

1 JONES HOSPITAL 225 MAIN STREET BARKLEY BUIL CENTERVILLE, PA 17111 9005555555										2										3a PAT. CNTRL # 756048Q b. MED. REC. # TEST MEDICAL RECORD NUMBER 5 FED. TAX NO. 567891234										4 TYPE OF BILL 141 6 STATEMENT COVERS PERIOD FROM 091196 THRU 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 11111926 11 SEX M 12 DATE 091196 13 HR 14 TYPE 15 SRC 3 16 DHR 11 17 STAT 01 18 01 19 02 20 03 21 04 22 05 23 06 24 07 25 08 09 26 10 27 11 28 29 ACCT STATE 30																																																																															
31 OCCURRENCE DATE A1 111126 32 OCCURRENCE DATE B1 111126 33 OCCURRENCE DATE C1 111126 34 OCCURRENCE DATE D1 111126 35 CODE OCCURRENCE SPAN FROM A1 111126 THRU 123127 36 CODE OCCURRENCE SPAN FROM A1 111126 THRU 123127 37																																																																															
a A1 111126 b B1 111126 c C1 111126 d D1 111126										a A2 110191 b B2 010187 c C2 110191 d D2 010187										a A1 111126 b B1 111126 c C1 111126 d D1 111126																																																											
38 DOE, JOHN T. 125 CITY AVENUE CENTERVILLE, PA 17111										39 CODE VALUE CODES AMOUNT a A2 15 31 b B2 16 31 c C2 17 31 d D2 18 31										40 CODE VALUE CODES AMOUNT a E2 19 31 b F2 20 31 c G2 21 31 d H2 22 31										41 CODE VALUE CODES AMOUNT a I2 23 31 b J2 24 31 c K2 25 31 d L2 26 31																																																	
42 REV. CD. 0305 0730										43 DESCRIPTION										44 HCPCS / RATE / HIPPS CODE 85025 93005 AA BB CC DD										45 SERV. DATE 091196 091196										46 SERV. UNITS 1 3										47 TOTAL CHARGES 13 39 76 54										48 NON-COVERED CHARGES 11 15										49									
PAGE 1 OF 1										CREATION DATE										TOTALS										89 93										11 15																																							
50 PAYER NAME A MEDICARE B B STATE TEACHERS C										51 HEALTH PLAN ID 00435 1135										52 REL INFO Y Y Y Y										53 ASG BEN. Y Y										54 PRIOR PAYMENTS 0 00										55 EST. AMOUNT DUE										56 NPI 57 OTHER PRV ID										9876540809									
58 INSURED'S NAME A DOE, JOHN T. B DOE, JANE S. C										59 P.REL 18 01										60 INSURED'S UNIQUE ID 030005074A 222004433										61 GROUP NAME STATE TEACHERS										62 INSURANCE GROUP NO. 351630																																							
63 TREATMENT AUTHORIZATION CODES										64 DOCUMENT CONTROL NUMBER DLN12345										65 EMPLOYER NAME																																																											
66 DX 366.9 401.9 794.31										67										68																																																											
69 ADMIT DX 70 PATIENT REASON DX a b c										71 PPS CODE 123										72 ECI a b c										73																																																	
74 PRINCIPAL PROCEDURE DATE 0B110F5 032105 02139Y3 032105 4A025N8 031005										75										76 ATTENDING NPI QUAL 1G B99937A LAST JONES FIRST JOHN										77 OPERATING NPI QUAL 1G B99937B LAST JONES FIRST JANE										78 OTHER ZZ NPI QUAL 1G B99937B LAST JONES FIRST JOE										79 OTHER NPI QUAL LAST FIRST																													
80 REMARKS										81CC a B3 203BA0200N b c d																																																																					