Understanding Your HCFA 1500 Claim Form

Making sense of Medicare paperwork, including the HCFA 1500 claim form, can be difficult. For that reason, here are some tips and a sample form to assist you. Please note that the lettered items on this page refer to letters printed on the sample form.

A. Printed in the upper left-hand corner of your HCFA 1500 claim form are the name and address of your supplemental insurance company. When you receive your Explanation of Medicare Benefits papers, attach copies to your HCFA 1500 claim forms. Please mail them to the name and address listed here.

B. Please review the insured person’s identification number located in Box 1A of this form for accuracy. If this number is different from your records, please contact Mayo Clinic’s Patient Account Services at 507-266-5670.

C. The insured person’s policy group number is listed in Box 11 of this form. Please verify that this number is correct. If it is blank and you have a policy group number, please write the number in this box.

D. In Box 12, you will see the phrase “Signature on File.” This means that you have given Mayo Clinic authorization to release medical information necessary to process your claim.

E. In Box 13, you will see the phrase “Signature on File” which authorizes payment of medical benefits to Mayo Clinic. A blank box indicates that you have not given Mayo Clinic authorization to assign payment of medical benefits.

F. If you were hospitalized at either Rochester Methodist Hospital or Saint Marys Hospital, the dates of hospitalization are listed in Box 18.

G. Please verify that Medicare has processed all charges. To verify charges, compare the date(s) of service (Box 24A), description of service (Box 24D), and the charge for the service (Box 24F) with each line on your Explanation of Medicare Benefits papers.

H. The number in Box 26 is your claim number.

I. Box 27 of this form is called the assignment indicator.

   If this box is marked “Yes,” Mayo Clinic expects your supplemental insurance company to pay Mayo directly. This does not mean that Mayo will accept the insurance payment as payment in full. You will be responsible for copays, deductibles, non-covered items, and usual and customary allowances.

   If this box is marked “No,” Mayo Clinic expects your insurance company to pay benefits directly to you.

J. In Box 28, you will find the total charges for that page of the HCFA 1500. If your claim has multiple pages, add the total from each page to figure your total charges for your visit to Mayo Clinic.

For questions about the HCFA 1500 claim form or any other form in the billing process, please call 507-266-5670.