

1 JONES HOSPITAL 225 MAIN STREET BARKLEY BUIL CENTERVILLE, PA 17111 9005555555										2										3a PAT. CNTL # 756048Q		4 TYPE OF BILL 141	
																				b. MED. REC. # TEST MEDICAL RECORD NUMBER			
																				5 FED. TAX NO. 6 STATEMENT COVERS PERIOD FROM THROUGH		7	
																				567891234 091196 091196			
8 PATIENT NAME a 030005074A		9 PATIENT ADDRESS a 125 CITY AVENUE																					
b. DOE, JOHN T.										b. CENTERVILLE										c. PA d. 17111 e.			
10 BIRTHDATE 11 SEX 12 DATE ADMISSION 13 HR 14 TYPE 15 SRC 16 DHR		17 STAT 18 19 20 21		CONDITION CODES 22 23 24 25 26 27 28								29 ACCT STATE 30											
11111926 M 091196 14 3 11		01 01 02 03 04 05 06 07 08		09 10 11																			
31 OCCURRENCE CODE DATE 32 OCCURRENCE CODE DATE 33 OCCURRENCE CODE DATE		34 OCCURRENCE CODE DATE		35 OCCURRENCE SPAN FROM THROUGH		36 OCCURRENCE SPAN FROM THROUGH		37															
a. A1 111126 B1 111126 C1 111126		D1 111126		A1 111126 123127		A1 111126 123127																	
b. A2 110191 B2 010187 C2 110191		D2 010187		A1 111126 123127		A1 111126 123127																	
38. DOE, JOHN T. 125 CITY AVENUE CENTERVILLE, PA 17111										39 VALUE CODES AMOUNT		40 VALUE CODES AMOUNT		41 VALUE CODES AMOUNT									
a. A2		15 31 E2		19 31 I2		23 31																	
b. B2		16 31 F2		20 31 J2		24 31																	
c. C2		17 31 G2		21 31 K2		25 31																	
d. D2		18 31 H2		22 31 L2		26 31																	
42 REV. CD.		43 DESCRIPTION		44 HCPCS / RATE / HIPPS CODE		45 SERV. DATE		46 SERV. UNITS		47 TOTAL CHARGES		48 NON-COVERED CHARGES		49									
1 0305				85025		091196		1		13 39													
2 0730				93005 AA BB CC DD		091196		3		76 54		11 15											
3																							
4																							
5																							
6																							
7																							
8																							
9																							
10																							
11																							
12																							
13		PAGE 1 OF 1		CREATION DATE		TOTALS →		89 93		11 15													
50 PAYER NAME				51 HEALTH PLAN ID				52 REL INFO		53 ASG BEN.		54 PRIOR PAYMENTS		55 EST. AMOUNT DUE		56 NPI		9876540809					
A MEDICARE B				00435				Y		Y						57							
B STATE TEACHERS				1135				Y		Y		0 00				OTHER							
C																PRV ID							
58 INSURED'S NAME				59 PREL		60 INSURED'S UNIQUE ID				61 GROUP NAME				62 INSURANCE GROUP NO.									
A DOE, JOHN T.				18		030005074A				STATE TEACHERS				351630									
B DOE, JANE S.				01		222004433																	
C																							
63 TREATMENT AUTHORIZATION CODES						64 DOCUMENT CONTROL NUMBER						65 EMPLOYER NAME											
A						DLN12345																	
B																							
C																							
66 DX 366.9		401.9		794.31		C		R		F		G		H		I							
9																		68					
69 ADMIT DX		70 PATIENT REASON DX		a. b. c.		71 PPS CODE		123		72 ECI		a. b. c.		d. e. f.		g. h. i.							
74 PRINCIPAL PROCEDURE CODE		75 OTHER PROCEDURE DATE		a. OTHER PROCEDURE CODE		b. OTHER PROCEDURE DATE		75		76 ATTENDING		NPI		QUAL		1G B99937A							
0B110F5		032105		02139Y3		032105		4A025N8		031005		LAST JONES		FIRST JOHN									
c. OTHER PROCEDURE CODE		d. OTHER PROCEDURE DATE		e. OTHER PROCEDURE CODE		f. OTHER PROCEDURE DATE				77 OPERATING		NPI		QUAL		1G B99937B							
										LAST JONES		FIRST JANE											
80 REMARKS		81CC a. B3		203BA0200N						78 OTHER		ZZ NPI		QUAL		1G B99937B							
		b.								LAST JONES		FIRST JOE											
		c.								79 OTHER		NPI		QUAL									
		d.								LAST		FIRST											