

HCFA 1500 Box 31 - Print License On the claim form

Last modified on 03/19/2026 11:12 am EDT

If the payer requires, you can print your state license number on the HCFA form in box #31 and on the charge line. To set it up, follow the steps below.

1. Navigate to **Billing > Insurance Set Up**
2. Click on the **Edit (Pencil icon)** for the specific insurance you would like to print the license number for.

Tax ID Number	
Tax ID Number (12-3456789)	 

3. Enter the license number in the Group Provider # or Individual Provider # box, and choose qualifier State License Number from the dropdown in the left column.

Group Provider #	<input type="text" value="12345"/>
Group provider number qualifier	<input type="text" value="State License #"/> ▼
Individual Provider #	<input type="text" value="54321"/>
Individual provider number qualifier	<input type="text" value="State License #"/> ▼

4. Check **Print license numbers in HCFA** in the right column and hit **Save**.

Add/Edit Payer

Payer name	Health Net of the Northeast Inc. ↓	Balance billing	No ↓
Payer id	06108 ↓	Filing limit days	
Specialty	-Same as Account Settings - ↓	Accept assignment	<input checked="" type="checkbox"/>
Billing npi	Group NPI Number (1417294232) ↓	Send facility provider number	<input type="checkbox"/>
Eligibility npi	Group NPI Number (1417294232) ↓	Processing days	30
Provider name	Practice Name (Direct Urgent Cai) ↓	Referring doctor	↓
Tax id number	Tax ID Number (454298417) ↓	Ordering doctor	↓
Group Provider #		Payer grouping	
Group provider number qualifier	----- ↓	Print license numbers in hcfa	<input type="checkbox"/> Print license number on CPT lines and box #31 in HCFA form
Individual Provider #			
Individual provider number qualifier	----- ↓		

Close Save

Now, the license number will appear on the charge line (box 24J) as well as in box #31 on the HCFA form.

F. \$ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
150.00	1	1	0B	54321
			NPI	9876543210
			NPI	

25. FEDERAL TAX I.D. NUMBER	SSN EIN
12-3456789	<input type="checkbox"/> <input checked="" type="checkbox"/>
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.)	
(54321)	11/19/2020
SIGNED	DATE