CMS 1500 Form

Patient Information	
Name: John Doe	Birth Date: 01/01/1980
Address: 123 Main St, Springfield, IL 62704	Insurance ID No. XYZ7894561
Provider Information	
Provider's Name: Dr. Jane Smith	
Provider's Address: 987 Health Blvd, Springfield, IL 62704	
NPI (National Provider Identifier): 1234567890	
Service Information	
Date of Service: 07/18/2023	Place of Service (e.g., office, hospital): Dr. Smith's Office
Diagnosis/Procedure Codes: M54.5 (Lower Back Pain)	
Charges for Services: $150	
Billing Information	
Total Charge: $150	
Amount Paid: $20 (Co-pay)	
Balance Due: $130	

Please review all the information before submitting the form. Errors or incomplete fields may result in a delay or denial of the claim.