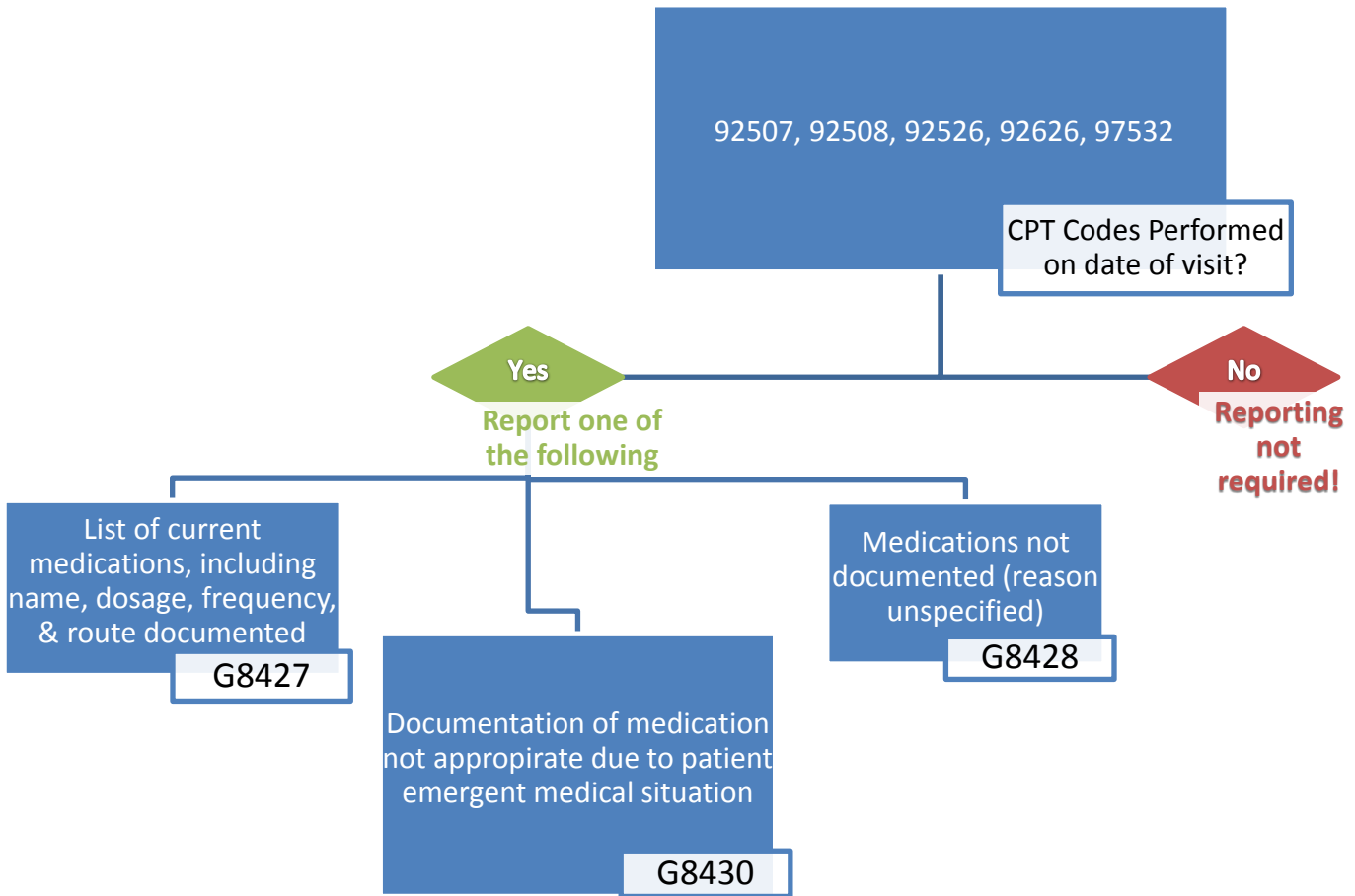


Measure #130: Documentation of Current Medications in the Medical Record
Speech-Language Pathology



Sample CMS-1500 Claim Form

21. DIAGNOSIS OR NATURE OF ILLNESS (Relate items 12, 3 or 4 to)										22. MEDICAID RESUBMISSION ORIGINAL REF. NO.				
1. 784.3										3. _____				
2. _____										23. PRIOR AUTHORIZATION NUMBER				
4. _____														
24. A. DATE(S) OF SERVICE FROM		B. TO		C. Place of Service	D. PROCEDURE S, SERVICES, OR (Explain Unusual Circumstances)	E. DIAGNOSIS	F. CHARGES	G. DAYS UNIT	H. ICD-9-CM	I. in QUA	J. PROVIDER ID# RENDERING			
01	29	13	01	29	13	11	92507	GN		01	\$100.00		NPI	123456789
01	29	13	01	29	13	11	G8427			01	\$0.00		NPI	123456789