

|                                  |                            |                                |                      |                          |                                |                        |                 |                    |                   |                 |           |                       |                      |    |         |     |     |                 |     |     |     |     |     |     |    |   |
|----------------------------------|----------------------------|--------------------------------|----------------------|--------------------------|--------------------------------|------------------------|-----------------|--------------------|-------------------|-----------------|-----------|-----------------------|----------------------|----|---------|-----|-----|-----------------|-----|-----|-----|-----|-----|-----|----|---|
| 1                                | 2                          | 3 PATIENT CONTROL NO.          |                      |                          |                                |                        |                 |                    |                   |                 |           | 4 TYPE OF BILL        |                      |    |         |     |     |                 |     |     |     |     |     |     |    |   |
|                                  |                            |                                |                      |                          |                                |                        |                 |                    |                   |                 |           |                       |                      |    |         |     |     |                 |     |     |     |     |     |     |    |   |
|                                  |                            | 5 FED. TAX NO.                 |                      |                          | 6 STATEMENT COVERS PERIOD FROM |                        |                 | 7 COV D.           | 8 N-C D.          | 9 C-I D.        | 10 L-R D. | 11                    |                      |    |         |     |     |                 |     |     |     |     |     |     |    |   |
| 12 PATIENT NAME                  |                            |                                |                      |                          |                                |                        |                 |                    |                   |                 |           | 13 PATIENT ADDRESS    |                      |    |         |     |     |                 |     |     |     |     |     |     |    |   |
| 14 BIRTHDATE                     |                            | 15 SEX                         | 16 MS                | 17 DATE                  |                                | ADMISSION 18 HR        |                 | 19 TYPE            | 20 SRC            | 21 D HR         | 22 STAT   | 23 MEDICAL RECORD NO. |                      |    |         | 24  | 25  | CONDITION CODES |     | 26  | 27  | 28  | 29  | 30  | 31 |   |
| 32 CODE                          | OCCURRENCE DATE            |                                | 33 CODE              | OCCURRENCE DATE          |                                | 34 CODE                | OCCURRENCE DATE |                    | 35 CODE           | OCCURRENCE DATE |           | 36 CODE               | OCCURRENCE SPAN FROM |    | THROUGH |     | 37  | A               | B   | C   | D   | E   | F   | G   | H  | I |
| a                                | b                          | c                              | d                    | e                        | f                              | g                      | h               | i                  | j                 | k               | l         | m                     | n                    | o  | p       | q   | r   | s               | t   | u   | v   | w   | x   | y   | z  |   |
| 38                               | 39 CODE                    | VALUE CODES AMOUNT             |                      | 40 CODE                  | VALUE CODES AMOUNT             |                        | 41 CODE         | VALUE CODES AMOUNT |                   | 42              | 43        | 44                    | 45                   | 46 | 47      | 48  | 49  | 50              | 51  | 52  | 53  | 54  | 55  | 56  | 57 |   |
| a                                | b                          | c                              | d                    | e                        | f                              | g                      | h               | i                  | j                 | k               | l         | m                     | n                    | o  | p       | q   | r   | s               | t   | u   | v   | w   | x   | y   | z  |   |
| 1                                | 2                          | 3                              | 4                    | 5                        | 6                              | 7                      | 8               | 9                  | 10                | 11              | 12        | 13                    | 14                   | 15 | 16      | 17  | 18  | 19              | 20  | 21  | 22  | 23  | 24  | 25  |    |   |
| 42 REV. CD.                      | 43 DESCRIPTION             | 44 HCPCS / RATES               | 45 SERV. DATE        | 46 SERV. UNITS           | 47 TOTAL CHARGES               | 48 NON-COVERED CHARGES | 49              | 50                 | 51                | 52              | 53        | 54                    | 55                   | 56 | 57      | 58  | 59  | 60              | 61  | 62  | 63  | 64  | 65  | 66  |    |   |
| A                                | B                          | C                              | D                    | E                        | F                              | G                      | H               | I                  | J                 | K               | L         | M                     | N                    | O  | P       | Q   | R   | S               | T   | U   | V   | W   | X   | Y   |    |   |
| 50 PAYER                         | 51 PROVIDER NO.            | 52 REL INFO                    | 53 ASG BEN           | 54 PRIOR P AYMENTS       | 55 EST. AMOUNT DUE             | 56                     | 57              | 58                 | 59                | 60              | 61        | 62                    | 63                   | 64 | 65      | 66  | 67  | 68              | 69  | 70  | 71  | 72  | 73  | 74  |    |   |
| A                                | B                          | C                              | D                    | E                        | F                              | G                      | H               | I                  | J                 | K               | L         | M                     | N                    | O  | P       | Q   | R   | S               | T   | U   | V   | W   | X   | Y   |    |   |
| 58 INSURED'S NAME                | 59 P. REL                  | 60 CERT. - SSN - HIC. - ID NO. | 61 GR. OUP NAME      | 62 INSURANCE GR. OUP NO. | 63                             | 64                     | 65              | 66                 | 67                | 68              | 69        | 70                    | 71                   | 72 | 73      | 74  | 75  | 76              | 77  | 78  | 79  | 80  | 81  | 82  |    |   |
| A                                | B                          | C                              | D                    | E                        | F                              | G                      | H               | I                  | J                 | K               | L         | M                     | N                    | O  | P       | Q   | R   | S               | T   | U   | V   | W   | X   | Y   |    |   |
| 63 TREATMENT AUTHORIZATION CODES | 64 ESC                     | 65 EMPLOYER NAME               | 66 EMPLOYER LOCATION | 67                       | 68                             | 69                     | 70              | 71                 | 72                | 73              | 74        | 75                    | 76                   | 77 | 78      | 79  | 80  | 81              | 82  | 83  | 84  | 85  | 86  | 87  |    |   |
| A                                | B                          | C                              | D                    | E                        | F                              | G                      | H               | I                  | J                 | K               | L         | M                     | N                    | O  | P       | Q   | R   | S               | T   | U   | V   | W   | X   | Y   |    |   |
| 67 PRIN. DIAG. CD.               | 68 CODE                    | 69 CODE                        | 70 CODE              | 71 CODE                  | 72 CODE                        | 73 CODE                | 74 CODE         | 75 CODE            | 76 ADM. DIAG. CD. | 77 E-CODE       | 78        | 79                    | 80                   | 81 | 82      | 83  | 84  | 85              | 86  | 87  | 88  | 89  | 90  | 91  |    |   |
| 79 P.C.                          | 80                         | 81                             | 82                   | 83                       | 84                             | 85                     | 86              | 87                 | 88                | 89              | 90        | 91                    | 92                   | 93 | 94      | 95  | 96  | 97              | 98  | 99  | 100 | 101 | 102 | 103 |    |   |
| a                                | b                          | c                              | d                    | e                        | f                              | g                      | h               | i                  | j                 | k               | l         | m                     | n                    | o  | p       | q   | r   | s               | t   | u   | v   | w   | x   | y   |    |   |
| 84 REMARKS                       | 85 PROVIDER REPRESENTATIVE | 86 DATE                        | 87                   | 88                       | 89                             | 90                     | 91              | 92                 | 93                | 94              | 95        | 96                    | 97                   | 98 | 99      | 100 | 101 | 102             | 103 | 104 | 105 | 106 | 107 | 108 |    |   |
| A                                | B                          | C                              | D                    | E                        | F                              | G                      | H               | I                  | J                 | K               | L         | M                     | N                    | O  | P       | Q   | R   | S               | T   | U   | V   | W   | X   | Y   |    |   |