

1 UHS 32 HARRISON ST 32 HARRISON STREET JOHNSON CIT NY 137901408 8007623035		2 UHS 32 HARRISON ST PO BOX 412685 BOSTON MA 02241-2685		3a PAT CNTLS b. MED REC# H3423329401 8122822 5. FED TAX NO. 0000 161165049		4 TYPE OF BILL 0131 6 STATEMENT COVERS PERIOD FROM 120224 THRU 120224		7	
8 PATIENT NAME a				9 PATIENT ADDRESS a 23 ROBERTS ST APT. C5					
b STEVENSON BRUCE				b KIRKWOOD				c NY d 13795 e	
10 BIRTHDATE		11 SEX		12 DATE		13 HIR 14 TYPE 15 SRC		16 DHR	
12111992		M				3 2		01	
17 STAT		18		19		20		21	
22		23		24		25		26	
27		28		29 ADT STATE		30			
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 04 060924									
b									
38 CLARITY DX PO BOX 540236 ORLANDO FL 32854				39 CODE		VALUE CODES AMOUNT		40 CODE	
				41 CODE		VALUE CODES AMOUNT		42	
				43		VALUE CODES AMOUNT		44	
				45		VALUE CODES AMOUNT		46	
				47		VALUE CODES AMOUNT		48	
				49		VALUE CODES AMOUNT		50	
42 REV. CD.		43 DESCRIPTION		44 HCPCS/RATE/HIPPS CODE		45 SERV. DATE		46 SERV. UNITS	
1 0612		MRI LUMBAR SPINE W/O DYE		72148 TC		120224		1	
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23 0001		PAGE 1 OF 1		CREATION DATE		121724		TOTALS → 64505 000	
50 PAYER NAME		51 HEALTH PLAN ID		52 REL INFO		53 BEN		54 PRIOR PAYMENTS	
A CLARITY DX		99999-0000		Y Y		000		000	
B									
C									
58 INSURED'S NAME		59 REL		60 INSURED'S UNIQUE ID		61 GROUP NAME		62 INSURANCE GROUP NO.	
A STEVENSON, BRUCE		20		2024920256-01		WORKERS COMP GENE			
B									
C									
63 TREATMENT AUTHORIZATION CODES				64 DOCUMENT CONTROL NUMBER				65 EMPLOYER NAME	
A								A	
B								B	
C								C	
66 DX		M5450		M47816				68	
0									
69 ADMIT DX		70 PATIENT REASON DX		M5450		M47816		71 PPS CODE	
74 PRINCIPAL PROCEDURE CODE DATE		a OTHER PROCEDURE CODE DATE		b OTHER PROCEDURE CODE DATE		75		76 ATTENDING NPI 1467433078 QUAL	
c OTHER PROCEDURE CODE DATE		d OTHER PROCEDURE CODE DATE		e OTHER PROCEDURE CODE DATE				LAST HAMMOUD FIRST WALID	
								77 OPERATING NPI QUAL	
								LAST FIRST	
80 REMARKS 2024920256-01		81 CC B3		282N00000X				78 OTHER NPI QUAL	
		b						LAST FIRST	
		c						79 OTHER NPI QUAL	
		d						LAST FIRST	