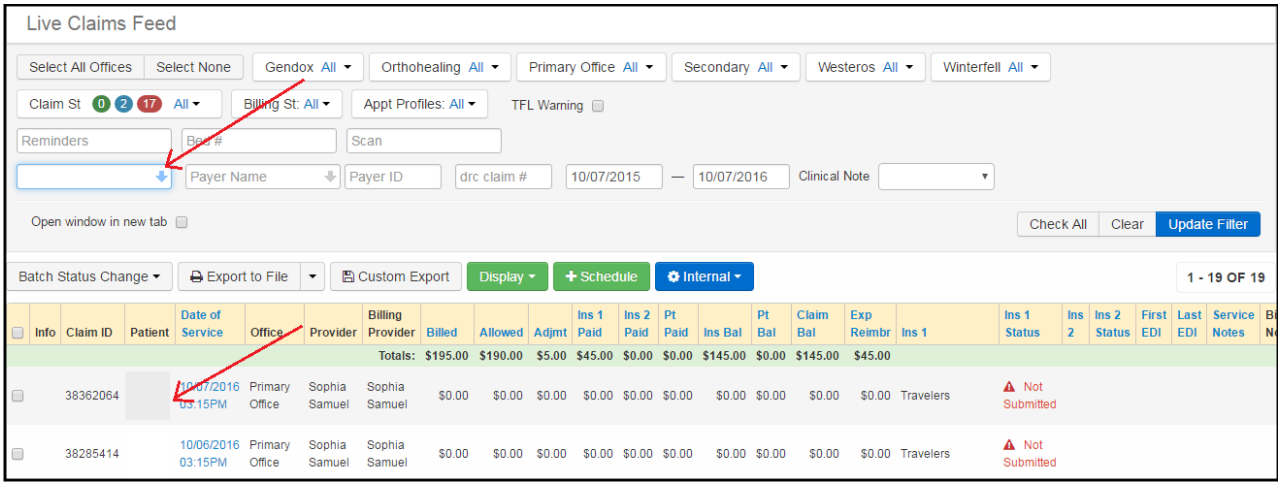
HCFA 1500 Box 11 - How to enter 'NONE' to be displayed

Last modified on 09/28/2026 12:28 pm EDT

Most insurances do not require box #11 (Insured's policy group or FECA number) to display the word "NONE". However, you may come across this scenario specifically with Medicare. To update this information, please follow the steps outlined below:

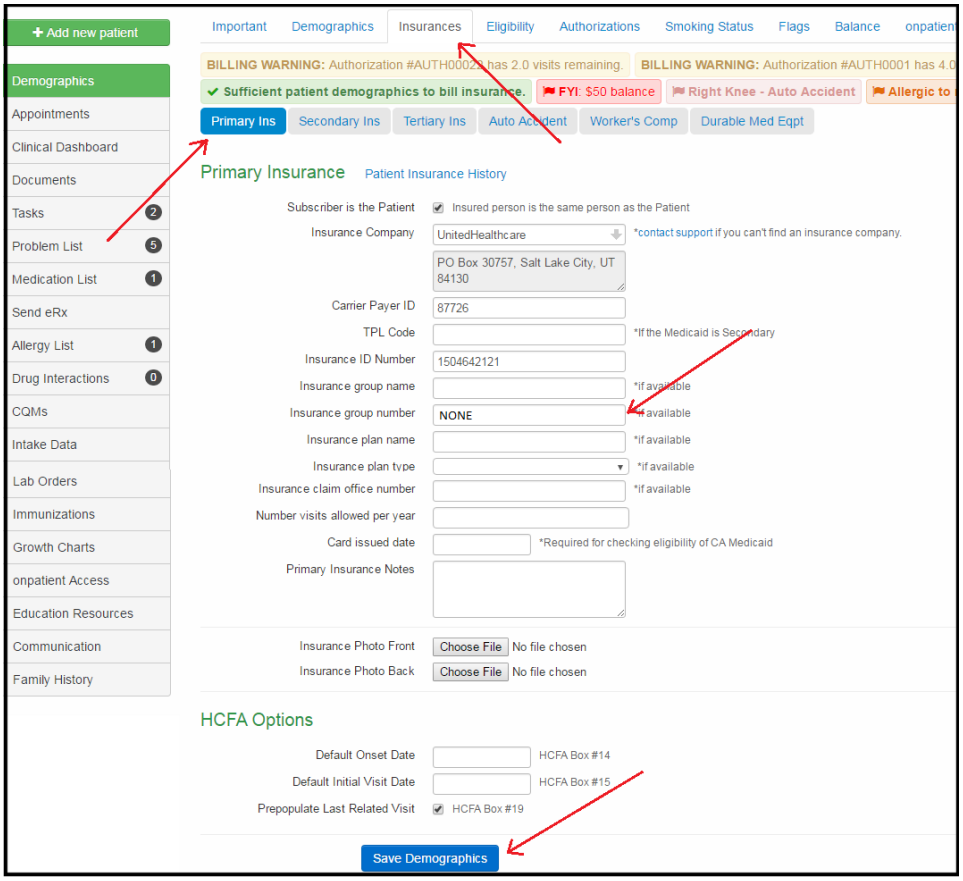
1. Hover over **Billing** and select **Live Claims Feed**:

2. Search for the patient in the **Patient** field and click on the patient name which will access the demographics screen:



3. In the demographics screen, click on the **Insurances** tab > select **Primary Insurance** or **Secondary Insurance** depending on the insurance that you want to update.

Enter **NONE** in the **Insurance group number** field and click **Save Demographics.** This will allow the word NONE to appear in box #11 on the HCFA 1500 form.


+ Add new patient
Demographics
Appointments
Clinical Dashboard
Documents
Tasks 2
Problem List 5
Medication List 1
Send eRx
Allergy List 1
Drug Interactions 0
CQMs
Intake Data
Lab Orders
Immunizations
Growth Charts
onpatient Access
Education Resources
Communication
Family History
Important
Demographics
Insurances
Eligibility
Authorizations
Smoking Status
Flags
Balance
onpatient
BILLING WARNING: Authorization #AUTH0002 has 2.0 visits remaining.
BILLING WARNING: Authorization #AUTH0001 has 4.0
Sufficient patient demographics to bill insurance.
FYI: $50 balance
Right Knee - Auto Accident
Allergic to
Primary Ins
Secondary Ins
Tertiary Ins
Auto Accident
Worker's Comp
Durable Med Eqpt
Primary Insurance
Patient Insurance History
Subscriber is the Patient
Insured person is the same person as the Patient
Insurance Company
UnitedHealthcare
*contact support if you can't find an insurance company.
PO Box 30757, Salt Lake City, UT 84130
Carrier Payer ID
87726
TPL Code
*If the Medicaid is Secondary
Insurance ID Number
1504642121
Insurance group name
*if available
Insurance group number
NONE
*if available
Insurance plan name
*if available
Insurance plan type
*if available
Insurance claim office number
*if available
Number visits allowed per year
Card issued date
*Required for checking eligibility of CA Medicaid
Primary Insurance Notes
Insurance Photo Front
Choose File
No file chosen
Insurance Photo Back
Choose File
No file chosen
HCFA Options
Default Onset Date
HCFA Box #14
Default Initial Visit Date
HCFA Box #15
Prepopulate Last Related Visit
HCFA Box #19
Save Demographics