


# PHYSICIAN OFFICE (CMS-1500)

SAMPLE FORM - FOR EDUCATIONAL PURPOSES ONLY



SPEVIGO and the associated services provided in a physician office are billed on the CMS-1500 claim form or its electronic equivalent. A sample CMS-1500 claim form for billing SPEVIGO is provided below.\*



## PHYSICIAN OFFICE BILLING - SPESOLIMAB

### HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

<input type="checkbox"/> PICA		PICA <input type="checkbox"/>	
1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA BENEFIT (LUNG) <input type="checkbox"/> OTHER <input type="checkbox"/>		1a. INSURED'S I.D. NUMBER (For Program in Item 1)	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)		3. PATIENT'S BIRTH DATE (MM DD YY) SEX (M/F)	
5. PATIENT'S ADDRESS (No., Street) CITY STATE ZIP CODE TELEPHONE (Include Area Code)		6. PATIENT RELATIONSHIP TO INSURED (Self/Spouse/Child/Other) 7. INSURED'S ADDRESS (No., Street) CITY STATE ZIP CODE TELEPHONE (Include Area Code)	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		10. IS PATIENT'S CONDITION RELATED TO:	
a. OTHER INSURED'S POLICY OR GROUP NUMBER b. RESERVED FOR NUCC USE c. RESERVED FOR NUCC USE d. INSURANCE PLAN NAME OR PROGRAM NAME		a. EMPLOYMENT? (Current or Previous) YES/NO b. AUTO ACCIDENT? YES/NO PLACE (State) c. OTHER ACCIDENT? YES/NO 10d. CLAIM CODES (Designated by NUCC)	
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.		11. INSURED'S POLICY GROUP OR FECA NUMBER a. INSURED'S DATE OF BIRTH (MM DD YY) SEX (M/F) b. OTHER CLAIM ID (Designated by NUCC) c. INSURANCE PLAN NAME OR PROGRAM NAME d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES/NO If yes, complete items 9, 9a, and 9d.	
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) (MM DD YY) QUAL		15. OTHER DATE (MM DD YY) QUAL	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES (FROM MM DD YY TO MM DD YY)	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) NDC, drug name (branded & generic), unit of measure, cost		20. OUTSIDE LAB? YES/NO \$ CHARGES	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate A-L to service line below (24E)) A. _____ B. _____ C. _____ D. _____ E. _____ F. _____ G. _____ H. _____ I. _____ J. _____ K. _____ L. _____		22. RESUBMISSION CODE ORIGINAL REF. NO. 23. PRIOR AUTHORIZATION NUMBER	
24. A. DATE(S) OF SERVICE (From MM DD YY To MM DD YY) B. PLACE OF SERVICE (EMG) C. D. PROCEDURES, SERVICES, OR SUPPLIES (CPT/HCPCS) (Specify Unusual Circumstances) E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. EPSONI Party Plan I. ID. QUAL J. RENDERING PROVIDER ID. #			
25. FEDERAL TAX I.D. NUMBER SSN EIN		26. PATIENT'S ACCOUNT NO.	
27. ACCEPT ASSIGNMENT? (For gov't claims, see back) YES/NO		28. TOTAL CHARGE \$ XXX \$ 29. AMOUNT PAID \$	
30. Rsvd. for NUCC Use		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)	
32. SERVICE FACILITY LOCATION INFORMATION a. NPI b. NPI		33. BILLING PROVIDER INFO & PH# ( ) a. NPI b. NPI	

**Box 21:**  
ICD-10 Code:  
L40.1

**Box 24B:**  
Place of  
Service Code

**Box 24D:**  
CPT-HCPCS  
Codes:  
J1747  
96365  
96366

**Box 24D:**  
JA Modifier

**Box 24G:**  
Number of  
Units: 900

\*LEO Pharma provides this material for informational purposes only. This material is not an affirmative instruction as to the appropriate code(s) and modifier(s) to use for a particular service, supply, procedure, or treatment. Physicians and providers are responsible for determining and submitting appropriate codes, modifiers, and claims for all services they render and for determining that those services were reasonable and necessary. Actual codes and/or modifiers used are done so at the sole discretion of the treating physician or facility. You should contact your local payor for the most recent and specific coding and coverage guidelines, and reimbursement applicable to you. LEO Pharma makes no guarantee regarding medical benefit coverage or reimbursement from any payor. Information included in this material was obtained from third-party sources and is accurate as of the time of its publication but is subject to change without notice.

