

**HCFA 1500 Paper Form**

Form Locator (Box #)	Form Description	Data for WVA DBA process
<b>1</b>	<b>Billing Provider Federal Tax ID Number</b> Check a Box SSN     EIN	25 272251833
<b>2</b>	<b>Billing Provider Information</b> 1st Line= Name 2nd Line = Address 3rd Line = City, State and Zip Code National Provider Identifier (NPI)	33 Washington Vaccine Association PO Box 94002 Seattle WA 981249402 1699092718
<b>3</b>	<b>Patient Account Number</b>	
<b>4</b>	<b>Signature of Physician or Supplier</b>	31
<b>5</b>	<b>Service Facility Location Information</b> 1st Line= Name 2nd Line = Address	32

**837 Electronic Claim - Professional**

Claim - Field Description	Loop	Segment/Element	Qualifier	Qualifier n	Description	Data for WVA DBA Process
<b>Billing Provider</b> Federal Tax ID Number (TIN)	<b>2010AA</b>	REF01	EI		for EIN	
TIN	2010AA	REF02	SY		for SSN	272251833
<b>Billing Provider Information</b> Billing Provider Entity Type	<b>2010AA</b>	NM101		85		
Billing Organizational Name	2010AA	NM102		2		Washington Vaccine Association
Billing Organizational Identification Code Type	2010AA	NM103			NPI	
National Provider Identifier (NPI)	2010AA	NM108	XX			
Billing Provider Address	2010AA	NM109				1699092718
Billing Provider Address - Line 1	2010AA	N3				leave blank
Billing Provider Address - Line 2	2010AA	N301				Marketplace Tower
Billing Provider City, State, ZIP Code	2010AA	N302				2025 First Ave
City	2010AA	N401				Seattle
State	2010AA	N402				WA
Zip Code	2010AA	N403				981213125
Pay-To Address Name	2010AB	NM101		87		Washington Vaccine Association
Pay-to Entity Type	2010AB	NM102		2		
Pay-To Address	2010AB	N3				
Pay-To Address - Line 1	2010AB	N301				PO Box 94002
Pay-To Address - Line 2	2010AB	N302				
Pay-To City, State, ZIP Code	2010AB	N4				
City	2010AB	N401				Seattle
State	2010AB	N402				WA
Zip Code	2010AB	N403				981249402
<b>Patient Account Number</b>	<b>2300</b>	CLM01				
<b>Total Charge</b>	<b>2300</b>	CLM02				Total Charge Amount
<b>Rendering Provider Name</b> Rendering Provider Name	<b>2310B</b>	NM1				
	2310B	NM102		82		Rendering
	2310B	NM103				Rendering Provider Name
<b>Service Facility Location Information</b> Service Facility Identifier	<b>2310C</b>					
	2310C	NM101		77	Location	
				FA	Facility	Office Address of Service Facility
<b>Service Facility Type</b>	2310C	NM102		2		

3rd Line = City, State and Zip Code

**6** Service Line, Date(s) of Service  
Service From - To Date(s) 24A  
Format as: MMDDYY MMDDYY

**7** Procedure - CPT/HCPCS Code 24D

**8** Service Line \$ Charges 24F

Non-Person Name, or Person Last Name 2310C NM103

**Service Line, Service Date(s)** 2400 DTP01 472  
Service From - To Dates 2400 DTP02 RD8  
Format as: CCYYMMDD-CCYYMMDD 2400 DTP03

**Procedures, Services, Supplies** 2400 SV1  
Product/Service ID 2400 SV101-1 HC  
Procedure - CPT/HCPCS Code 2400 SV101-2

Line Item \$ Charge Amount 2400 SV102