

<b>2017 Claims Form</b>		1. Please use: <input type="checkbox"/> Family Planning Program (XXX) <input type="checkbox"/> DEHS Family Planning Program (DFPP)		<input type="checkbox"/> FHC <input type="checkbox"/> DEHC	2a. DFPP only: <input type="checkbox"/> Partial Pay <input type="checkbox"/> No Pay	2b. Billing Periods: TP1 2c. Billing periods: NPP
		3. Provider Name			4. Billing/Invoicing Dates (mm/yyyy)	
6. Patient's Name (Last Name, First Name, Middle Initial)			7. Address (Name, City, State)			7a. ZIP Code
8. County of Residence		9. Sex of Birth (M/F/Others)	10a. Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other	10b. Patient Status <input type="checkbox"/> New Patient <input type="checkbox"/> Established Patient		11. Patient's Social Security Number
13. Repeat/Case # ( )	13a. Date of Case ( )	13b. Date of Discharge ( )	13c. Anticipated Date of Discharge/Referral ( ) <small>(do not include non-renewal)</small>		13d. Admission Date ( )	13e. Discharge Date ( ) <small>(if different from admission date)</small>
12. Family Income (MAY 07)			12a. Family Size			
16. Number Times Pregnant		17. Number Live Births		18. Number Living Children		
14. Primary Birth Control Method Before Initial Visit ( )		14a. Oral Contraceptives <small>(not initial hormonal injection and IUDs hormonal injection)</small>		14b. Hormonal Injections <small>(not initial hormonal injection and IUDs hormonal injection)</small>		14c. Intrauterine Device (IUD) <small>(not IUD hormonal injection method of IUD)</small>
15. Primary Birth Control Method at End of this Visit ( )		15a. Contraceptive Implant <small>(not IUD hormonal injection)</small>		15b. Contraceptive Injection <small>(not IUD hormonal injection)</small>		15c. Other method <small>(not hormonal injection method of IUD)</small>
11. If No Method Used at End of this Visit, Give Reason (Required only if FHC or F) (do not include, no program, no insurance, no pay, no time, no working, no pay, no health, no body or patient, no health) ( )						
12. Is There Other Insurance Available? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Complete Dates 12-12-17 <input type="checkbox"/> N			12a. Other Insurance Name and Address			
14a. Insurer's Policy Group No.		14b. Insurer Code		15. Other Insurance PG. Amt. \$		15a. Date of Identification
16. Name of Referring Provider		17a. Referring Office ( )		18. Level of Practitioner <input type="checkbox"/> Physician <input type="checkbox"/> Nurse <input type="checkbox"/> MD-Level <input type="checkbox"/> Other		
		17b. Referring NPI				
19. Diagnosis Code (ICD-9-CM, or ICD-10-CM) ( )				ICD-9-CM		20. Authorization Number
A. _____		B. _____		C. _____		21. Date of Decision (mm/yyyy)
D. _____		E. _____		F. _____		
G. _____		H. _____		I. _____		
22.						
A. Date of Service (mm/yyyy)		B. Place of Service		C. Type of Service		D. Procedure, Service, or Supplies (ICD-9-CM) <small>or ICD-10-PCS</small>
E. Rate or Charge (Quantity)		F. Charges		G. Referring Provider ID		
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# 2017 Claim Form Tmhp

**Lisa Famiglietti, Mark Scott**

**2017 Claim Form Tmhp:**

## Decoding **2017 Claim Form Tmhp**: Revealing the Captivating Potential of Verbal Expression

In an era characterized by interconnectedness and an insatiable thirst for knowledge, the captivating potential of verbal expression has emerged as a formidable force. Its power to evoke sentiments, stimulate introspection, and incite profound transformations is genuinely awe-inspiring. Within the pages of "**2017 Claim Form Tmhp**," a mesmerizing literary creation penned by a celebrated wordsmith, readers embark on an enlightening odyssey, unraveling the intricate significance of language and its enduring impact on our lives. In this appraisal, we shall explore the book's central themes, evaluate its distinctive writing style, and gauge its pervasive influence on the hearts and minds of its readership.

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