

837/Professional-1500 Claim Form  
 Ordering / Referring / Prescribing (ORP)  
 Billing Instructions

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM   DD   YY   QUAL	15. OTHER DATE QUAL   MM   DD   YY
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a   ----- 17b NPI
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	

Block Number	Block Name	Notes
17	Name of Referring Provider or Other Source	Enter the name and degree of the ORP practitioner and or supervising physician.
17a	I.D. Number of Referring Provider	In the first portion of this block, enter G2 which is a two digit qualifier that indicates the type of ID. 13 digit Provider ID Number (9 digit Promise ID # Plus 4 Digit Service Location)
17b	NPI	Enter the 10-digit NPI of the attending and or supervising physician or the ordering or prescribing provider named in block17