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Form CMS1500 - Centers for Medicare & Medicaid Services

Form # CMS-1500 Form Title Health Insurance Claim Form Revision Date 2012-02-01 O.M.B. # 0938-1197 O.M.B. Expiration Date 2020-03-31 CMS Manual N/A Special Instructions

CMS-1500-Health Insurance Claim Form - USRDS Home Page

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Instructions for Completing the CMS-1500 Claim

Form

Instructions for Completing the CMS-1500 Claim Form

The Center of Medicaid and Medicare Services (CMS)

Form 1500 must be used to bill SFHP for medical services.

The form is used by Physicians and Allied Health

Professionals to submit claims for medical services. All

items must be completed unless otherwise noted in these

instructions. A CMS-1500 with field descriptions and

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