

**CMS-1500
Example 1**

AHCØ1 Peach State Health Plan Ambetter 68069 P.O. Box 5010 Farmington, MO 63640-5010		CARRIER
INSURANCE CLAIM FORM PICA <input type="checkbox"/>		
11. INSURED'S POLICY GROUP OR FECA NUMBER		PATIENT AND INSURED INFO
(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 Peach State Health Plan	

**CMS-1500
Example 2**

Blue Cross Blue Shield Healthcare of GA P.O. Box 105370 Atlanta, GA 30348-5370		CARRIER
INSURANCE CLAIM FORM PICA <input type="checkbox"/>		