

Aligning the CMS 1500 Form for one or more printers

- Select the Libraries menu.
- Select the **Templates** tab.
- Select the Claim Form tab.
- If the master form CMS 1500 does not align to your printer, click the green down arrow icon labeled "Create a similar form."

Products	Codes	Categories	Options	Templates		
CPT Templa	ites Clair	n Form Printe	rs Letters	Headers	Custom Forms	Characters
Form Par	ameters his Form Da Form	ta Γ ^{ID}		– Carrier Statu Γ ^{Prii}	s nter	Custom Form
CMS	S 1500	1 Factory		Dell 1110) Laser	
🕑 - Cre	ate a similar	form				

- Enter a new unique Form Name.
- Click the blue Back Arrow to return.



• Go to the **Printers** tab.

• Click the green plus icon labeled "Add a new Printer" to add a new Printer. Enter the printer name.



 Return to the Claim Form tab, click the form icon, shown here to the left of "New Form Name":



• Then, click the **Printer Links** tab and check the box for the new printer.



Set the User and System Preferences for the new printer and form

- Go to the **Provider / Team** menu.
- Click the blue arrow to go into the user account to set preference for newly aligned form.
- Click **Preferences** tab and select the **Printing** tab and select the new Default Printer and the new Default Form. This process will need to be repeated for each user who will print with this printers and this form.

Provider / Team	Blackwell, Jackie
Name Contact Qualifier Codes Preferences Access Appointments	Work List Contracts Patients Ledgers
Place Provider Printing Claim Status Path Calendar Filter	Schedule Event Visual Task
Default Printer	Default Form
● Dell 1110 Laser ○ New Printer	● CMS 1500 ○ hp printer ○ Test ○ Type Form Name Here

• Also, on the Preferences Menu, select the Program Defaults tab. Then select the FRM tab. Select the new Printer and the new Form.



Adjusting the Form

- Return to the Libraries menu, Templates tab, Claim Form tab.
- Click the new form icon.



• Click the button labeled "Adjust Form Parameters"



 Begin by adjusting the **Default Settings**. Looking at your printed form which was printed from the master setting, nudge the entire form up or down, left or right, by clicking on the nudge icons in the column in the middle of the Default Settings box.

Defaul	It Settings
Report	15
Reset	40

• Once the form is aligned up or down, left or right, click the **Fields** tab and the nudge icons to move individual fields. On the left, you will see blue

boxes for each field. Click on the field to be adjusted. Then, use the Nudge Fields icons to move your data in any of the four directions.

	[1500]
	HEALTH INSURANCE CLAIM FORM
	APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05
	1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP FECA OTHER (Medicare #) (Medicaid #) (Sponsor's SSN) (Member ID#) (SSN or ID) BLK LUNG (ID)
	2. PATIENT'S NAME (Last Name, First Name, Middle Initial) 3. PATIENT'S BIRTH DATE SEX
	5. PATIENT'S ADDRESS (No. Street) 6. PATIENT'S RELATIONSHIP TO INSURED
	Self Spouse Child Other
Г	CITY STATE 8. PATIENT STATUS
÷	
	Box_11_a_sex_cb_01 Nudge Fields Image: The set of the set o

• Click the green icon to save, then re-print claim.



• Repeat the nudging process until the form is aligned.

Note: When creating another alignment choice for new printers, be sure to duplicate from a previous form to begin working with a form unique to this printer.

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