Step 1:

ADMINISTRATION CLAIM

- This claim should include only the administration codes, office call or other charges.
- Vaccine codes and modifiers should NOT be included on this claim.

SAMPLE

Administration Claim Form to submit to payer *with* DBA Data Form

1500

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

Administration charge, office visit or other charge

Line	24. A. Date(s) of Service	D. Procedures, Services, or Supplies (CPT/HCPCS)	F. $ Charges
1	5/1/2010 - After	90471	Providers
2		90472	Providers
3			
4			
5			
6			

25. FEDERAL TAX I.D. NUMBER: Provider

26. PATIENT'S ACCOUNT NO.: Pt. Acct # w/Provider

32. SERVICE FACILITY LOCATION INFORMATION: Provider

33. BILLING PROVIDER INFO & PH #: Providers

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE APPROVED OMB-0938-0999 FORM CMS-1500 (08-05)

WASHINGTON VACCINE ASSOCIATION

SAMPLE

DBA Data Form to submit to payer

1500

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

1. 5/1/2010 - After

2. Vaccine

3. Assessment charge based on 07/01/2015 grid

4. 27-2251833

5. Washington Vaccine Association
PO Box 94002
Seattle, WA 98124-8402

6. Service Provider's Info

7. Pt. Acct # w/Provider

Leave Blank

NUCC Instruction Manual available at: www.nucc.org

PLEASE PRINT OR TYPE

APPROVED OMB-0938-0999 FORM CMS-1500 (08-05)

Step 2:

DBA FORM

- Most fields same as in administration claim, but this DBA form must include:

SAMPLE
DBA Data Form
to submit to payer

1500
HEALTH INSURANCE CLAIM FORM
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

CPT code for state supplied vaccine. NO modifiers.

1 5/1/2010 - After
2 Vaccine
3 Assessment charge based on 07/01/2015 grid
4 27-2251833
5 Washington Vaccine Association
PO Box 94002
Seattle, WA 98124-8402
6 Service Provider's Info
7 Pt. Acct # w/Provider

Leave Blank

NUCC Instruction Manual available at: www.nucc.org
PLEASE PRINT OR TYPE
APPROVED OMB-0938-0999 FORM CMS-1500 (08-05)

Step 2:

DBA FORM

- Most fields same as in administration claim, but this DBA form must include:

2. Box 24D: CPT code for the state-supplied vaccine given. NO modifiers.

1500

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

SAMPLE

DBA Data Form

to submit to payer

WVA Assessment Charge

1. 5/1/2010 - After

2. Vaccine

3. Assessment charge based on 07/01/2015 grid

4. 27-2251833

5. Washington Vaccine Association
PO Box 94002
Seattle, WA 98124-8402

6. Service Provider's Info

7. Pt. Acct # w/Provider

Leave Blank

NUCC Instruction Manual available at: www.nucc.org

PLEASE PRINT OR TYPE

APPROVED OMB-0938-0999 FORM CMS-1500 (08-05)

Step 2:

DBA FORM

- Most fields same as in administration claim, but this DBA form must include:

2. Box 24D: CPT code for the state-supplied vaccine given. <u>NO</u> modifiers.

3. Box 24F: WVA assessment charge based on 07/01/2015 grid.

SAMPLE
DBA Data Form
to submit to payer

1500
HEALTH INSURANCE CLAIM FORM
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

1 5/1/2010 -

3 Assessment charge based on 07/01/2015 grid

WVA Vaccine Association TIN

4 27-2251833

7 Pt. Acct # w/Provider

6 Service Provider's Info

5 Washington Vaccine Association
PO Box 94002
Seattle, WA 98124-8402

Leave Blank

NUCC Instruction Manual available at: www.nucc.org
PLEASE PRINT OR TYPE
APPROVED OMB-0938-0999 FORM CMS-1500 (08-05)

Step 2:
DBA FORM

- Most fields same as in administration claim, but this DBA form must include:

2. Box 24D: CPT code for the state-supplied vaccine given. NO modifiers.
3. Box 24F: WVA charge based on 07/01/2015 grid.
4. Box 25: WVA Tax ID Number (TIN): 27-2251833

SAMPLE
DBA Data Form
to submit to payer

1500
HEALTH INSURANCE CLAIM FORM
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

1 5/1/2010 - After

2 Vaccine

3 Assessment charge based on 07/01/2015 grid

WVA Name and Address

4 27-2251833

7 Pt. Acct # w/Provider

6 Service Provider's Info

5 Washington Vaccine Association
PO Box 94002
Seattle, WA 98124-8402

Leave Blank

NUCC Instruction Manual available at: www.nucc.org
PLEASE PRINT OR TYPE
APPROVED OMB-0938-0999 FORM CMS-1500 (08-05)

Step 2:
DBA FORM

- Most fields same as in administration claim, but this DBA form must include:

2. Box 24D: CPT code for state-supplied vaccine given. NO modifiers.

3. Box 24F: WVA charge based on 07/01/2015 grid.

4. Box 25: Vaccine Association tax ID number: 27-2251833

5. Box 33: Washington Vaccine Association; PO Box 94002; Seattle, WA 98124-8402