

**CMS-1500  
Example 1**

AHCØ1 Aetna 123 Main Street Anywhere, USA 12345		CARRIER
<b>INSURANCE CLAIM FORM</b> PICA <input type="checkbox"/>		
11. INSURED'S POLICY GROUP OR FECA NUMBER		
(S)	a. INSURED'S DATE OF BIRTH MM   DD   YY	SEX M <input type="checkbox"/> F <input type="checkbox"/>
State)	b. EMPLOYER'S NAME OR SCHOOL NAME	
	c. INSURANCE PLAN NAME OR PROGRAM NAME NovaNet	

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Example 2**

AHCØ1 NovaNet 321 Main Street Anywhere, USA 54321		CARRIER
<b>INSURANCE CLAIM FORM</b> PICA <input type="checkbox"/>		

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Example 3**

AHCØ1 ActivHealthCare P. O. Box 1368 Lilburn, GA 30048		CARRIER
<b>INSURANCE CLAIM FORM</b> PICA <input type="checkbox"/>		
11. INSURED'S POLICY GROUP OR FECA NUMBER		
(S)	a. INSURED'S DATE OF BIRTH MM   DD   YY	SEX M <input type="checkbox"/> F <input type="checkbox"/>
State)	b. EMPLOYER'S NAME OR SCHOOL NAME	
	c. INSURANCE PLAN NAME OR PROGRAM NAME Coventry HMO	

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Example 4**

Aetna 123 Main Street Anywhere, USA 12345		CARRIER
<b>INSURANCE CLAIM FORM</b> PICA <input type="checkbox"/>		