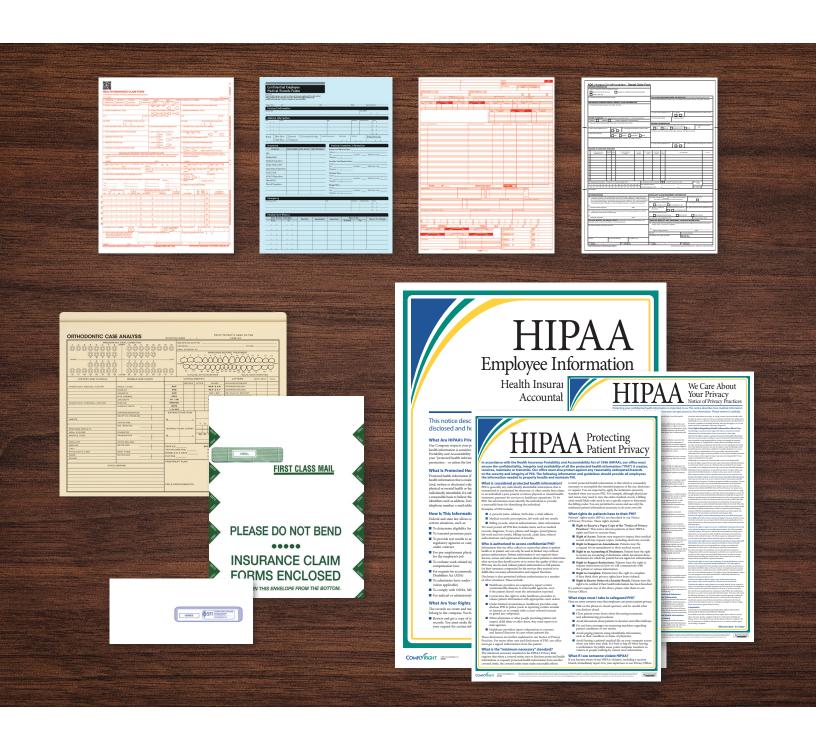
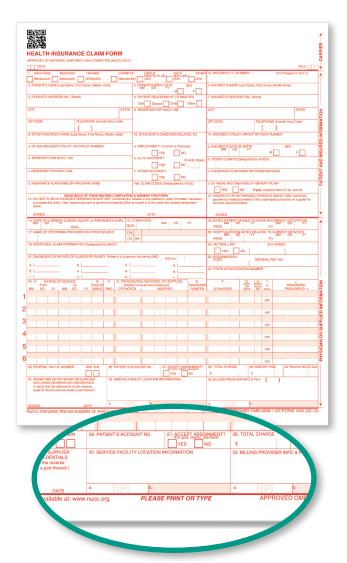
2023/2024 Healthcare Forms





Health Insurance Claim Forms: Your Prescription for Compliant, Convenient Billing



Satisfy Recordkeeping Requirements with CMS-1500 Health Insurance Claim Forms

... for use by all medical facilities

Per federal regulations, all healthcare providers must use the CMS-1500 Form for specific types of billing. The CMS-1500 accommodates reporting of the National Provider Identifier, which must be used by all HIPAA-covered entities.

- Printed with OCR "dropout" red ink on 20# paper, as per government regulations
- Available in continuous, laser and snap-apart

| 02/12 Version CMS-1500 Laser-Cut and Continuous Forms | | | |
|---|---------------------------|--------------------|----------------------|
| Item # | Item Description | Paper/Sequence* | Quantity Per Case |
| CMS12LC | Laser-Cut Sheet (02/12) | 20# (W) | 2,500 |
| CMS12LC1 | Laser-Cut Sheet (02/12) | 20# (W) | 1,000 |
| CMS12LC250 | Laser-Cut Sheet (02/12) | 20# (W) | 250 |
| CMS12LC500 | Laser-Cut Sheet (02/12) | 20# (W) | 500 |
| CMS121 | 1-Part Continuous (02/12) | 20# (W) | 2,500 |
| CMS1211 | 1-Part Continuous (02/12) | 20# (W) | 1,000 |
| CMS122 | 2-Part Continuous (02/12) | Carbonless (W/C) | 1,000 |
| CMS12W2 | 2-Part Continuous (02/12) | Carbonless (All W) | 1,000 |

*W (White) / C (Canary) / P (Pink)

| CMS-1500 2-Part Snap-Apart Form | | | |
|---------------------------------|------------------|------------------|----------------------|
| Item # | Item Description | Paper/Sequence* | Quantity Per Case |
| CMS12S | 2-Part (02/12) | Carbonless (W/C) | 500 |

*W (White) / C (Canary)



Confidential Employee Medical Records Folder

These durable Confidential Employee Medical Records Folders are perfect for storing your required FMLA forms and for documenting accident and illness information as required by OSHA.

- Durable to sustain handling over time
- Record key information right on the folder

ComplyRight® Confidential Employee
Medical Records Folder

Item #

A2211

9 3/8" x 11 3/4" x 1/4" (25 per package)

UB-04

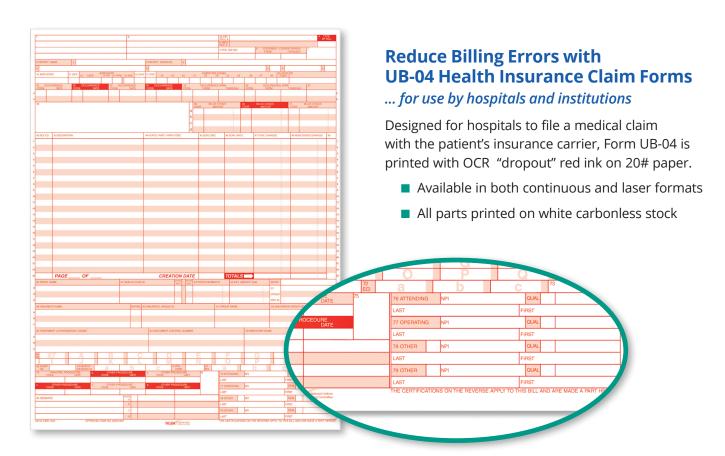
Compliance is Critical

What Makes a CMS-1500 or UB-04 Form Compliant?

A number of factors. For starters, these forms must adhere to strict printing standards that govern the layout, paper and ink. Each must have accurate content and must conform to the Health Insurance Portability and Accountability Act (HIPAA).

These billing forms were developed in conjunction with all the governing agencies, including the National Uniform Claim Committee, the National Uniform Billing Committee, the CMS Centers for Medicare and Medicaid Services, the Health and Human Services Agency and the American Hospital Association.

So you can be confident our forms are the most up-to-date and in full compliance with the law.



| UB-04 Health Insurance Claim Forms (CMS-1450) | | | |
|---|-------------------------|--------------------|-------------------|
| Item # | Item Description | Paper/Sequence* | Quantity Per Case |
| UB04LC | UB-04 Laser-Cut Sheet | 20# (W) | 2,500 |
| UB04LC1 | UB-04 Laser-Cut Sheet | 20# (W) | 1,000 |
| UB04LC5 | UB-04 Laser-Cut Sheet | 20# (W) | 500 |
| UB043 | UB-04 3-Part Continuous | Carbonless (All W) | 1,000 |

^{*}W (White)

Dental Solutions

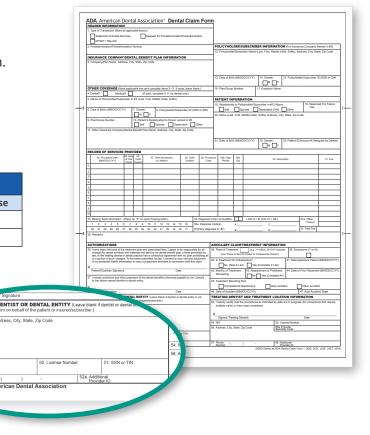
Use the Latest Version of the ADA Dental Claim Form

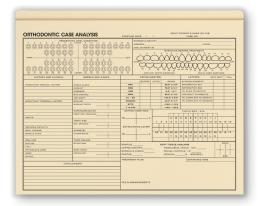
This is the latest version of the claim/attending dentist form. It's authorized by the *American Dental Association (ADA)*.

- Available in both continuous and laser formats
- 100% compliant to meet ADA guidelines

| ADA Dental Claim Forms | | | |
|------------------------|------------------------|------------------|-------------------|
| Item # | Item Description | Paper/ Sequence* | Quantity Per Case |
| 1900 | Laser-Cut Sheet (2019) | 20# (W) | 2,500 |
| 19001 | Laser-Cut Sheet (2019) | 20# (W) | 1,000 |

*W (White)





Secure Records with the ComplyRight® Orthodontic Case Analysis Envelo-File

Safely store patient documents, plus record key information and activity, with our ComplyRight® Orthodontic Case Analysis Envelo-File. Record key information right on the folder.

- Durable to sustain handling over time
- Record key information right on the folder





Submit Claims with ADA Envelopes

Send your practice's ADA claims and attending dentist's forms in convenient self-seal envelopes.

- Comes with security tint to meet HIPAA guidelines
- Accommodates up to 12 folded ADA Claim Forms

| ADA Self-Seal Window Envelopes | | |
|--------------------------------|-------------------------|-------------------|
| Item # | Item Description | Quantity Per Case |
| 2003ES | 4¹/8" x 9" Version 2012 | 500 |

Prevent Processing Delays with CMS-1500 and UB-04 Jumbo Envelopes

As more insurance companies convert to optically scanning your claim forms, the need to mail them unfolded becomes increasingly important. When claim forms are folded, they may jam the automatic scanning equipment and delay the processing of claims.

- Self-sealing window envelope holds up to 50 unfolded forms
- Prevent processing delays

| Jumbo Window Envelopes | | |
|------------------------|--|-------------------|
| Item # | Item Description | Quantity Per Case |
| 1500LR | 9" x 12½" Right Window CMS-1500 | 500 |
| 1500RS | 9" x 121/2" Right Window CMS-1500 No Wording | 500 |
| 1492LL | 9" x 12½" Left Window UB-04 | 500 |

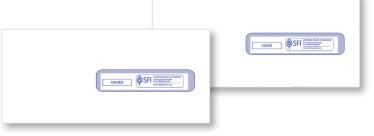
Jumbo Envelopes can be ordered in smaller quantities of 100

Choose from Two Styles of CMS-1500 Window Envelopes

Our traditional #10½ size envelope holds up to 12 claim forms.

- Available in either gum-seal or a self-seal style
- Must be ordered in case quantities

| CMS-1500 Window Envelopes | | |
|---------------------------|---------------------|-------------------|
| Item # | Item Description | Quantity Per Case |
| 1500ES | 4½" x 9½" Self-Seal | 500 |
| 1500E | 4½" x 9½" Gum-Seal | 500 |



FIRST CLASS MAIL

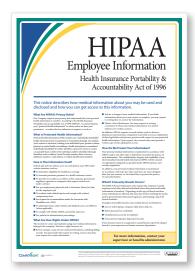
PLEASE DO NOT BEND

INSURANCE CLAIM

FORMS ENCLOSED

FIRST CLASS MAIL

E DO NOT BEND RANCE CLAIM IS ENCLOSED



Communicate Mandatory HIPAA Rules to Employees

Educate your employees on how and when patients' medical information may be used and disclosed, and what to do if a breach occurs.

> ComplyRight® HIPAA **Employee Poster**

Item # AR0953

ComplyRight® HIPAA Protecting **Patient Privacy Poster** Item # A2126

12" x 18" (Laminated)



Explain New HIPAA Rules to Employees and Patients

Communicate new HIPAA rules to your employees and explain their obligations to your patients.

ComplyRight® HIPAA Notice

Item # A2123

12" x 18" (Laminated)



Display this poster in your waiting room or reception area to inform patients of their rights and responsibilities under HIPAA.

HIPAA We Care About Your Privacy Notice of Privacy Proceding

of Privacy Practices Poster

CMS Medical Forms Terms and Conditions | General Information

- **1. MULTI-STATE RESALE CERTIFICATE:** We must have a valid Sales & Use Tax Certificate on file in order to be in compliance with all tax laws. If ComplyRight drop ships product on your behalf to multiple states, we will need the certificates that are applicable for all states we drop ship to.
- **2. RETURNS:** Absolutely NO unauthorized returns. Authorized returns will be issued with a minimum restock fee of 25% of product cost, excluding shipping charges. Returns only accepted within 30 days of invoice date. Prior approval and return goods (RG) number must be obtained before returning stock.
- **3. UNDELIVERABLE RETURNS:** Package carriers charge return freight on shipments that are undeliverable or have been refused by consignee. Due to this policy, ComplyRight will be charging returned freight charges on all packages refused by your customer or deemed undeliverable due to inadequate or incomplete address. The cost of the returned freight will be the same as the original freight charged on the order.
- 4. ADDRESS CORRECTIONS: All shipments with incomplete or inaccurate addresses resulting in address corrections will be charged an address correction fee of \$18.50 per carton. Additional delivery fees will apply if shipment requires a reroute of shipment due to change of address, intercept request and/or delivery for future date. REDIRECTED DELIVERY: All requested UPS redirected deliveries will be charged \$16.00 per carton, if we are able to have the delivery redirected successfully.
- **5. RESHIPMENTS:** Reshipments will ship same method as original order. Our liability is limited to the replacement of forms only. We will not issue credits on duplicated orders. All claims must be made within 30 days. NO credit will be issued on reorders due to freight delays (i.e., Weather, Acts of God, etc.).
- **6. CANCELLATIONS:** No cancellations are accepted after an order has shipped! A cancellation is void if it reaches us after the merchandise has shipped.
 - A \$10.00 fee will be applied when cancelling an order after 24hrs of submitting if order has not been shipped.
- **7. NEW ACCOUNTS:** All orders will be shipped Cash In Advance (Check, M/C, Discover, VISA, American Express accepted) until a line of credit is established. Credit checks begin after receipt of application.
- **8. SHIPPING:** All shipments F.O.B. from our nearest warehouse with stock available. WE ARE NOT RESPONSIBLE FOR SHIPPING DELAYS ONCE THE FREIGHT HAS LEFT OUR WAREHOUSE. Allow 1–2 business days on stock orders; 7–10 business days on imprinted form orders and additional time for larger quantities.
- 9. SATURDAY ORDERS: All Orders received on Saturday will be processed as though received on Monday.

For any questions please email info@complyright.com
You may also download your pricing by logging on to complyrightdealer.com

