Infant Health  
Department of Health

**Note:** The effective date and publication date for any particular page of this document may be found at the bottom of the page.

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## HRSA's Billing Instructions and Numbered Memoranda

To obtain DSHS/HRSA provider numbered memoranda and billing instruction, go to the DSHS/HRSA website at <http://hrsa.dshs.wa.gov> (click *the Billing Instructions and Numbered Memorandum* link). These may be downloaded and printed.

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# Important Contacts

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A provider may contact the Health and Recovery Services Administration (HRSA) with questions regarding its programs. However, HRSA's response is based solely on the information provided to HRSA's representative at the time of inquiry, and in no way exempts a provider from following the laws and rules that govern HRSA's programs. [WAC 388-502-0020(2)]

## Where do I call to ask about a provider application packet?

Department of Health  
360.236.3552

## Where do I send my 1500 Claim Forms?

HRSA-Claims Processing  
PO Box 9245  
Olympia, WA 98507-9245

## How can I use the Internet to...

### Find information on becoming a DSHS provider?

Visit Provider Enrollment at:  
<http://maa.dshs.wa.gov/provrel>

Click *Sign up to be a DSHS WA state Medicaid provider* and follow the on-screen instructions.

### Ask questions about the status of my provider application?

Visit Provider Enrollment at:  
<http://maa.dshs.wa.gov/provrel>

- Click *Sign up to be a DSHS WA state Medicaid provider*
- Click *I want to sign up as a DSHS Washington State Medical provider*
- Click *What happens once I return my application?*

## Submit a change of address or ownership?

Visit Provider Enrollment at:  
<http://maa.dshs.wa.gov/provrel>

- Click *I'm already a current Provider*
- Click *I want to make a change to my provider information*

## If I don't have the internet, who do I contact if I have questions on...

### Program/Application

Policy/Program Oversight  
Department of Health (DOH)  
Maternal and Infant Health  
360.236.3552

### Completing the Core Provider Agreement?

#### Call/fax:

800.562.3022 (toll free)  
360.725.2144 (fax)

#### or write to:

HRSA Customer Service Center  
PO Box 45562  
Olympia, WA 98504-5562

**How do I obtain copies of billing instructions or numbered memoranda?**

To view an electronic copy, visit:

<http://maa.dshs.wa.gov>

Click *Billing Instructions/Numbered Memoranda*

- or -

To request a hard copy, visit the Department of Printing's web site at:

<http://www.prt.wa.gov>

Click *General Store*

**Who do I contact if I have questions regarding...**

**Payments, denials, general questions regarding claims processing, HRSA managed care organizations?**

Visit the HRSA Customer Service Center at:

<http://maa.dshs.wa.gov/provrel>

- Click *I'm already a current Provider*
- Click *Frequently Asked Questions*

**or call/fax:**

800.562.3022 (toll free)

360.725.2144 (fax)

**or write to:**

HRSA Customer Service Center

PO Box 45562

Olympia, WA 98504-5562

**Private insurance or third-party liability, other than HRSA managed care?**

Office of Coordination of Benefits

PO Box 45565

Olympia, WA 98504-5565

800.562.6136 (toll free)

**Electronic billing?**

**Call the HRSA/HIPAA E-Help Desk at:**

800.562.3022 (toll free) and choose option #2, then option #4

**or e-mail to:**

[hipaae-help@dshs.wa.gov](mailto:hipaae-help@dshs.wa.gov)

- or -

**Call ACS EDI Gateway, Inc. at:**

800.833.2051 (toll free)

**or visit:**

<http://www.acs-gcro.com>

**How do I find out about Internet billing  
(electronic claims submission)?**

**WinASAP and WAMedWeb:**

<http://www.acs-gcro.com>

Click *Medicaid* then *Washington State*.

**All other HIPAA transactions:**

<https://wamedweb.acs-inc.com>

**To enroll with ACS EDI Gateway for  
HIPAA Transactions and/or  
WinASAP 2003, visit:**

<http://www.acs-gcro.com>

Click *Medicaid*, then *Washington State*,  
then *Enrollment*.

**or call:**

800.833.2051 (toll free)

# Definitions & Acronyms

**This section contains definitions, abbreviations, and acronyms used in these billing instructions that relate to Medicaid.** The definitions are presented as a guide for the provider's use. They are not intended to be inclusive, nor are they intended to inhibit professional judgment. The criteria apply to all providers and contractors.

**Approved Provider** – an individual or agency that:

- Has a signed Core Provider Agreement on file with the Health and Recovery Services Administration (HRSA) to provide Childbirth Education (CBE) classes;
- Has signed program assurances on file with HRSA; and
- Has an assigned provider billing number from HRSA.

**Assurances Document-** A signed agreement documenting that the provider understands and agrees to maintain certain required program elements and to work toward integrating other specifically recommended practices. Also referred to as the "CBE Assurances" document.

**Childbirth Education (CBE) -** A series of educational sessions offered in a group setting with a minimum of eight hours of instruction and led by an approved instructor to prepare a pregnant woman and her support person(s) for an upcoming childbirth.

**Client** – A pregnant woman who has been determined eligible to receive medical or health care services under Medicaid.

**Code of Federal Regulations (CFR)** – Rules adopted by the federal government.

**Community and Family Health (CFH) -** The division within the state Department of Health whose mission is to improve the health and well-being of Washington residents, with a special focus on infants, children, youth, pregnant woman, and prospective parents.

**Community Services Office (CSO)** – An office of the department that administers social and health services at the community level. [WAC 388-500-0005]

**Consultation** – A practice of conferring with other professionals to share knowledge and problem solve with the intent of providing the best possible care to clients.

**Core Provider Agreement** – The basic contract that HRSA holds with providers serving Medicaid-eligible clients.

**Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)** – A program providing early and periodic screening, diagnosis and treatment to persons under 21 years of age who are eligible for Medicaid. [Refer to WAC 388-500-0005]

**First Steps** - The 1989 Maternity Care Access Act, known as First Steps. This program provides maternity care for pregnant and post-pregnant women and health care for infants. The program is administered jointly by DSHS and DOH. First Steps maternity care consists of obstetrical care, case management, and support services such as community health nursing, nutrition, behavioral health visits, and childbirth education classes. Ancillary services include expedited eligibility determination, case finding, outreach, childcare, and transportation. Specialized substance abuse treatment services, offered through the Omnibus Drug Act, encompass residential and outpatient treatment and transitional housing.

**Health and Recovery Services Administration (HRSA)** – The administration within the Department of Social and Health Services (DSHS) responsible for providing disability determinations, medical care, mental health, and alcohol/substance abuse treatment services for Washington State’s most vulnerable citizens.

**Infant Case Management (ICM)** – The program that provides case management services to eligible high-risk infants and their families. Eligibility for ICM may be established at the end of the maternity cycle up to the end of the month of the baby's first birthday. [WAC 388-533-0365]

**Interlocal Agreement** – A written letter of agreement between two agencies for the exchange of referrals or service provision (e.g., a written agreement in letter format that agrees to an exchange of referrals or services for MSS/ICM clients). [WAC 388-533-0365]

**Interdisciplinary Team** – Members from different professions and occupations that work closely together and communicate frequently to optimize care for the client (pregnant woman and infant). Each team member contributes specialized knowledge, skills and experience to support and augment the contributions of the other team members. [WAC 388-533-0365]

**Managed Care** – A comprehensive health care delivery system that includes preventive, primary, specialty, and ancillary services. These services are provided through either a Managed Care Organization (MCO) or a Primary Care Case Management (PCCM) provider. [WAC 388-538-050]

**Maternal and Infant Health (MIH)** - A section within the state Department of Health. MIH works collaboratively with DSHS to provide clinical consultation, oversight, and monitoring of the Maternity Support Services / Infant Case Management programs. [WAC 388-533-0315]

**Maternity Support Services (MSS)** - Preventive health services for pregnant/postpregnant women including: Professional observation, assessment, education, intervention and counseling. MSS services are provided by an interdisciplinary team consisting of, at minimum, a community health nurse, a nutritionist, and a behavioral health specialist. Additional MSS services may be provided by community health workers. [WAC 388-533-0315]

**Maximum Allowable Fee** - The maximum dollar amount HRSA will reimburse a provider for a specific service, supply, or piece of equipment.



**Medicaid** - The state and federal funded aid program that covers the Categorically Needy (CNP) and Medically Needy (MNP) programs. [WAC 388-500-0005]

**Medicaid Management Information System (MMIS)** – A computer system mandated by the federal Centers for Medicare & Medicaid Services for states with Medicaid programs.

**Medical Identification Card** – The document HRSA uses to identify a client's eligibility for a medical program.

**Patient Identification Code (PIC)** - An alphanumeric code assigned to each HRSA client consisting of:

- First and middle initials (or a dash (-) must be entered if the middle initial is not indicated).
- Six-digit birthdate, consisting of *numerals only* (MMDDYY).
- First five letters of the last name (and spaces if the name is fewer than five letters).
- Alpha or numeric character (tiebreaker).

**Provider** – Any person or organization that has a signed Core Provider Agreement with DSHS to provide services to eligible clients.

**Provider number** – An identification number issued to providers who have a signed contract(s) with HRSA.

**Revised Code of Washington (RCW)** - Washington State laws.  
[<http://wsl.leg.wa.gov/wsladm/rcw.htm>]

**Title XIX** - The portion of the federal Social Security Act that authorizes grants to states for medical assistance programs. Title XIX is also called Medicaid.  
[WAC 388-500-0005]

**Usual and customary charge** – The fee that the provider typically charges the general public for the product or service.  
[WAC 388-500-0005]

**Washington Administrative Code (WAC)**  
Codified rules of the state of Washington.  
[<http://www.mrsc.org/wac.htm>]

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# About the Program

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## What is the purpose of childbirth education (CBE)?

The purpose of CBE is to help prepare the client and her support person(s) to:

- Understand the physiological, emotional, and psychological changes the client is experiencing;
- Develop self advocacy skills;
- Understand what to anticipate prior to, during, and after labor and delivery;
- Understand and plan for the changes that occur postpregnancy;
- Increase positive birth outcomes;
- Increase positive relationships with local community resources; and
- Increase positive parenting outcomes.

The Department of Social and Health Services (DSHS) has an interlocal agreement with the Department of Health (DOH) to administer the Childbirth Education program for eligible Medicaid clients.

## Freedom of Choice/Consent for Services

CBE clients have the right to choose their CBE provider and, if not enrolled in a managed care plan, any other HRSA provider, as allowed under Section 1902(a)(23) of the Social Security Act, as long as the provider meets all of the relevant statutory and regulatory requirements.

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# Client Eligibility

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## Who is eligible for CBE?

To be eligible for childbirth education classes, clients must:

- Be pregnant; and
- Present a DSHS Medical Identification (ID) Card with one of the identifiers from the box below:

| Medical Program Identifier | Medical Program                                                   |
|----------------------------|-------------------------------------------------------------------|
| CNP                        | Categorically Needy Program                                       |
| CNP – CHIP                 | Categorically Needy Program - Children’s Health Insurance Program |
| CNP-Emergency Medical Only | Categorically Needy Program- Emergency Medical Only               |

**Note:** If the client is pregnant, but her card does not list one of the above medical program identifiers, please refer her to the local Community Services Office (CSO) to be evaluated for a possible change in her medical assistance program that would enable her to receive full-scope maternity care.

**Note:** A CBE client is not required to be enrolled in Maternity Support Services (MSS)/Infant Case Management (ICM) in order to qualify for CBE-covered services.

## **Are clients enrolled in an HRSA managed care organization covered for CBE?**

**Yes.** Clients enrolled in an HRSA managed care organization (MCO) are eligible for childbirth education outside their MCO. HRSA reimburses for childbirth education through its fee-for-service system. The coverage and billing guidelines in these billing instructions apply to managed care clients.

### **Bill HRSA directly.**

Clients enrolled in an HRSA MCO will have an “HMO” identifier in the HMO column on their DSHS Medical ID Cards.

# Provider Requirements

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## Who can provide CBE?

To receive reimbursement for CBE, a childbirth educator must:

- Have a CBE program assurances document and approved curriculum on file with HRSA;
- Deliver CBE services in a series of group sessions;
- Bill HRSA according to these billing instructions;
- Accept HRSA's maximum allowable fee as final and complete payment for services provided to a client;
- Be a DOH-approved CBE provider with an assigned HRSA CBE provider billing number;
- Have the following on file:
  - ✓ With DSHS, a signed core provider agreement; and
  - ✓ With DOH:
    - CBE program assurances;
    - An approved curriculum; and
    - A copy of each educator's credentials and/or certification document.

Childbirth educators and/or agencies must complete the HRSA Core Provider Agreement prior to billing. Upon approval, HRSA will assign a provider billing number.

## How do I become an “approved” CBE provider?

Call the Department of Health at 360.236.3552 for a Provider Application packet that details a childbirth educator’s required qualifications, or request information from:

DOH – Maternal and Infant Health  
Health Education Consultant  
PO Box 47880  
Olympia, WA 98504-7880

**HRSA considers billed services that are provided by staff not qualified to provide those services to be erroneous billings. HRSA will recoup any resulting overpayment during an audit.**



# Coverage

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## What is covered?

HRSA covers one series of CBE classes per client, per pregnancy when the education is:

- Provided to eligible clients (see Client Eligibility section);
- Delivered according to a curriculum approved by the Department of Health (DOH);
- Taught by an instructor approved by DOH;
- Delivered according to the signed assurances approved by the HRSA/DOH program consultants; and
- Delivered in a series of group sessions with a minimum of eight hours of instruction.

## What is not covered?

Under the Childbirth Education program, HRSA does not cover CBE that is provided during a one-to-one home or office visit.

For information regarding one-to-one home or office visits, refer to HRSA's current *Maternity Support Services/Infant Case Management Billing Instructions*. To view or download this manual, visit HRSA on-line at: <http://maa.dshs.wa.gov> (click **Provider Publications/Fee Schedules**).

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# Reimbursement

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## Reimbursement for CBE

- CBE must be for the clients specifically enrolled in the session.
- HRSA's maximum allowable fee includes all classes, core materials, publications, and educational materials provided throughout the class series. Clients must receive the same materials that are offered to other attendees.
- A client must attend at least one CBE session in order for the provider to be paid for the CBE services.

## Fee Schedule

You may view HRSA's CBE Fee Schedule on-line at:

<http://maa.dshs.wa.gov/RBRVS/Index.html>

For a paper copy of the fee schedule:

- **Go to:** <http://www.prt.wa.gov/> (On-line orders filled daily.) Click **General Store**. Follow prompts to **Store Lobby** → **Search by Agency** → **Department of Social and Health Services** → **Health and Recovery Services Administration** → desired document; **or**
- **Fax/Call:** Dept. of Printing/Attn: Fulfillment at FAX 360.586.6361/ telephone 360.586.6360. (Telephoned and faxed orders may take up to 2 weeks to fill.)

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# Billing

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## What is the time limit for billing? [Refer to WAC 388-502-0150]

HRSA requires providers to submit claims within 365 days of the delivery of service.

## What fee do I bill HRSA?

Bill HRSA your usual and customary fee in field 24F of the 1500 Claim Form.

## What records must be kept?

### Specific to Childbirth Education:

Providers must:

- Make charts and records available to DSHS, its contractors (such as DOH), and the US Department of Health and Human Services, upon their request, *for at least six years from the date of service* or more if required by federal or state law or regulation [refer to WAC 388-502-0020];
- Maintain:
  - ✓ An original signed copy of each client's Freedom of Choice/Consent for Services form;
  - ✓ A client sign-in sheet for each class; and
  - ✓ Documentation of names and PIC numbers of First Steps attendees and the dates they participated in each CBE class.

## **Billing Electronically**

HRSA strongly recommends Childbirth Education providers submit billings electronically. For more information on Electronic Billing, go to:

<https://wamedweb.acs-inc.com/wa/general/home.do>

## **Billing Hardcopy**

To bill hardcopy, send completed 1500 Claim Forms to:

HRSA-Claims Processing  
PO Box 9245  
Olympia, WA 98507-9245

(Blank 1500 Claim Forms may be obtained through most office supply stores.)

## **What if the mother becomes pregnant soon after her previous pregnancy?**

Enter the new “Due Date” in field **19** on the 1500 Claim Form. This “resets” the claims processing clock for the new pregnancy.

# Completing the 1500 Claim Form

**Attention! HRSA now accepts the new 1500 Claim Form.**

- **On November 1, 2006**, the HRSA began accepting the new 1500 Claim Form (version 08/05).
- **As of April 1, 2007**, HRSA will no longer accept the old HCFA-1500 Claim Form.

**Note: HRSA encourages providers to make use of electronic billing options.**  
For information about electronic billing, refer to the *Important Contacts* section.

Refer to HRSA's current *General Information Booklet* for instructions on completing the 1500 Claim Form. You may download this booklet from HRSA's web site at: <http://maa.dshs.wa.gov> (click **Billing Instructions/Numbered Memoranda**, **Accept** the agreement, and then click **Billing Instructions**). You may also request a paper copy from the Department of Printing (see Important Contacts section).

## Instructions Specific to CBE Providers

The following 1500 Claim Form instructions relate to Childbirth Education:

| Field No. | Name                              | Entry                                                             |
|-----------|-----------------------------------|-------------------------------------------------------------------|
| 24B       | Place of Service                  | Enter Place of Service. For example: code 99 (other); 11 (office) |
| 24D       | Procedures, Services, or Supplies | Enter HCPCS code S9436 with modifier HD (S9436-HD).               |
| 24E       | Diagnosis Code                    | Enter ICD-9-CM diagnosis code V22.2.                              |
| 24F       | \$ Charges                        | Enter your usual and customary charge.                            |

PLEASE DO NOT STAPLE IN THIS AREA



**SAMPLE**

Childbirth Education

APPROVED OMB-0985-0028

CARRIER

**HEALTH INSURANCE CLAIM FORM**

1. MEDICARE  MEDICAID  CHAMPUS  CHAMPVA  GROUP HEALTH PLAN  FECA BILLING  OTHER

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)  
SMITH MARY J

3. PATIENT'S BIRTH DATE  
MM DD YY 07 01 80 M  F

4. INSURED'S NAME (Last Name, First Name, Middle Initial)  
MJ070180SMITHA

5. PATIENT'S ADDRESS (No., Street)  
800 CENTRAL STREET  
CITY ANYTOWN STATE WA ZIP CODE 98000 TELEPHONE ( ) ( )

6. PATIENT RELATIONSHIP TO INSURED  
Self  Spouse  Child  Other

7. INSURED'S ADDRESS (No., Street)  
CITY STATE ZIP CODE TELEPHONE (INCLUDE AREA CODE) ( ) ( )

8. PATIENT STATUS  
Single  Married  Other

9. EMPLOYED  Full-Time Student  Part-Time Student

10. IS PATIENT'S CONDITION RELATED TO:  
a. EMPLOYMENT? (CURRENT OR PREVIOUS) YES  NO   
b. AUTO ACCIDENT? YES  NO  PLACE (State) \_\_\_\_\_  
c. OTHER ACCIDENT? YES  NO

11. INSURED'S POLICY GROUP OR FECA NUMBER

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.  
SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.  
SIGNED \_\_\_\_\_

14. DATE OF CURRENT ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP)  
MM DD YY \_\_\_\_\_

15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY \_\_\_\_\_

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION  
FROM MM DD YY \_\_\_\_\_ TO MM DD YY \_\_\_\_\_

17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE

17a. I.D. NUMBER OF REFERRING PHYSICIAN

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES  
FROM MM DD YY \_\_\_\_\_ TO MM DD YY \_\_\_\_\_

19. RESERVED FOR LOCAL USE

20. OUTSIDE LAB?  YES  NO \$ CHARGES \_\_\_\_\_

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (RELATE ITEMS 1,2,3 OR 4 TO ITEM 24E BY LINE)  
1. V22.2 3. \_\_\_\_\_  
2. \_\_\_\_\_ 4. \_\_\_\_\_

22. MEDICAID RE submission CODE \_\_\_\_\_ ORIGINAL REF. NO. \_\_\_\_\_  
23. PRIOR AUTHORIZATION NUMBER \_\_\_\_\_

| 1 | A DATE(S) OF SERVICE From |    |    | B To |    |    | C Place of Service | D PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER | E DIAGNOSIS CODE | F \$ CHARGES | G DAYS OR UNITS | H EPST/ Family Plan | I EMG | J CCB | K RESERVED FOR LOCAL USE |
|---|---------------------------|----|----|------|----|----|--------------------|----------------------------------------------------------------------------------------|------------------|--------------|-----------------|---------------------|-------|-------|--------------------------|
|   | MM                        | DD | YY | MM   | DD | YY |                    |                                                                                        |                  |              |                 |                     |       |       |                          |
| 1 | 02                        | 01 | 07 | 02   | 01 | 07 | 11                 | S9436 HD                                                                               | V22.2            | 6250         | 1               |                     |       |       |                          |
| 2 |                           |    |    |      |    |    |                    |                                                                                        |                  |              |                 |                     |       |       |                          |
| 3 |                           |    |    |      |    |    |                    |                                                                                        |                  |              |                 |                     |       |       |                          |
| 4 |                           |    |    |      |    |    |                    |                                                                                        |                  |              |                 |                     |       |       |                          |
| 5 |                           |    |    |      |    |    |                    |                                                                                        |                  |              |                 |                     |       |       |                          |
| 6 |                           |    |    |      |    |    |                    |                                                                                        |                  |              |                 |                     |       |       |                          |

25. FEDERAL TAX I.D. NUMBER \_\_\_\_\_ SSN EIN

26. PATIENT'S ACCOUNT NO. SMITH

27. ACCEPT ASSIGNMENT? (For gov. claims, see back) YES  NO

28. \$ TOTAL CHARGE 6250 29. \$ AMOUNT PAID \_\_\_\_\_ 30. \$ BALANCE DUE 6250

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)  
SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

32. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (If other than home or office)

33. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE #  
CBE PROVIDER A  
1500 MADISON  
ANYTOWN WA 98000  
PIN# GRPW 7234567

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

(APPROVED BY AMA COUNCIL ON MEDICAL SERVICE 9/88)

PLEASE PRINT OR TYPE

FORM HCFA-1500 (12-90), FORM RFE-1500, FORM OWCP-1500