1 2									3a PAT. CNTL #													TYPE OF BILL
														b. RE	MED. EC. #							
														5 1	FED. TAX NO.		6 STATE FROM	MENT C	OVERS PERIO THROUG	D H	7	
8 PATIENT N	AME	a						9 PAT	TENT ADDR	RESS	a											
b								b									С		d			е
10 BIRTHDAT	E	11 SEX	12 DATE	ADMISSI 13 HR	ION 14 TYPE	15 SR	C 16 DH	IR 17 ST	AT 18	19	20	21	CONDITIO 22	N COE	DES 24 25	26	27	29 28 S	ACDT 30 STATE			
24 00011	DDENOE		COCURREN	05	22 22	OUBBE	105	0.4	0001100	NOF	0.5			105.05		00		PPENOF	ODAN		27	
31 OCCU CODE	DATE	32 CODE	OCCURREN DA	TE	33 OC CODE	D	ATE	34 CODI	OCCURRE E	DATE	35 CODE		OCCURREI FROM	NCE SE	THROUGH	36 CODE	FRO	RRENCE M	THROUG	iH.	37	
38												39	VALL	JE COD	nec /	10	VALUE COD	ES	41	\/\	UE CODE	e
30												COD	E A	MOUN	IT (40 CODE	VALUE COD AMOUNT	[CODE	VA	AMOUNT	· · ·
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42 REV. CD.	43 DESCRIP	TION						144 HCE	PCS / RATE /	HIPPS CO		d	45 SERV. DAT	F	46 SERV. UNITS		47 TOTAL CHA	RGES	:	N-COVE	RED CHARG	ES 49
42 HEV. OD.	40 DE001111	11014						441101	OO/TIAIL/	11111000	,,,,,		45 OLIV. DAI		40 02110. 014110		47 TOTAL OTTA	HOLO	: 101101	V-00VL	ILD OF IATIO	
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50 PAYER NA	AME				5	1 HEAL	TH PLAN	ID		52 IN	REL. 53 A IFO BEI	SG. N. 54 PI	RIOR PAYME	ENTS	55 EST. AN	MOUNT D	UE	56 NPI				
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58 INSURED	5 NAME						59 P. REL	60 INSUI	RED'S UNIC	SOF ID				61 G	ROUP NAME			62 INSU	RANCE GROU	P NO.		
63 TREATME	NT ALITHODI	ZATIONI CO	ODES					64	DOCUMEN	T CONTE	OL NUMB	ED				GE EM	PLOYER NAME	=				
03 ITILATIVIL	IVI AOTITOTII	ZATION CO	JDLJ					04	DOCOMEN	II CONTI	IOL NOWID	LIT				05 EW	I LOTEIT IVAIVIL	-				
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69 ADMIT		70	PATIENT	2			<u> </u>	_		71 PI	PS ODE	- 17	72 ECI	1	a				G	73		
74 P	RINCIPAL PR	OCEDURE DATE	a.	CODE	THER PRO	CEDUR	E ATE	b.	OTH	ER PROC	ODE CEDURE DATE		75 ECI	70	6 ATTENDING	NPI			QUAL	_		
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