Ningen Dock Enhanced Physical Exam Claim Form

Nippon Life Benefits

TO BE COMPLETED BY NINGEN DOCK PROVIDER OFFICE ONLY

This form is to be used for Ningen Dock enhanced physical exam only.

All other services will need to be submitted separately.

1. Patient's name (Last, First, M.I)	2. Aetna® International member ID	3. Patient's date of birth
4. Subscriber's name (Last, First, M.I) IF NOT THE PATIENT	5. Subscriber's date of birth - IF NOT THE PATIENT	6. Patient's gender

7. Is patient covered by another group, student, government (e.g. Medicare) or employment-related medical plan?

☐ **Yes** ☐ **No**

Medical plan name	Group number	Name and address of carrier

8. Physician's name (Last, First, M.I.)	9. Mailing address (Street, City, State, Postal/ZIP code)

10. Physician's SSN or TIN	11. Physician's license number	12. Physician's telephone number

13. Was the patient referred to another provider for other Ningen Dock Exam covered procedures?

☐ **Yes** ☐ **No**

If yes, please list the providers?

14. Ningen Dock Exam Diagnosis code:	Ningen Dock Exam CPT code
Z00.00	**99429**

Continued on next page

15. Please check which procedures were completed below.

Category		Procedure	Date of Service	Charge
Physical Examination	☐	Review Analysis of Health Questionnaire		
	☐	Physical Examination by Physician		
	☐	Measurement of Blood Pressure		
	☐	Height and Weight		
	☐	Rectal Examination		
	☐	Air Displacement Plethysmography (ADP)		
	☐	body mass index		
Behavioral Health	☐	Depression screening		
Sight & Hearing Tests	☐	Visual Acuity		
	☐	Audiometry		
Pulmonary Function Tests	☐	Spirometry		
Respiratory	☐			
Heart Examination	☐	ECG (at rest)		
	☐	Treadmill		
Chest X-ray	☐	Direct Image (2 views)		
Lab Work	☐	T-Protein, Albumin, A/G ratio		
	☐	T-Bill, SGOT, SGPT, ALP, r-GTP, LDH		
	☐	BUN, Creatinine		
	☐	T-Cholesterol, Triglyceride		
	☐	HDL-Cholesterol, LDL-Cholesterol		
	☐	RBC Count		
	☐	Blood typing		
	☐	CA-19		
	☐	CEA		
	☐	HIV/ AIDS Test		
	☐	Leukemia Blood Test		
	☐	WBC Count		
	☐	Hemoglobin		
	☐	Hematocrit		
	☐	Blood Platelet Count		
	☐	Glucose, HbA1c		
	☐	Sputum Exam		
	☐	Urinary sedimentation		
	☐	Fe, Ca, Na, K, Cl,		
	☐	Uric Acid		
	☐	TSH		
	☐	CBC (Complete Blood Count)		
Hepatitis Panel	☐	Hepatitis A,B,C		
Urinary System	☐	Prostatic Exam		
Urinalysis	☐	Ph,Specific gravity, Protein, Ketones, Nitrite Glucose Occult Blood, Bilirubin, Urobilinogen		
Stool Test	☐	Occult Blood in Stool		
Gynecological Test	☐	Pap Smear		
	☐	Estradiol (blood test)		
	☐	Post Menopausal (FSH)		
Imaging	☐	Transvaginal Ultrasound		
Ultrasound of Abdomen	☐	Gallbladder, Liver, Kidney, Pancreas, Spleen		
Pancreatic Function	☐	Serum Amylase		
Ultrasound of Carotid Artery	☐			

(continued)

15. Please check which procedures were completed below. *(continued)*

Upper Abdominal Test	☐	Upper GI. Series		
	☐	Esophago-Gastro-Duodenoscopy		
	☐	Colonoscopy		
	☐	Upper Gastrointestinal X-ray		
	☐	Gastroscopy (Esophageal or Nasal)		
	☐	Ova and Parasite Test		
Kidney Function	☐	Urea Nitrogen		
Hepatitis Panel	☐	Syphilis Test		
Thyroid	☐	Thyroid ultrasound		
Other Tests	☐	Mammogram Screening		
	☐	PSA (Prostate Specific Antigen)		
	☐	CA125 (Ovarian Tumor Marker)		
	☐	Venipuncture		
	☐	Iron		
	☐	Phosphate		
	☐	C-Reactive Protein		
	☐	Rheumatoid Factor		
	☐	Vitamin D Hydroxy		
	☐	Dexa Scan		
	☐	Calcium		
	☐	Sodium		
			Total	

16. Please list any additional procedures completed below:

Date of service	Place of service	Diagnosis code	CPT code	Description	Charge
				Total	

17. I certify that the statements and procedures as indicated by date have been completed. Patient signature on file.

Signature	Date

Return completed form to: **AIService@Aetna.com**.
Or online: **AetnaInternational.com**
Or mail: Aetna International, PO Box 981543, El Paso, TX 79998-1543
Or fax: 1-859-425-3363 or 1-800-475-8751

Misrepresentation

Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

United States Fraud Statements Below:

Attention Alabama Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

Attention Arkansas, District of Columbia, Rhode Island and West Virginia Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Attention California Residents: For your protection California law requires notice of the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Attention Colorado Residents: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Attention Florida Residents: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Attention Kansas Residents: Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person submits an enrollment form for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto may have violated state law.

Attention Kentucky Residents: Any person who knowingly and with intent to **defraud** any insurance company or other person files a statement of claim containing any materially **false** information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a **crime**.

Attention Louisiana Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application is guilty of a crime and may be subject to fines and confinement in prison.

Attention Maine and Tennessee Residents: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

Attention Maryland Residents: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Attention Missouri Residents: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, denial of insurance and civil damages, as determined by a court of law. Any person who knowingly and with intent to injure, defraud or deceive an insurance company may be guilty of fraud as determined by a court of law.

Attention New Jersey Residents: Any person who includes any false or misleading information on an application for an insurance policy or knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

Attention North Carolina Residents: Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and subjects such person to criminal and civil penalties.

Attention Ohio Residents: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Attention Oklahoma Residents: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Attention Oregon Residents: Any person who with intent to injure, defraud, or deceive any insurance company or other person submits an enrollment form for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto may have violated state law.

Attention Pennsylvania Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Attention Puerto Rico Residents: Any person who knowingly and with the intention to defraud includes false information in an application for insurance or file, assist or abet in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars ($5,000), not to exceed ten thousand dollars ($10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

Attention Texas Residents: Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any intentional misrepresentation of material fact or conceals, for the purpose of misleading, information concerning any fact material thereto may commit a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties.

Attention Vermont Residents: Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties.

Attention Virginia Residents: Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent act, which is a crime and subjects such person to criminal and civil penalties.

Attention Washington Residents: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Attention New York Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

Signature:	Date (MM/DD/YYYY):

For Plans Compliant with United States Federal Affordable Care Act (ACA) legislation
Aetna complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

Aetna provides free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:
Civil Rights Coordinator,
P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 24030 Fresno, CA 93779),
1-800-648-7817, TTY: **711**,
Fax: 859-425-3379 (CA HMO customers: 860-262-7705), **CRCoordinator@aetna.com**.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at **1-800-368-1019**, **800-537-7697** (TDD).

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TTY: 711

English	**To access language services at no cost to you, call the number on your ID card.**
Spanish	Para acceder a los servicios lingüísticos sin costo alguno, llame al número que figura en su tarjeta de identificación.
Chinese Traditional	如欲使用免費語言服務，請撥打您健康保險卡上所列的電話號碼
Arabic	للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم الموجود على بطاقة اشتراكك.
French	Pour accéder gratuitement aux services linguistiques, veuillez composer le numéro indiqué sur votre carte d'assurance santé.
French Creole (Haitian)	Pou ou jwenn sèvis gratis nan lang ou, rele nimewo telefòn ki sou kat idantifikasyon asirans sante ou.
German	Um auf den für Sie kostenlosen Sprachservice auf Deutsch zuzugreifen, rufen Sie die Nummer auf Ihrer ID-Karte an.
Italian	Per accedere ai servizi linguistici senza alcun costo per lei, chiami il numero sulla tessera identificativa.
Japanese	無料の言語サービスは、IDカードにある番号にお電話ください。
Korean	무료 다국어 서비스를 이용하려면 보험 ID 카드에 수록된 번호로 전화해 주십시오.
Persian Farsi	برای دسترسی به خدمات زبان به طور رایگان، با شماره قید شده روی کارت شناسایی خود تماس بگیرید.
Polish	Aby uzyskać dostęp do bezpłatnych usług językowych, należy zadzwonić pod numer podany na karcie identyfikacyjnej.
Portuguese	Para aceder aos serviços linguísticos gratuitamente, ligue para o número indicado no seu cartão de identificação.
Russian	Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону, приведенному на вашей идентификационной карте.
Tagalog	Upang ma-access ang mga serbisyo sa wika nang walang bayad, tawagan ang numero sa iyong ID card.
Vietnamese	Để sử dụng các dịch vụ ngôn ngữ miễn phí, vui lòng gọi số điện thoại ghi trên thẻ ID của quý vị.