Filling out a 1500 Form (if requested by your insurance provider):

Use the invoice provided by Podesta Wellness (upon request) to help you gather the information needed

Step 1: Fill out as much of the requested demographic/insurance information as you can, in the top boxes 1-13, of the 1500 form. **You can use our sample 1500 form as an example**

Step 2: Fill out the rest of the form using information gathered from your invoice.

Box 21: Fill out the diagnosis code which can be found on your invoice (ex. F43.20)

Box 24:

a.) Be sure and put the correct date of service, enter it in twice, in the "From", "To" spots.
b.) Enter the visit code:
   a. Enter in the number 10 if you did a telehealth visit
   b. Enter in the number 11 if you did an in-office visit
c.) Skip it
d.) Use your invoice to find your particular CPT code, it's the number listed under the column "Item"
e.) Most patients will only have one diagnosis code, so you just type 1, to show them which code to reference from Box 21. If, however, you have multiple codes, you can list them out like 1,2,3….etc.
f.) Fill out the cost of the appointment
g.) Put in a number 1
h.) Skip it
i.) Skip it
j.) Type in your providers NPI number, in our example, it's Dr. Podesta's. You will find the list of all of our provider's codes on your invoice, or in the "Filing Out-Of-Network: How To" document

Box 25: Enter in our Tax ID (EIN) number: 45-3110486

Boxes 28, 29: Enter in the total cost, and how much you paid

Boxes 32 & 33: Enter in the information just as it is on the sample 1500 form

Boxes 32a & 33a: Enter in your providers NPI number

Step 3: Submit your form, and your invoice, to the address provided to you by your insurance company.

You're all done! We have found that getting the doctor's signature on the form is not necessary. However, if you run into any issues, please don't hesitate to contact us.