

HCFA 1500 Box 31 - Print License On the claim form



07/24/2024 3:05 pm EDT

If the payer requires, you can print your state license number on the HCFA form in box #31 and the charge line. To set it up, follow the steps below.

1. Navigate to **Billing > Insurance Set Up**

Billing	Account	Marketplace	Help
BILLING			BUSINESS INTELLIGENCE
Billing Summary			Denial Analysis
Live Claims Feed			Payment Analysis (beta)
Apollo Plus			CODING
Patient Payments			Code Search
Day Sheet			New Custom Procedure
Transactions			Custom Procedures
Remittance Reports			INSURANCE
Unmatched ERAs			Bulk Edit Payer IDs
Insurance Credit Card Payments			Insurance Setup
Accounts Receivable			Payer Search
Patient Statements			
Product/Procedure			
Patient Balance Ledger			
Fee Schedule			
Underpaid Items			
Adjustment Master			
Sales Tax			
Billing Log			

2. Click on the **Edit (Pencil icon)** for the specific insurance you would like to print the license number for.

Tax ID Number	
Tax ID Number (12-3456789)	 

3. Enter the license number in the Group Provider # or Individual Provider # box, and choose qualifier State License Number from the dropdown in the left column.

Group Provider #

Group provider number qualifier

Individual Provider #

Individual provider number qualifier

4. Check **Print license numbers in HCFA** in the right column and hit **Save**.

Add/Edit Payer ✕

<p>Payer name <input type="text" value="Health Net of the Northeast Inc."/></p> <p>Payer id <input type="text" value="06108"/></p> <p>Specialty <input type="text" value="-Same as Account Settings -"/></p> <p>Billing npi <input type="text" value="Group NPI Number (1417294232)"/></p> <p>Eligibility npi <input type="text" value="Group NPI Number (1417294232)"/></p> <p>Provider name <input type="text" value="Practice Name (Direct Urgent Cai)"/></p> <p>Tax id number <input type="text" value="Tax ID Number (454298417)"/></p> <p>Group Provider # <input type="text"/></p> <p>Group provider number qualifier <input type="text" value="-----"/></p> <p>Individual Provider # <input type="text"/></p> <p>Individual provider number qualifier <input type="text" value="-----"/></p>	<p>Balance billing <input type="text" value="No"/></p> <p>Filing limit days <input type="text"/></p> <p>Accept assignment <input checked="" type="checkbox"/></p> <p>Send facility provider number <input type="checkbox"/></p> <p>Processing days <input type="text" value="30"/></p> <p>Referring doctor <input type="text"/></p> <p>Ordering doctor <input type="text"/></p> <p>Payer grouping <input type="text"/></p> <p>Print license numbers in hcfa <input type="checkbox"/></p> <p><small>Print license number on CPT lines and box #31 in HCFA form</small></p>
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Now, the license number will appear on the charge line (box 24J) as well as in box #31 on the HCFA form.

F. \$ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
150	00	1	1	0B 54321
			NPI	9876543210
			NPI	

21 IER INFORMATION

25. FEDERAL TAX I.D. NUMBER	SSN EIN
12-3456789	<input type="checkbox"/> <input checked="" type="checkbox"/>
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)	
(54321)	11/19/2020
SIGNED	DATE

