

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

09/17/2024 2:39 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:

The screenshot shows the 'Live Claims Feed' interface. At the top, there are several filter buttons: 'Select All Offices', 'Select None', 'Gendox All', 'Orthohealing All', 'Primary Office All', 'Secondary All', 'Westeros All', and 'Winterfell All'. Below these are 'Claim St' (0, 2, 17, All), 'Billing St: All', 'Appt Profiles: All', and 'TFL Warning'. There are also input fields for 'Reminders', 'Box #', and 'Scan'. A search bar for 'Patient' is highlighted with a red arrow. Below the search bar are fields for 'Payer Name', 'Payer ID', 'drc claim #', dates '10/07/2015' to '10/07/2016', and 'Clinical Note'. There are buttons for 'Check All', 'Clear', and 'Update Filter'. Below the search bar are buttons for 'Batch Status Change', 'Export to File', 'Custom Export', 'Display', '+ Schedule', and 'Internal'. A table with 19 columns is shown, with a red arrow pointing to the 'Date of Service' column. The table has a 'Totals' row and two data rows. The first data row has a 'Not Submitted' status. The second data row also has a 'Not Submitted' status.

Info	Claim ID	Patient	Date of Service	Office	Provider	Billing Provider	Billed	Allowed	Adjmt	Ins 1 Paid	Ins 2 Paid	Pt Paid	Ins Bal	Pt Bal	Claim Bal	Exp Reimbr	Ins 1	Ins 1 Status	Ins 2 Status	First EDI	Last EDI	Service Notes	Bl				
Totals:							\$195.00	\$190.00	\$5.00	\$45.00	\$0.00	\$0.00	\$145.00	\$0.00	\$145.00	\$45.00											
	38362064		10/07/2016 03:15PM	Primary Office	Sophia Samuel	Sophia Samuel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Travelers		▲ Not Submitted								
	38285414		10/06/2016 03:15PM	Primary Office	Sophia Samuel	Sophia Samuel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Travelers		▲ Not Submitted								

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](#) | [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 visits remaining.

✓ 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:  No file chosen

Insurance Photo Back:  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](#)