

The THERAPIST EZ CMS-1500 Data Entry Locations	
Box	Description
	Screen Where Data Is Input
1	Medicare, Medicaid, Champus, Etc.
1a	Setup>Lookup Lists>Carriers> specific carrier> Change> HCFA-1500 (2)> Check boxes Insured's ID Number Patient>Insurance>Change>Eligibility> Insurance ID
2	Patient Name Patient>Demographics>General> First Name, MI, Last, Generation
3	Patient Birthdate Patient>Demographics>General> Date of Birth
3	Sex Patient>Demographics>General> Sex
4	Insured's Name Patient>Insurance>Change>General> First Name, MI, Last
5	Patient's Address Patient>Demographics>General> Address 1, City, State, Zip
6	Patient Relationship To Insured Patient>Insurance>Change>General> Relationship
7	Insured's Address Patient>Insurance>Change>General> Address 1, City, State, Zip
8	Patient Status Patient>Demographics>Claims> Marital Status and Student Status
9	Other Insured's Name Patient>Insurance>Change>Box 9 tab> First Name, MI, Last
9a	Other Insured's Policy or Group # Patient>Insurance>Change>Box 9 tab> Other Policy or Group
9b	Other Insured's Date of Birth Patient>Insurance>Change>Box 9 tab> Date of Birth
9b	Sex Patient>Insurance>Change>Box 9 tab> Sex
9c	Employer or School Name Patient>Insurance>Change>Box 9 tab> Other Employer
9d	Insurance Plan Name or Program Name Patient>Insurance>Change>Box 9 tab> Plan or Program Name
10	Patient Condition Related To
10a	Employment Patient>Case Information>MISC tab> Employment Related
10b	Auto Accident Patient>Case Information>Misc Tab> Accident
10c	Other Accident Patient>Case Information>Misc Tab> Accident
10d	Reserved for local use Patient>Insurance>Eligibility> Reserved Box 10d
11	Insured's Policy Group or FECA Number Patient>Insurance>Change>Eligibility> Policy Group No.
11a	Insured's Date of Birth Patient>Insurance>Change>General
11a	Sex Patient>Insurance>Change>General
11b	Employer or School Name Patient>Insurance>Change>Eligibility> Employer Name
11c	Insurance Plan or Program Name Patient>Insurance>Change>Eligibility> Plan Name
11d	Is there another health benefit plan Patient>Insurance>Change>Eligibility> Another Health Plan
12	Patient Signature Patient>Demographics> Claims> Signature on File> Release of Information & Signature Date
13	Insured or Authorized Signature Patient>Demographics> Claims> Signature on File> Payment of Benefits
14	Date of Current Illness Patient>Case Information>General> Onset/Symptom Date
15	Date of Similar Illness Patient>Case Information>General> Same/Similar Illness Date
16	Dates Patient Unable To Work Patient>Case Information>General> Unable to work from date
17	Name of Referring Physician Patient>Case Information>MISC
17a	ID Number of Referring Physician Patient>Case Information>MISC>Change
18	Hospitalization Dates Relating To Services Patient>Case Information>General> Hospitalization from date
19	Reserved for local use Patient>Insurance>Eligibility> Reserved Box 19
20	Outside Lab Patient>Case Information>MISC> Outside Lab

21	Diagnosis or Nature of Illness or Injury	Patient> Diagnosis
22	Medicaid Resubmission Code	(Single or Batch Print options)
	Original Reference #	Patient>Case Information>MISC> Original Reference Number
23	Prior Authorization#	Patient> Authorizations tba> Authorization Number
24a	Dates of Service	Transactions>Service>General> From Date & To Date
24b	Place of Service	Transactions>Service>General> Place of Service
24c	Type of Service	Transactions>Service>General> Type of Service
24d	CPT/Modifier	Transactions>Service>General> Modifier Codes 1-3
24e	Reference to Diagnosis in 21	Transactions>Service>Diagnosis THIS IS SYSTEM GENERATED
24f	Charges	Transactions>Service>Money> Amount to Bill on Insurance Claims
24g	Days or Units	Transactions>Service>General> Units
24h	EPSDT Family Plan	Transactions>Service>General> EPSDT
24i	EMG	Transactions>Service>General> EMG
24J	COB	Transactions>Service>General> COB Code
24K	Reserved for local use	Transactions>Service>General> Reserved 24K
24K	Reserved for local use	Setup> Lookup Lists> Carriers>Highlight specific carrier> Change>Provider Options> Change> Box 24K
24K	Reserved for local use	Setup>Preferences>Provider Preferences>Carrier Options>highlight carrier>Change> Box 24K
25	Federal Tax ID - SSN - EIN	Setup> Preferences> Practice Preferences> General tab> specific ID number
25	Federal Tax ID - SSN - EIN	Setup>Preferences> Provider Preferences>Provider> Provider Options> Claims tab> Specific Number
26	Patient's Account No.	Patient>Demographic>General> Patient ID
27	Accept Assignment	Setup>Lookup Lists> Carrier> specific Carrier> Change> HCFA-1500(1)> Accept Assignmnts of benefits
28	Total Charge	Transactions>Service>Money THIS IS SYSTEM GENERATED
29	Amount Paid	Setup>Lookup Lists> Carrier> specific Carrier> Change> HCFA-1500(1)> Reported Amounts Paid
30	Balance Due	Calculated from 28 and 29 THIS IS SYSTEM GENERATED
31	Signature of Physician	Setup>Preferences> Provider Preferences>Provider> Provider Options>Claims
31	Date	Setup>Preferences> Provider Preferences>Provider> Provider Options>Claims
32	Facility Address	Setup> Lookup Lists> Treatment Facilities>General
32	Facility Address	Patient> Case Information> General tab> Facility
32	Facility Address (Override)	Setup> Lookup Lists> Carriers> specific Carrier> Change> CMS-1500 (2) tab> Force the service provider name
33	Physician's Billing Name, Address	Setup>Preferences> Provider Preferences> Provider> Provider Options>Claims
33	PIN#	Setup>Preferences> Provider Preferences> Provider> Provider Options> Claims
33	GRP#	Setup>Preferences> Provider Preferences> Provider> Provider Options> Claims