



**PROVIDER BILLING ALERT**  
**CMS-1500 FORM LOCATOR 32**  
**OR**  
**PROFESSIONAL (837P) ELECTRONIC CLAIM LOOP ID 2310C**

**MARYLAND HEALTHCHOICE**  
**AND**  
**DISTRICT OF COLUMBIA HEALTHY FAMILIES AND HEALTHCARE ALLIANCE**

**EFFECTIVE JANUARY 1, 2023**

The purpose of this Provider Billing Alert is to communicate billing requirements associated with “Service Facility Location Information” on a CMS-1500 Paper Claim or Professional (837p) Electronic Claim.

To avoid future claim denials, when billing for professional services, the address of the facility where the services are performed “Service Facility Location Information” must be included on the Professional CMS-1500 Paper Claim or the Professional (837P) Electronic Claim in the Form Locator identified below.

**Professional CMS-1500 Paper Claim**

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)  SIGNED _____ DATE _____	32. SERVICE FACILITY LOCATION INFORMATION  a. NPI _____ a. _____	33. BILLING PROVIDER INFO & PH # ( ) _____  a. NPI _____ b. _____
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**Professional (837P) Electronic Claim Submission**

1500 Form Locator		837P		Notes
Item Number	Title	Loop ID	Segment/Data Element	
32	Service Facility Location Information	2310C	NM103 N301 N401 N402 N403	