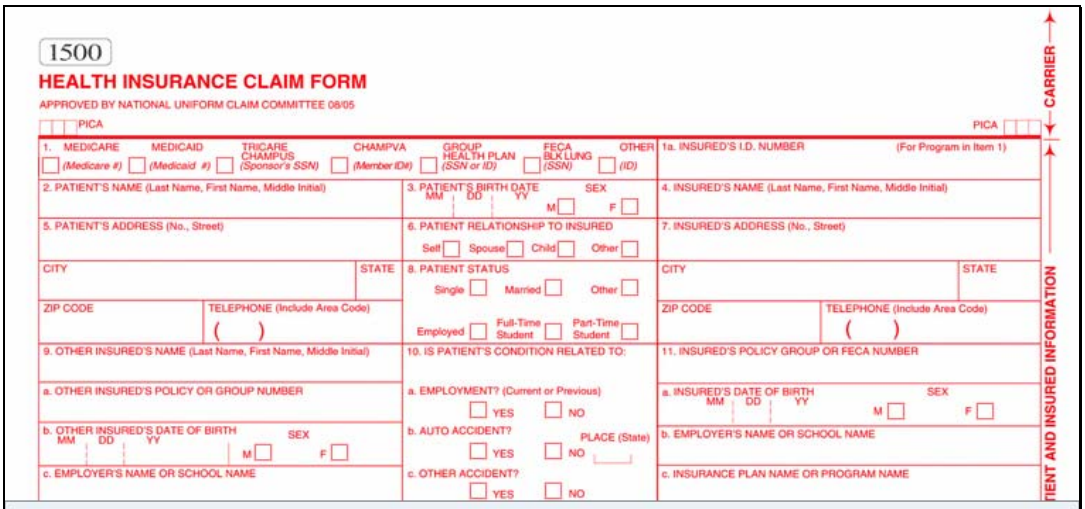
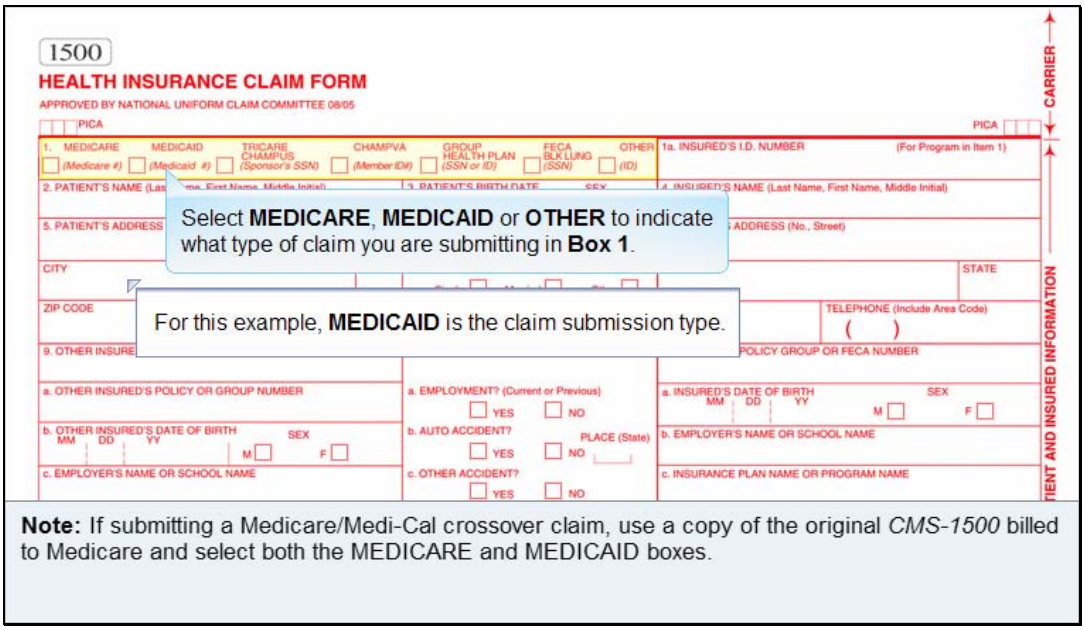


In this tutorial, you will learn how to complete the *CMS-1500* claim form.

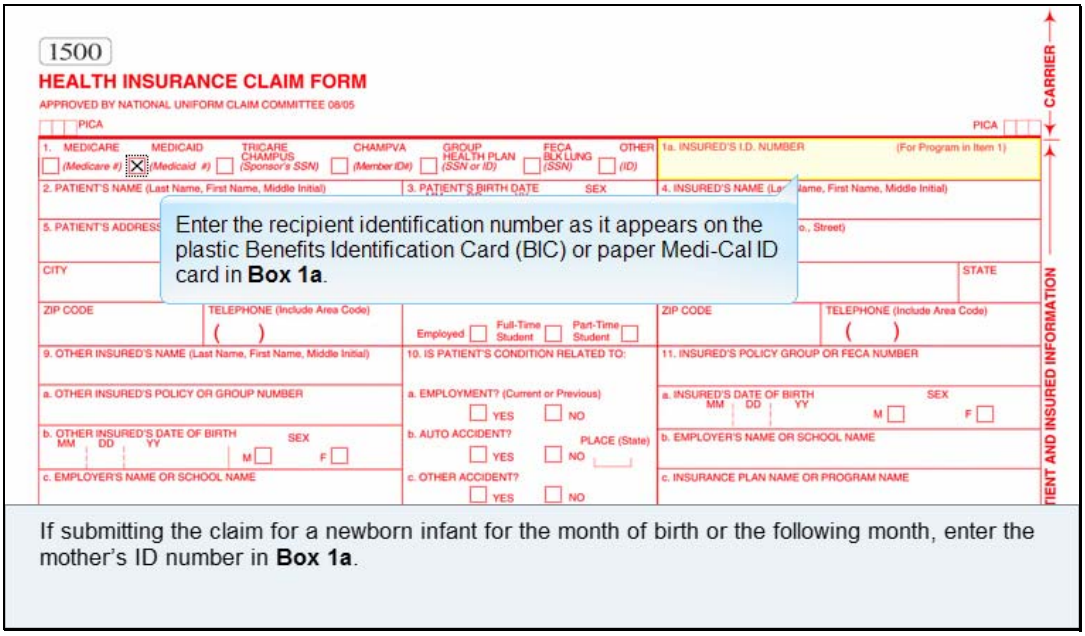
Note: Information used to complete examples is fictitious.



Select **MEDICARE**, **MEDICAID** or **OTHER** to indicate what type of claim you are submitting in **Box 1**.

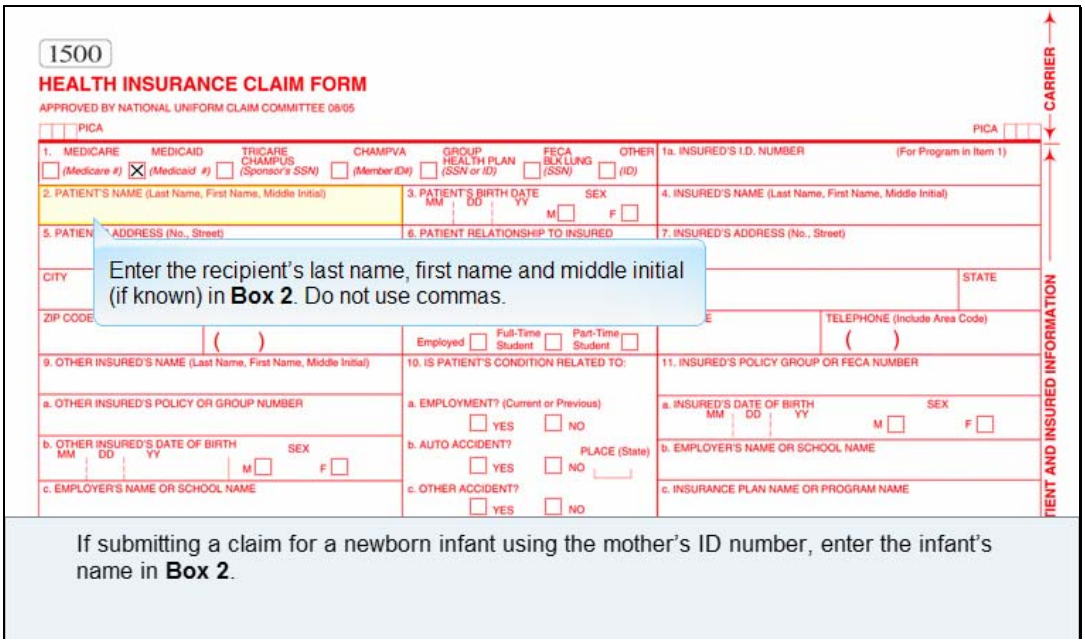
For this example, **MEDICAID** is the claim submission type.

Note: If submitting a Medicare/Medi-Cal crossover claim, use a copy of the original *CMS-1500* billed to Medicare and select both the MEDICARE and MEDICAID boxes.



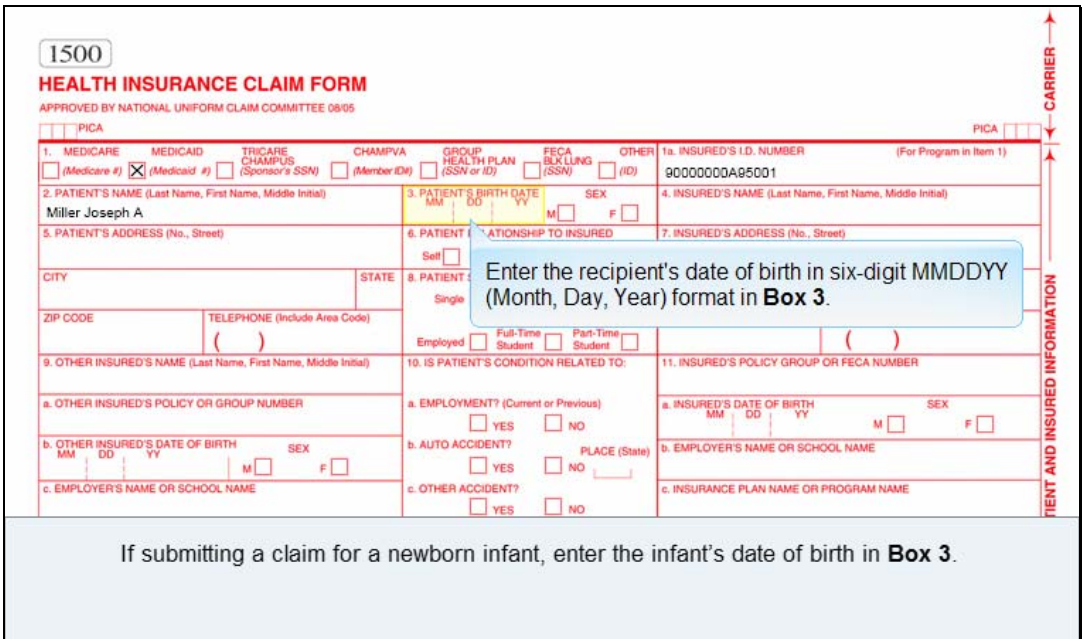
Enter the recipient identification number as it appears on the plastic Benefits Identification Card (BIC) or paper Medi-Cal ID card in **Box 1a**.

If submitting the claim for a newborn infant for the month of birth or the following month, enter the mother's ID number in **Box 1a.**



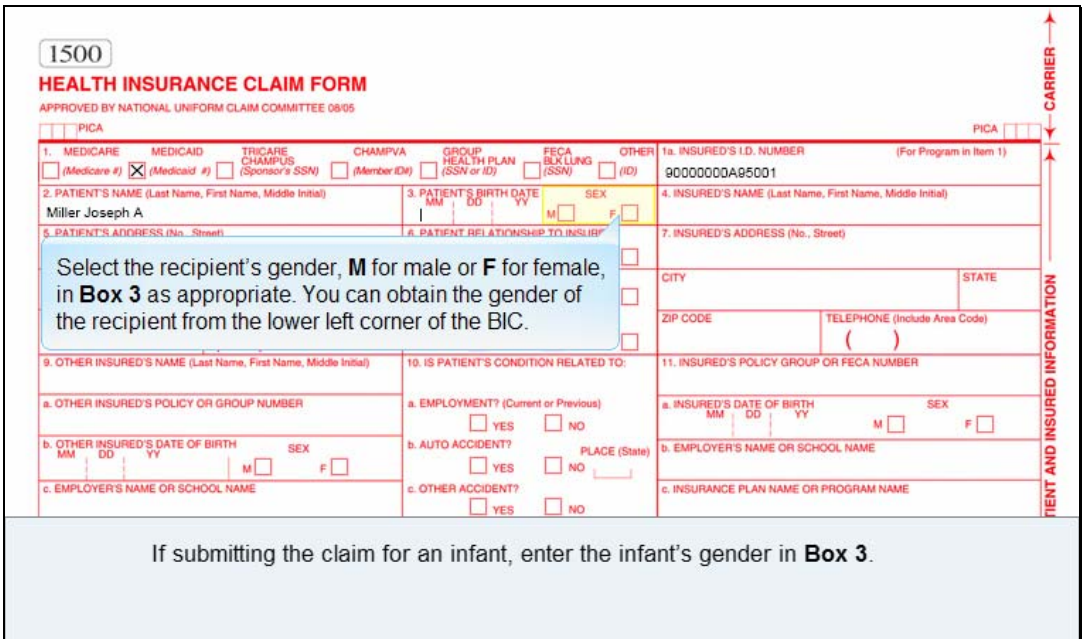
Enter the recipient's last name, first name and middle initial (if known) in **Box 2**. Do not use commas.

If submitting a claim for a newborn infant using the mother's ID number, enter the infant's name in **Box 2**.



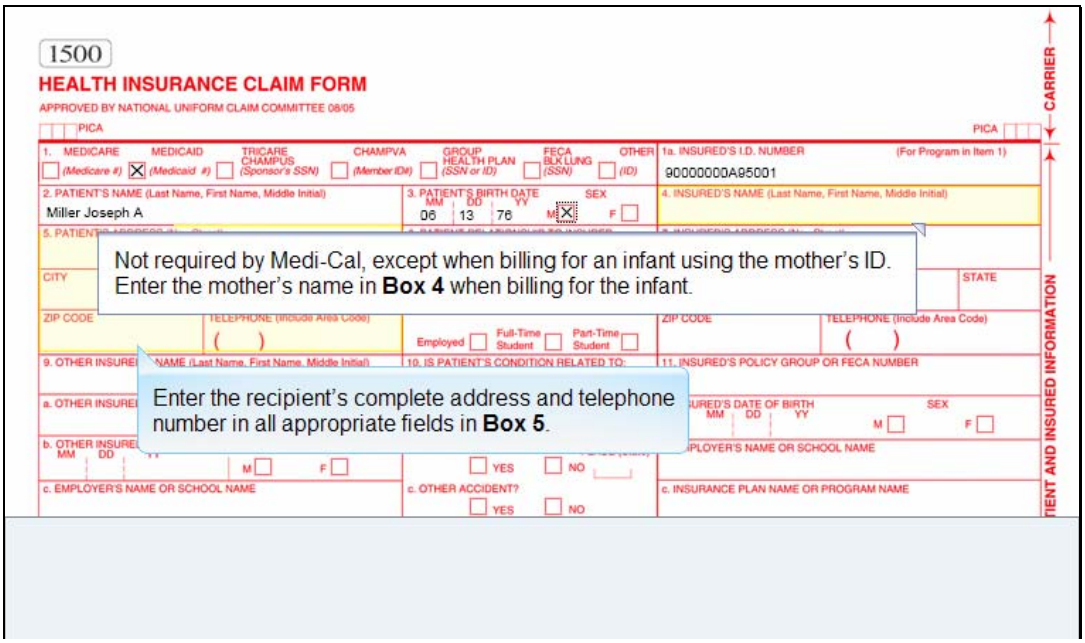
Enter the recipient's date of birth in six-digit MMDDYY (Month, Day, Year) format in **Box 3**.

If submitting a claim for a newborn infant, enter the infant's date of birth in **Box 3**.



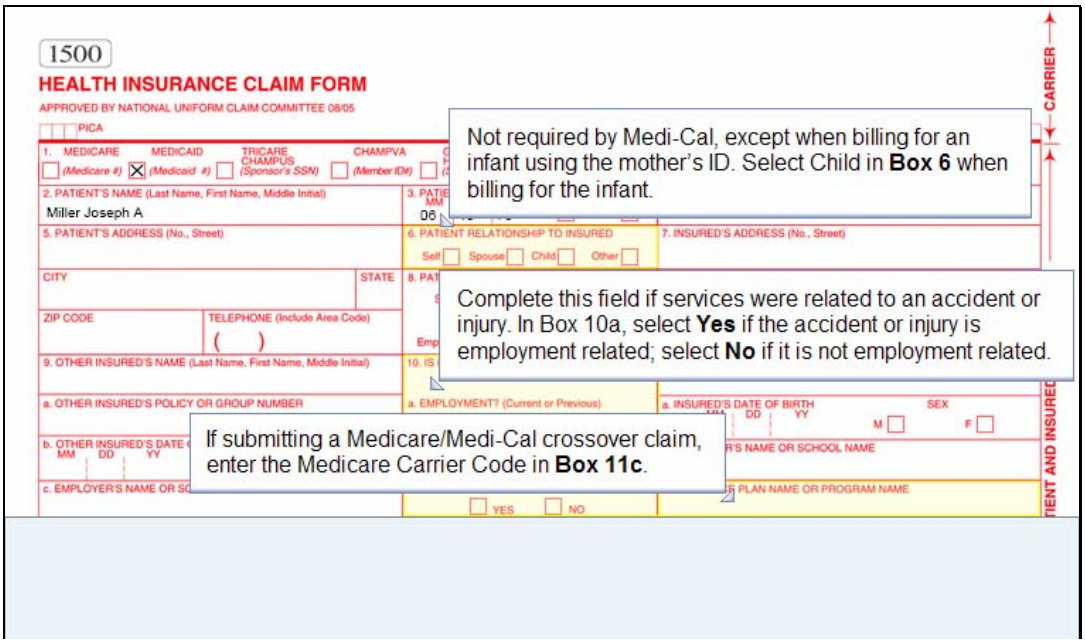
Select the recipient's gender, **M** for male or **F** for female, in **Box 3** as appropriate. You can obtain the gender of the recipient from the lower left corner of the BIC.

If submitting the claim for an infant, enter the infant's gender in **Box 3**.



Not required by Medi-Cal, except when billing for an infant using the mother's ID. Enter the mother's name in **Box 4** when billing for the infant.

Enter the recipient's complete address and telephone number in all appropriate fields in **Box 5**.



Not required by Medi-Cal, except when billing for an infant using the mother's ID. Select Child in **Box 6** when billing for the infant.

Complete this field if services were related to an accident or injury. In Box 10a, select **Yes** if the accident or injury is employment related; select **No** if it is not employment related.

If submitting a Medicare/Medi-Cal crossover claim, enter the Medicare Carrier Code in **Box 11c**.