Long Term Care Claim

Form 1290
January 2010

Section A – Header Information

1. NPI No.	2. Contract No.	3. Provider's Name	4. Address	5. Area Code and Telephone No.

6. Client/Medicaid No.	7. Patient Account No.	8. Client Last Name	9. Client First Name	10. Client Middle Initial	11. Client Suffix Name

This information is for a VA individual residing in a VA facility	This information is for an individual requiring AI/Copay
12. VA Indicator	13. Billed Applied Income/Copay

This information is for expedited PAS use only.				
14. Service Group	15. Service Code	16. Fund Code	17. Billed Amount	18. Billing Month/Year

Section B – Nurse Aide Training

	19. NAT SSN	20. Service Group	21. Bill Code	22. Patient Days %			23. Begin Date (mm/dd/yyyy)	24. End Date (mm/dd/yyyy)	25. Training Hours	26. Number of Units	27. Unit Rate	28. Line Item Total
				Medicaid	Medicare	Private						

Section C – Line Item Information (Note: Negative Number of Units should appear as – 00.00. Show parts of units as decimal fractions.)

Line	29. Begin Date (mm/dd/yyyy)	30. End Date (mm/dd/yyyy)	31. Rev Code	32. Proc Code Qual	33. Proc/Item Code	34. Modifiers				35. POS Code	36. TID	37. Rendering Provider Name	38. Number of Units	39. Unit Rate	40. Line Time Total
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2															
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I certify that this information is true, accurate and complete to the best of my knowledge. I understand that claiming for services not actually provided constitutes fraud.

Claim Total: 41.

42. Signature

43. Date