



# PROVIDER ALERT

## IMPORTANT INFORMATION IMPACTING CLAIMS PAYMENT

Dear Provider:

**If your claims are not submitted following the guidelines below or if information is incomplete, you run the risk of receiving claim denials. In the event of such a denial you should resubmit the claim to include all required information.**

Your CMS-1500 claim form should include the following information exactly as it appears on the agency roster that you supplied during the credentialing process.

<p><b>Box 24J:</b> Enter the <b>rendering</b> provider's name (may be non-licensed) in the <b>shaded</b> portion, and the <b>NPI number of the independently licensed</b> supervising clinician in the <b>non-shaded</b> portion</p> <p><b>Box 31:</b> Enter the name and licensure of the independently licensed clinician who is supervising delivery of services or directly rendering the services; the name and license should be the same as it appears on the agency roster</p> <p><b>Only independently licensed clinicians should appear in Box 31</b></p> <p><b>Box 33:</b> Agency name, address, and phone number</p> <p><b>Box 33a:</b> Agency NPI number</p>					<p>24 J. RENDERING PROVIDER ID. #</p> <p><b>Box 24J.</b> Enter the rendering provider's name in the shaded box, enter the supervising clinician's NPI in the non-shaded box</p>	
25. FEDERAL TAX I.D. NUMBER	26. PROVIDER NAME	27. ACCEPT ASSIGNMENT? (For gov. claims, see back)	28. TOTAL CHARGE	29. AMOUNT PAID	30. BALANCE DUE	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$	\$	
31. SIGNATURE OF PHYSICIAN OR OTHER PROVIDER INCLUDING DEGREES OR CERTIFICATIONS (I certify that the statements on this bill and are marked as such)	32. PROVIDER NPI	33. BILLING PROVIDER INFO & PH # ( )				
SIGNED	DATE	a. NPI	b. NPI			

NUCC Instruction Manual available at: [www.nucc.org](http://www.nucc.org) PLEASE PRINT OR TYPE APPROVED OMB-0938-0999 FORM CMS-1500 (08-05)

**PLEASE NOTE:** In addition, it is important to bill with the CPT codes shown on the agency fee schedule in order for claims to be processed and paid correctly. It is essential that you include the rendering provider's name exactly as it appears on the group/agency roster. **Only independently licensed clinicians should appear in Box 31.**