SecurityHealth Plan℠

Promises kept, plain and simple.®

1515 North Saint Joseph Avenue
PO Box 8000
Marshfield, WI 54449-8000

1.800.472.2363 | 715.221.9555
TTY: 711

Roster Billing Log – CMS 1500

Health department/facility name _____

Address _____

City _____ State _____ ZIP+4 _____ Taxonomy _____

Telephone number _____ Contact name _____

Tax ID number _____ NPI _____ Accept assignment: ☐ Yes ☐ No

Patient Name	Subscriber Number	Date of Birth	Gender	Date of Service	Units	POS	HCPCS/ CPT	Diagnosis Code	Billed Amount	Patient Account Number
			☐ M ☐ F		1	99				
			☐ M ☐ F		1	99				
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			☐ M ☐ F		1	99				
			☐ M ☐ F		1	99				

One HCPCS/CPT code per line

Signature _____ Date _____