## Sample CMS-1500 Claim Form for Office Billing: LOQTORZI® (toripalimab-tpzi)

		IM FORM							
APPROVED BY NATIONA	AL UNIFORM CLAIM CON	MMITTEE (NUCC) 02/12	2						PICA 🗔
	EDICAID TRICARE	E CHAMP	VA GROUP HEALTH F	PLAN FECA	IG OTHER	1a. INSURED'S I.D. NUM	/BER	(For Pro	ogram in Item 1)
	edicaid#) (ID#/DoD	<u> </u>	(10#)	(ID#)	(ID#)				
2. PATIENT'S NAME (Las	st Name, First Name, Mildi	ote initial)	3. PATIENT'S BIF MM   DD	I YY M	SEX F	4. INSURED'S NAME (L:	ast Name, First N	Name, Middle Ini	tal)
5. PATIENT'S ADDRESS	(No., Street)		6. PATIENT RELA	ATIONSHIP TO INS	SURED	7. INSURED'S ADDRES	S (No., Street)		
			Self Spou		Other				
CITY		STATE	8. RESERVED FO	OR NUCC USE		CITY			STATE
ZIP CODE	TELEPHONE (II	ndude Area Code)				ZIP CODE	TELEF	PHONE (Include	: Area Code)
	( )						(	)	
9. OTHER INSURED'S N	IAME (Last Name, First Na	ame, Middle Initial)	10. IS PATIENT'S	CONDITION RELA	NTED TO:	11. INSURED'S POLICY	GROUP OR FE	CA NUMBER	
a. OTHER INSURED'S PO	OLICY OR GROUP NUM	BER	a. EMPLOYMENT	Γ? (Current or Previ	ous)	a. INSURED'S DATE OF	BIRTH	8	BEX
b. RESERVED FOR NUC	20 HPE		┥	YES NO	)		- 11	М	F
b. Reserved FOR NOC	C USE		b. AUTO ACCIDE	YES NO	PLACE (State)	b. OTHER CLAIM ID (De	esignated by NU	CC)	
c. RESERVED FOR NUCCUSE			c. OTHER ACCIDENT?			c. INSURANCE PLAN NAME OR PROGRAM NAME			
				YES NO	)				
d. INSURANCE PLAN NA	AME OR PROGRAM NAN	1E	10d. CLAIM CODI	ES (Designated by	NUCC)	d. IS THERE ANOTHER		FIT PLAN? omplete items 9	On and Od
	P			FORM.		13. INSURED'S OR AUT	HORIZED PERS	ON'S SIGNATI	JRE I authorize
<ol> <li>PATIENT'S OR AUTH to process this claim. below.</li> </ol>				or other informati y who accepts as:		payment of medical be services described be	enefits to the un slow.	dersigned physic	cian or supplier for
SIGNED	Item 21 Diag					CLONED			
14. DATE OF CURRENT	Enter the ap	propriate ICD	)-10-CM			SIGNED			
MM   DD   YY						16. DATES PATIENT UN	IABLEŢO WORI	K IN CUŖŖĘNT	OCCUPATION
		de(s) based o		MM DD	YY	16. DATES PATIENT UN MM DD FROM		TO	
17. NAME OF REFERRI	diagnosis co diagnosis			MM   DD	YY	FROM 18. HOSPITALIZATION I		TO D TO CURRENT	
	diagnosis			MM DD	YY	FROM  18. HOSPITALIZATION I MM DD FROM  20. OUTSIDE LAB?	DATES RELATE	TO	
17. NAME OF REFERRI	diagnosis	de(s) based o	on clinical		YY	FROM  18. HOSPITALIZATION I MM DD FROM	DATES RELATE	TO D TO CURRENT	
17. NAME OF REFERRI  19. ADDITIONAL CLAIM I  21. DIAGNOSIS OR NAT	diagnosis	de(s) based o	on clinical	ICD Ind.		FROM  18. HOSPITALIZATION I FROM  20. CUTSIDE LAB?	DATES RELATE	TO D TO CURRENT	
17. NAME OF REFERRI	diagnosis	URY Relate A-L to ser	on clinical	ICD Ind.	Item 2	18. HOSPITALIZATION I FROM DD	DATES RELATE	TO D TO CURRENT MM TO \$ CHARGES	
17. NAME OF REFERRI  19. ADDITIONAL CLAIM I  21. DIAGNOSIS OR NAT  A [XXX.XX]  E. L	diagnosis  III.  UPT , ILLNESS OR IN.  B. L.  F. L.  J. L.	JURY Relate AL to ser	on clinical  wice line below (24E)	ICD Ind.	Item 2 Specify 21, rela	18. HOSPITALIZATION IN THE PROM 20. CUTSIDE LAB?  4E Diagnosis y diagnosis from ating to each H	m Item	TO D TO CURRENT MM TO \$ CHARGES	T SERVICES DD YY
17. NAME OF REFERRI  19. ADDITIONAL CLAIM I  21. DIAGNOSIS OR NAT  A. IXXX.XX  E. L.  1. L.  24. A. DATE(S) OF S  From	B. L. J. L. SERVICE	JURY Relate A-L to ser  C. I G. I S. C. D. PROCE JEOF	on clinical  Mos line below (245)  L  EDURES, SERVICE lain Unusual Circums	ICD Ind. D. L. L. L. S. OR SUPPLIES stances)	Item 2 Specify 21, rela	18. HOSPITALIZATION IN THE PROM 20. CUTSIDE LAB?  4E Diagnosis y diagnosis from	m Item CPCS	TO D TO CURRENT TO SCHARGES  VAL REF. NO.	T SERVICES DD YY
17. NAME OF REFERRI  19. ADDITIONAL CLAIM I  21. DIAGNOSIS OR NAT  A. [XXX.XX]  E. L.  1. [  24. A. DATE(S) OF S  From	B. L. J. L. SERVICE P.	JURY Relate A-L to ser  C. I  G. I  C. D. PROC	on clinical  Mos line below (245)  L  EDURES, SERVICE lain Unusual Circums	ICD Ind. D. L. L. L. S, CR SUPPLIES	Item 2 Specify 21, rela	18. HOSPITALIZATION IN THE PROM 20. CUTSIDE LAB?  4E Diagnosis y diagnosis from ating to each H	m Item CPCS	TO D TO CURRENT TO SCHARGES VAL REF. NO.	T SERVICES DD YY
17. NAME OF REFERRI  19. ADDITIONAL CLAIM I  21. DIAGNOSIS OR NAT  A.  XXX.XX    E.      1.      24. A.   DATE(S) OF S  MM   DD   YY   N	B L F. L SERVICE MM DD YY SER	JURY Relate A-L to ser  C. I G. I S. C. D. PROCE JEOF	on clinical  Miceline below (24E)  L L EBUPBES, SERVICE  Bain Unusual Groums PCS   1	ICD Ind. D. L. L. L. S. OR SUPPLIES stances)	Item 2 Specify 21, rela	18. HOSPITALIZATION IN FROM 20. OUTSIDE LAB? 4E Diagnosis y diagnosis from ating to each H sted in item 24	m Item CPCS	TO D TO CURRENT TO SCHARGES VAL REF. NO.	T SERVICES DD YY
17. NAME OF REFERRI  19. ADDITIONAL CLAIM I  21. DIAGNOSIS OR NAT  A. [XXX.XX]  E. [	B L F. L SERVICE MM DD YY SER	JURY Relate AL to ser  C.   G.   G.   G.   G.   G.   G.   G.   G	on clinical  Miceline below (24E)  L L Eabures, SERVICE  Bain Unusual Groums PCS   1	ICD Ind. D. L. L. L. S. OR SUPPLIES stances)	Item 2 Specify 21, rela code lis	18. HOSPITALIZATION IN FROM 20. OUTSIDE LAB? 4E Diagnosis y diagnosis from ating to each H sted in item 24	m Item CPCS D	TO D TO CURRENT MM  TO SCHARGES  VAL REF. NO  I. ID. JUAL F	T SERVICES DD YY
17. NAME OF REFERRI  19. ADDITIONAL CLAIM I  21. DIAGNOSIS OR NAT  A. [XXX.XX]  E. [	B L F. L SERVICE MM DD YY SER	JURY Relate A-L to ser  C.   G.   G.   G.   G.   G.   G.   G.   G	on clinical  Miceline below (24E)  L L Eabures, SERVICE  Bain Unusual Groums PCS   1	ICD Ind. D. L. L. L. S. OR SUPPLIES stances)	Item 2 Specify 21, rela code lis	18. HOSPITALIZATION IN FROM 20. OUTSIDE LAB? 4E Diagnosis y diagnosis from ating to each H sted in item 24	m Item CPCS D	TO D TO CURRENT MM  TO S CHARGES  VAL REF. NO  I. ID. JUAL F	T SERVICES DD YY  J. RENDERING
17. NAME OF REFERRI  19. ADDITIONAL CLAIM I  21. DIAGNOSIS OR NAT  A   XXX.XX   E   L	B. L. J. L. SERVICE TO PLAN DD YY SER ML240 MM DD YY	JURY Relate A-L to ser  C.    B.    C.    B.    C.    C.    C.    J.    J.	vice line below (24E)  EDURES, SERVICE tain Unusual Circums PCS   1	ICD Ind.  D.  H.  L.  S, OR SUPPLIES stances) MODIFIER	Specify 21, relacode lin	18. HOSPITALIZATION IN FROM 20. OUTSIDE LAB? 20 diagnosis 3 diagnosis from ating to each H sted in item 24	m Item CPCS D	TO D TO CURRENT MM TO S CHARGES VAL REF. NO.	T SERVICES DD YY  J. RENDERING PROVIDER ID. #
17. NAME OF REFERRI  19. ADDITIONAL CLAIM  21. DIAGNOSIS OR NAT  A IXXX.XX  E. L	diagnosis  UPT LILINESS OR IN.  B. L.  F. L.  J. L.  SERVICE R.R.  MM DD YY SER  ML240  MM DD YY	JURY Relate AL to ser  C. I  G. I  B. C. D. PROCE  END CPTINE  J3263	on clinical  Miceline below (24E)  L L Eabures, SERVICE  Bain Unusual Groums PCS   1	ICD Ind.  D.  H.  L.  S, OR SUPPLIES stances) MODIFIER	Specify 21, relacode lin	18. HOSPITALIZATION IN FROM 20. OUTSIDE LAB? 20 diagnosis 3 diagnosis from ating to each H sted in item 24	m Item CPCS D	TO D TO CURRENT MM TO SCHARGES VAL REF. NO.	J. RENDERING PROVIDER ID. #
17. NAME OF REFERRI  19. ADDITIONAL CLAIM  21. DIAGNOSIS OR NAT  A. [XXX.XX] E. L.  24. A. DATE(S) OF S  From MM DD YY N  N470114034004  MM DD YY N  ADDITIONAL CLAIM  1	diagnosis  B. L. F. L. J. L. SERVICE MM DD YY SER ML240 MM DD YY  vice ter qualifier	JURY Relate A-L to ser  C.   G.   G.   D. PROCE EMG CPT/HG  J3263	on clinical  we line below (24E)  L L Eath Unusual Circums PCS  3 [JZ]  Item 24D D and service Indicate app	ICD Ind.  D. H. L. S, OR SUPPLIES STANCES) MODIFIER  PESCRIPTION ES Dropriate H	Item 2. Specify 21, rela code lis	18. HOSPITALIZATION IN FROM 20. OUTSIDE LAB? 20. OUTSIDE LAB? 21. diagnosis from a ting to each H sted in item 24. 22. dedures 24. dedures 26. de, CPT code	m Item CPCS D	TO D TO CURRENT TO MM TO SCHARGES VAL REF. NO.  II. ID. JOUAL F NPI NPI NPI Specify units. E	RENDERING PROVIDER ID. #
17. NAME OF REFERRI  19. ADDITIONAL CLAIM  21. DIAGNOSIS OR NAT  A. IXXX.XX E. L.	diagnosis  B. L. BERVICE MM DD YY SER  ML240 MM DD YY  vice  ter qualifier ional Drug	JURY Relate AL to ser  C.   G.   G.   D. PROCE EMG CPT/HC  J3263	wice line below (24E) L L EBDURES, SERVICE Iain Unusual Circums PCS	ICD Ind.  D. H. L. S. CAR SUPPLIES stances) WODIFIER  PESCRIPTION	Item 2. Specify 21, rela code lis	18. HOSPITALIZATION IN FROM 20. OUTSIDE LAB? 20. OUTSIDE LAB? 21. diagnosis from a ting to each H sted in item 24. 22. dedures 24. dedures 26. de, CPT code	m Item CPCS D	TO D TO CURRENT MM TO SCHARGES VAL REF. NO.  I. ID. JUNE F  NPI  NPI  Specify units. E LOQTO	RENDERING PROVIDER ID. #
17. NAME OF REFERRI  19. ADDITIONAL CLAIM I  21. DIAGNOSIS OR NAT  A. IXXX.XX E. L.  1. L.  24. A. DATE(S) OF S  MM DD YY M  N470114034004  MM DD YY M  ADDITIONAL CLAIM I  1. L.  24. A. DATE(S) OF S  MM DD YY M  N470114034004  MM DD YY M  ADDITIONAL CLAIM I  1. L.  24. A. DATE(S) OF S  MM DD YY M  N470114034004  MM DD YY M  ADDITIONAL CLAIM II  1. L.  24. A. DATE(S) OF S  MM DD YY M  N470114034004  MM DD YY M  ADDITIONAL CLAIM II  21. DIAGNOSIS OR NAT  A IXXX.XX E. L.  1. L.  24. A. DATE(S) OF S  MM DD YY M  ADDITIONAL CLAIM II  A IXXX.XX E. L.  1. L.  24. A. DATE(S) OF S  MM DD YY M  ADDITIONAL CLAIM II  A IXXX.XX E. L.  1. L.  24. A. DATE(S) OF S  MM DD YY M  ADDITIONAL CLAIM II  A IXXX.XX E. L.  1. L.  24. A. DATE(S) OF S  MM DD YY M  ADDITIONAL CLAIM II  A IXXX.XX E. L.  1. L.  24. A. DATE(S) OF S  MM DD YY M  ADDITIONAL CLAIM II  A IXXX.XX E. L.  1. L.  24. A. DATE(S) OF S  MM DD YY M  ADDITIONAL CLAIM II  A IXXX.XX E. L.  1. L.  24. A. DATE(S) OF S  MM DD YY M  ADDITIONAL CLAIM II  A IXXX.XX E. L.  1. L.  24. A. DATE(S) OF S  MM DD YY M  ADDITIONAL CLAIM II  A IXXX.XX E. L.  1. L.  24. A. DATE(S) OF S  MM DD YY M  ADDITIONAL CLAIM II  A IXXX.XX E. L.  A I	BERVICE MM DD YY SER  WICE  VICE  ter qualifier  ional Drug  and the unit	JURY Relate A-L to ser  C. G. B. PROCE  JURY Relate A-L to ser  C. J. G. J. PROCE  J32 C. D. PROCE  (Exp  WICE EMG CPT/HC	mosline below (24E)  DEDURES, SERVICE lain Unusual Circums PCS  3 [JZ]  Item 24D D  and service Indicate app and modifie For example	ICD Ind.  D.  H.  S. CR SUPPLIES stances) WODIFIER   escription es  propriate H ers for prod	Item 2. Specify 21, rela code lis	18. HOSPITALIZATION IN FROM 20. OUTSIDE LAB? 20. OUTSIDE LAB? 21. diagnosis from a ting to each H sted in item 24. 22. dedures 24. dedures 26. de, CPT code	m Item CPCS D	TO D TO CURRENT TO MM TO SCHARGES VAL REF. NO.  II. ID. JOUAL F NPI NPI NPI Specify units. E	AG Billable / the billing Billable unit RZI are in 1
17. NAME OF REFERRI  19. ADDITIONAL CLAIM  21. DIAGNOSIS OR NAT  A IXXX.XX  E L  24. A. DATE(S) OF S  MM DD YY M  N470114034004  MM DD YY M  A Date(s) of serves shaded area enthe 11-digit Nation, the UOM (mL) attity at the end  10mg/6 mL (40 mm)	diagnosis  B. L. BERVICE RANGE MM DD YY SER  ML240  MM DD YY SER  ML240  Vice  ter qualifier ional Drug and the unit	JURY Relate A-L to ser  C.    G.    B.    C.    D. PROCE EDF MICE EMG CPT/HC  J3263	EDURES, SERVICE dain Unusual Circums PCS   133   [JZ]   133   14tem 24D D and service Indicate apparand modifie For example • Drug: J33	ICD Ind.  D.  H.  S, OR SUPPLIES stances) MODIFIER  PESCRIPTION PE	Item 2 Specify 21, relacode list code list A of proces	4E Diagnosis y diagnosis from ating to each H sted in item 24  edures  ode, CPT code services:	m Item CPCS D	TO D TO CURRENT MM TO SCHARGES VAL REF. NO.  I. ID. JUDAL F  NPI  NPI  Specify units. E LOQTO increm	AG Billable / the billing Billable unit RZI are in 1
17. NAME OF REFERRI  19. ADDITIONAL CLAIM  21. DIAGNOSIS OR NAT  A  XXX.XX   E	diagnosis  B. L. BERVICE RANGE MM DD YY SER  ML240  MM DD YY SER  ML240  Vice  ter qualifier ional Drug and the unit	JURY Relate A-L to ser  C. I  S. C. D. PROCE (Exp WICE EMG CPT/HC)  J3263  [9641	EDURES, SERVICE dain Unusual Circums PCS   133   [JZ]   133   14tem 24D D and service Indicate app and modifie For example • Drug: J3: • Modifier:	ICD Ind.  D.  H.  S, OR SUPPLIES stances) MODIFIER  PESCRIPTION PE	Item 20 Specify 21, relacted to the code list.  A of process CPCS coduct and search administration and search administration.	4E Diagnosis y diagnosis from ating to each H sted in item 24  edures  ode, CPT code services:	m Item CPCS D	TO D TO CURRENT MM TO SCHARGES VAL REF. NO.  I. ID. JUDAL F  NPI  NPI  Specify units. E LOQTO increm	RENDERING PROVIDER ID. #
17. NAME OF REFERRI  19. ADDITIONAL CLAIM  21. DIAGNOSIS OR NAT  A LXXX.XX E. L	diagnosis  B. L. F. L. SERVICE MM DD YY SER  ML240 MM DD YY  vice ter qualifier ional Drug and the unit ng/mL) vial ce	JURY Relate A-L to ser  C.    G.    B.    C.    D. PROCE EDF MICE EMG CPT/HC  J3263	DIVIDED SERVICE LAIN UNUSUAL CIRCUMS PCS 1 1 3	escription	Item 20 Specify 21, relacted to the code list.  A of process CPCS coduct and search administration and search administration.	4E Diagnosis y diagnosis from ating to each H sted in item 24  edures  ode, CPT code services:	m Item CPCS D	TO D TO CURRENT MM TO SCHARGES VAL REF. NO.  I. ID. JUDAL F  NPI  NPI  Specify units. E LOQTO increm	RENDERING PROVIDER ID. #
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This sample claims form is for informational purposes only and does not replace a medical provider's professional judgment. Before initiating LOQTORZI treatment, the patient's health insurance provider should be contacted to confirm coverage, coding, and claims submission procedures. All claims should be reviewed for completeness, accuracy, and correct documentation from the patient's medical record. Coherus BioSciences does not guarantee LOQTORZI coverage or reimbursement.

