

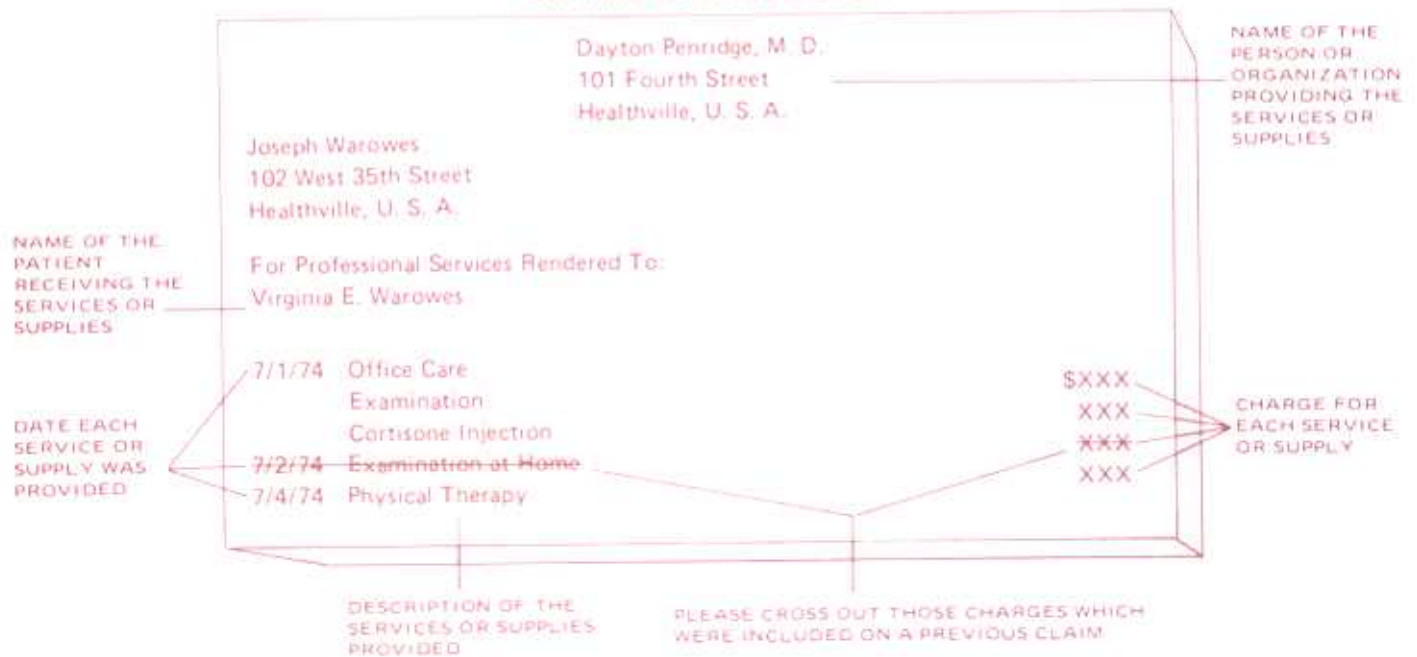
**ITEMIZED BILLS FOR COVERED SERVICES OR SUPPLIES
MUST BE ATTACHED AND THE ITEMIZED BILLS MUST CONTAIN:**

- NAME OF THE PERSON OR ORGANIZATION PROVIDING THE SERVICES OR SUPPLIES
- NAME OF THE PATIENT RECEIVING THE SERVICES OR SUPPLIES
- DATE EACH SERVICE OR SUPPLY WAS PROVIDED
- CHARGE FOR EACH SERVICE OR SUPPLY
- DESCRIPTION OF THE SERVICES OR SUPPLIES PROVIDED

IN ADDITION:

- BILLS FOR PRIVATE DUTY NURSING SERVICE MUST SHOW THE PROFESSIONAL STATUS OF THE NURSE, SUCH AS R. N. (Registered Nurse)
- BILLS FOR PRESCRIPTION DRUGS MUST SHOW BOTH THE PRESCRIPTION NUMBER AND NAME FOR EACH DRUG
- BILLS FOR DRUGS AND MEDICINES DISPENSED BY A PHYSICIAN MUST SHOW THE NAME OF EACH DRUG OR MEDICINE

**ITEMIZED BILLS CANNOT BE RETURNED
EXAMPLE OF ITEMIZED BILL**



When the patient is covered under Medicare Hospital Insurance (Part A), the "Notice of Health Insurance Utilization" form furnished by the Social Security Administration (or a mechanical reproduction thereof) pertaining to charges for which benefits are claimed herein must be attached to this claim form. When the patient is covered under Medicare Medical Insurance (Part B), the "Explanation of Benefits" form furnished by the Medicare Carrier (or a mechanical reproduction thereto) pertaining to charges for which benefits are claimed herein must be attached to this claim form.

This completed form, together with itemized bills and supporting material
should be submitted to

Mutual Medical Plans, Inc.
P. O. Box 689
Peoria, IL 61652