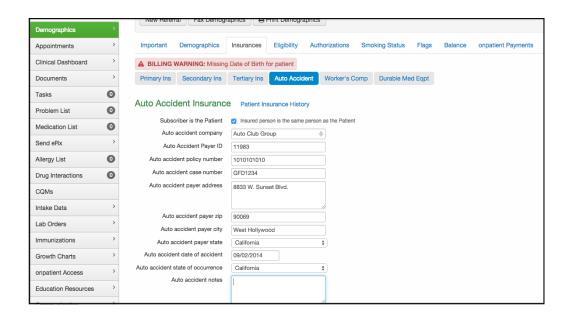
## HCFA 1500 Form for Auto Accident Claims

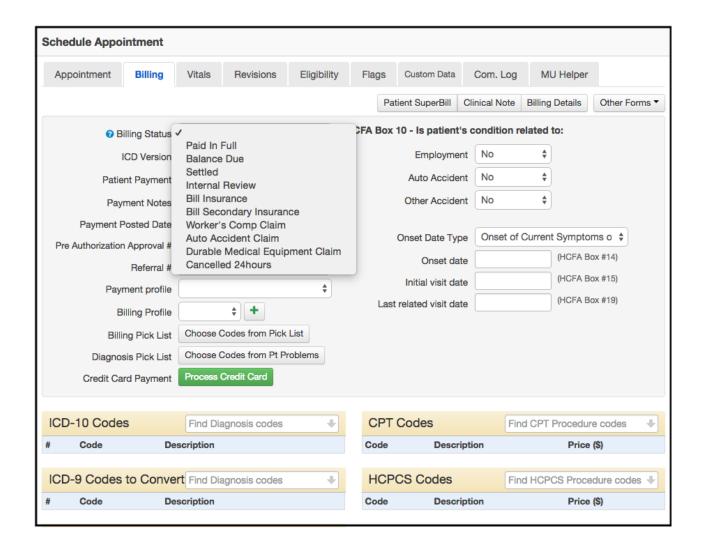
09/16/2024 11:23 am EDT

If you need to complete an HCFA 1500 form for an Auto Accident Claim, follow the simple steps below:

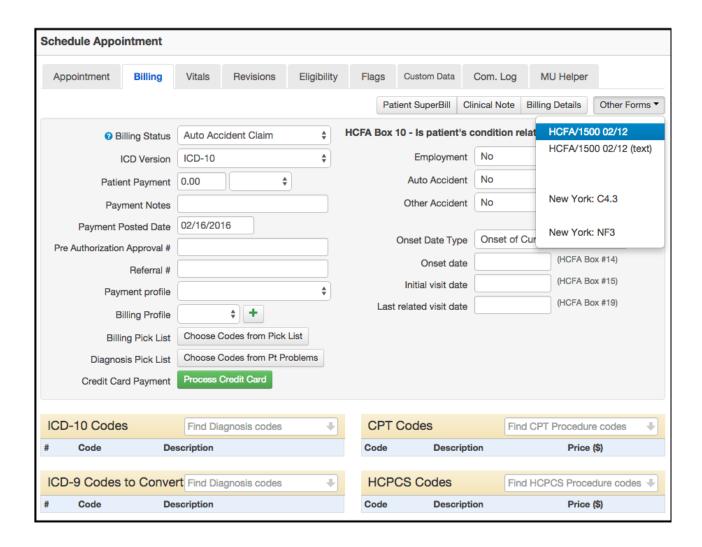
1. Make sure Auto Accident Insurance information is updated by going into the patient's **Clinical Chart** > click on **Demographics** > **Insurances** > **Auto Accident** 



- 2. From the Appointment Pop-Up you will want to click on **Billing** > select correct **Billing Status (Auto Accident Claim)** > save the changes to the appointment.
- \*\*\* Please note, that selecting Auto Accident Claim as the status will send out the claim electronically during the next file pull. \*\*\*
- 3. You can print the HCFA to mail or fax without sending the claim electronically if you choose. Just select or create a separate custom billing status (suggestion Auto Accident Claim Submitted) so that you can keep track of them.



4. Stay in the Appointment Pop-Up and click on Other Form > select HCFA Form



5. Updated **HCFA Form with Auto Accident** information entered

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	14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP):    MM	QUAL	FROM DD YY TO CURRENT SERVICES MM DD YY FROM DD YY TO DD YY  20. OUTSIDE LAB? \$ CHARGES  VES NO  22. RESUBMISSION ORIGINAL REF. NO.  23. PRIOR AUTHORIZATION NUMBER  F, DAYS H, I. D. RENDERING ORIGINAL REF. NO.  \$ CHARGES UNITS PRO QUAL PROVIDER ID. #
i i i i NPI	14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP):    MM	QUAL	FROM DD YY TO CURRENT SERVICES MM DD YY FROM DD YY TO DD YY  20. OUTSIDE LAB? \$ CHARGES  VES NO  22. RESUBMISSION ORIGINAL REF. NO.  23. PRIOR AUTHORIZATION NUMBER  F, DAYS H, I. D. RENDERING ORIGINAL REF. NO.  \$ CHARGES UNITS PRO QUAL PROVIDER ID. #

All patient data listed in this article is sample data. This is not a real person or real patient data.

6. You can then mail or fax the claim to the auto carrier for consideration and reimbursement.