How to print Supervising Provider details on the HCFA-1500 form

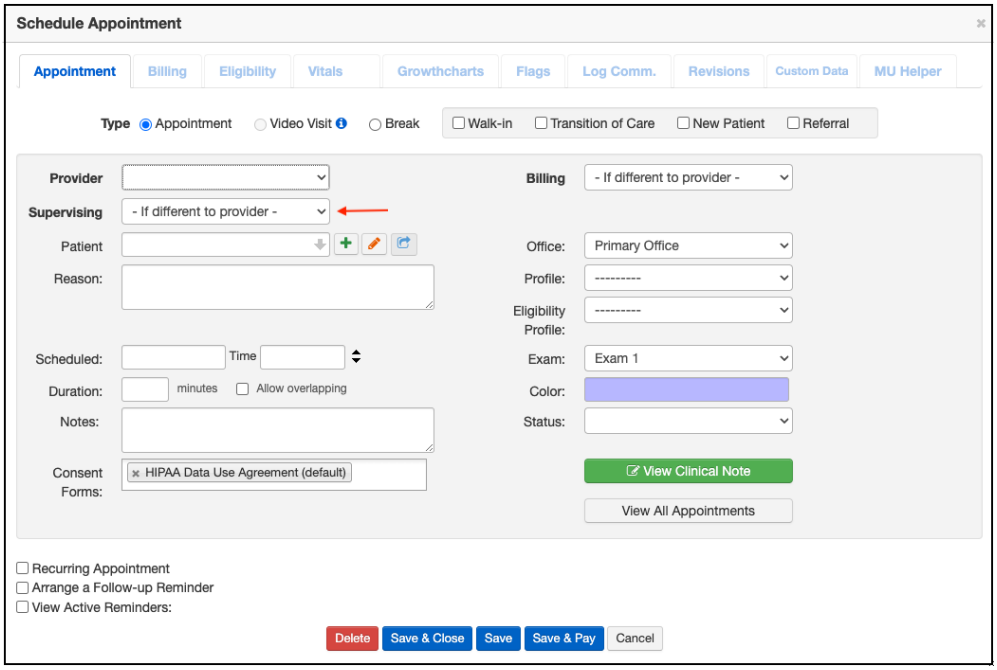
Last modified on 11/21/2025 3:01 pm EST

Adding Supervising Provider Details on the HCFA-1500 Form

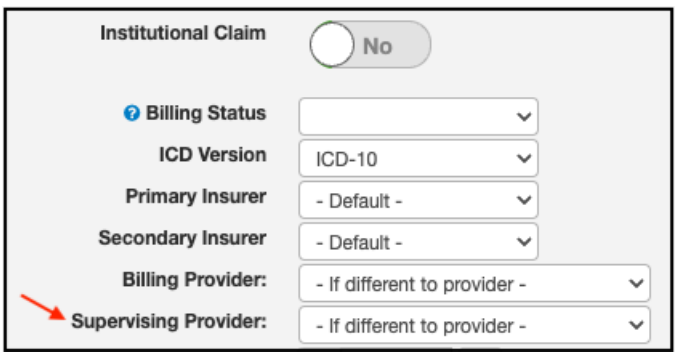
If you need to activate a supervising physician for your office, please reach out to your Account Manager or support. Once activated, you can print those details on your HCFA-1500 form by following the directions below.

1. From the appointment window, either from the calendar or within the Live Claims Feed, you will see an option for Supervising Provider. Selecting from either the calendar view or the Live Claims Feed will update the information in both places.

From the appointment window:

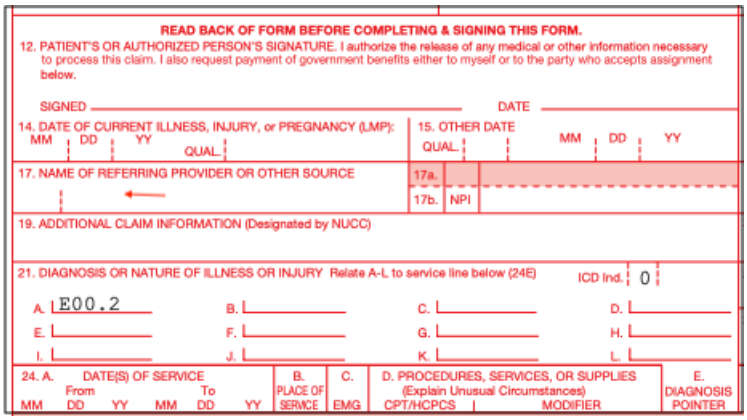


From the Live Claims Feed:



1. Once the provider is selected from the dropdown, please save the appointment.

2. When you open the HCFA 1500, the supervising details will show in box #17 along with the qualifier DQ.



READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE. I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

SIGNED _____ DATE _____

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP): MM | DD | YY QUAL | 15. OTHER DATE QUAL | MM | DD | YY

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE ← | 17a. | 17b. NPI

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. | 0

A. E00.2 B. C. D.
E. F. G. H.
I. J. K. L.

24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS | MODIFIER	E. DIAGNOSIS POINTER