

HCFA 1500 Box 31 - Print License On the claim form

09/17/2024 3:10 pm EDT

If the payer requires, you can print your state license number on the HCFA form in box #31 and 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 Care) | 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 NPI | 54321 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 |

