

Original 837

GS:Element ID	Description	Value
005010X223A2	Version / Release / Industry Identifier Code	N/A

Clearinghouse or Vendor

NM1:Element ID	Description	Value
41	Entity Identifier Code	Submitter
AVAILITY LLC	Last Name or Organization Name	N/A
593715944	Identification Code	N/A

PER:Element ID	Description	Value
IC	Contact Function Code	Information Contact
AVAILITY CLIENT SERVICES	Name	N/A
TE	Communication Number Qualifier	Telephone
8002824548	Communication Number	N/A
FX	Communication Number Qualifier	Facsimile
9044702187	Communication Number	N/A

Receiver Name

NM1:Element ID	Description	Value
40	Entity Identifier Code	Receiver
CIGNA	Last Name or Organization Name	N/A
8070500000000000	Identification Code	N/A

PRV:Element ID	Description	Value
BI	Provider Code	Billing
PXC	Reference Identification Qualifier	N/A
282N00000X	Reference Identification	N/A

Billing Provider Name

NM1:Element ID	Description	Value
85	Entity Identifier Code	Billing Provider
BAYLOR UNIVERSITY MEDICAL CENTER	Last Name or Organization Name	N/A
1447250253	Identification Code	N/A

N3:Element ID	Description	Value
3500 GASTON AVENUE	Address Information	N/A

N4:Element ID	Description	Value
DALLAS	City Name	N/A
TX	State or Province Code	N/A
752462017	Postal Code	N/A

REF:Element ID	Description	Value
EI	Reference Identification Qualifier	Employer's Identification Number
751837454	Reference Identification	N/A

PER:Element ID	Description	Value
IC	Contact Function Code	Information Contact
BAYLOR UNIVERSITY MEDICAL CENTER	Name	N/A
TE	Communication Number Qualifier	Telephone
2148203151	Communication Number	N/A

Pay-To Provider Name

NM1:Element ID	Description	Value
87	Entity Identifier Code	Pay-to Provider

N3:Element ID	Description	Value
PO BOX 842022	Address Information	N/A

N4:Element ID	Description	Value
DALLAS	City Name	N/A
TX	State or Province Code	N/A
752842022	Postal Code	N/A

Plan Information

SBR:Element ID	Description	Value
18	Individual Relationship Code	Self
00884800	Insured Group or Policy Number	N/A
CI	Claim Filing Indicator Code	Commercial Insurance Co.

Subscriber Demographics

NM1:Element ID	Description	Value
IL	Entity Identifier Code	Insured or Subscriber
FAGGETT	Last Name or Organization Name	N/A
KENDRICK	First Name	N/A
D	Middle Name	N/A
11021764000	Identification Code	N/A

N3:Element ID	Description	Value
3201 HAMILTON AVE APT 212	Address Information	N/A

N4:Element ID	Description	Value
DALLAS	City Name	N/A
TX	State or Province Code	N/A
752102566	Postal Code	N/A

DMG:Element ID	Description	Value
D8	Date Time Period Format Qualifier	Date Expressed in Format CCYYMMDD
19860624	Date of Birth	N/A
M	Gender Code	Male

REF:Element ID	Description	Value
SY	Reference Identification Qualifier	Social Security Number
453795316	Reference Identification	N/A

Payer Name

NM1:Element ID	Description	Value
PR	Entity Identifier Code	Payer
CIGNA	Last Name or Organization Name	N/A
62308	Identification Code	N/A

N3:Element ID	Description	Value
PO BOX 188061	Address Information	N/A

N4:Element ID	Description	Value
CHATTANOOGA	City Name	N/A
TN	State or Province Code	N/A
374228061	Postal Code	N/A

Claim Level Information

CLM:Element ID	Description	Value
H3000505030403	Patient Account Number	N/A
4437.22	Total Claim Charge Amount	N/A
13	Facility Type Code	N/A

A	Facility Code Qualifier	N/A
1	Claim Frequency Type Code	ORIGINAL (Admit thru Discharge Claim)
A	Medicare Assignment Code	Assigned
Y	Benefits Assignment Certification Indicator	Yes
Y	Release of Information Code	Yes, Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim

DTP:Element ID	Description	Value
434	Date/Time Qualifier	N/A
RD8	Date Time Period Format Qualifier	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
20241019-20241019	Date Time Period	N/A

CL1
1
1
01

REF:Element ID	Description	Value
D9	Reference Identification Qualifier	Claim Number
25112-3H47LC000	Reference Identification	N/A

REF:Element ID	Description	Value
EA	Reference Identification Qualifier	N/A
11917723	Reference Identification	N/A

HI
ABK
F1490

HI
APR

Z0283
APR
R519

HI
BH
11
D8
20241019

NM1:Element ID	Description	Value
77	Entity Identifier Code	N/A
ER BAYLOR UNIVERSITY MEDICAL CENTER AT DALLAS	Last Name or Organization Name	N/A

N3:Element ID	Description	Value
3500 GASTON AVENUE	Address Information	N/A

N4:Element ID	Description	Value
DALLAS	City Name	N/A
TX	State or Province Code	N/A
752462017	Postal Code	N/A

NM1:Element ID	Description	Value
71	Entity Identifier Code	N/A
THORNTON	Last Name or Organization Name	N/A
JONATHAN	First Name	N/A
1720494230	Identification Code	N/A

PRV:Element ID	Description	Value
AT	Provider Code	N/A
PXC	Reference Identification Qualifier	N/A
207P00000X	Reference Identification	N/A

Service Line Item

LX:Element ID	Description	Value
1	Assigned Number	N/A

SV2
0450
HC
96372
669.16
UN
2
0

DTP:Element ID	Description	Value
472	Date/Time Qualifier	Service
RD8	Date Time Period Format Qualifier	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
20241019-20241019	Date Time Period	N/A

REF:Element ID	Description	Value
6R	Reference Identification Qualifier	Provider Control Number
12484474085	Reference Identification	N/A

Service Line Item

LX:Element ID	Description	Value
2	Assigned Number	N/A

SV2
0450

HC
99285
25
3725.91
UN
1
0

DTP:Element ID	Description	Value
472	Date/Time Qualifier	Service
RD8	Date Time Period Format Qualifier	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
20241019-20241019	Date Time Period	N/A

REF:Element ID	Description	Value
6R	Reference Identification Qualifier	Provider Control Number
12484474086	Reference Identification	N/A

Service Line Item

LX:Element ID	Description	Value
3	Assigned Number	N/A

SV2
0636
HC
J1630
35.94
UN
1
0

DTP:Element ID	Description	Value
472	Date/Time Qualifier	Service
RD8	Date Time Period Format Qualifier	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
20241019-20241019	Date Time Period	N/A

REF:Element ID	Description	Value
6R	Reference Identification Qualifier	Provider Control Number
12484474087	Reference Identification	N/A

LIN
N4
63323047401

CTP
1
ML

Service Line Item

LX:Element ID	Description	Value
4	Assigned Number	N/A

SV2
0636
HC
J2250
6.21
UN
5
0

DTP:Element ID	Description	Value
472	Date/Time Qualifier	Service
RD8	Date Time Period Format Qualifier	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
20241019-20241019	Date Time Period	N/A

REF:Element ID	Description	Value
6R	Reference Identification Qualifier	Provider Control Number
12484474088	Reference Identification	N/A

LIN
N4
00409230504

CTP
5
ML