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Chapter 9 Answer Keys ASSIGNMENT 9 – 5

LOCATE ERRORS ON A RETURNED

INSURANCE CLAIM Insurance company ' s

name and address should be deleted from the

upper-right corner of the form. Block 1a

Insured ' s ID# is missing. Block 2 Period after

the middle initial B Block 3 Patient ' s sex is

female. Block 5 Telephone number is missing.

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