Patient Account # 12345	INPA	FIENT REGIS	STRA	ΓIO	N AN	D SUM	IMARY I	FORM	1		Record # 15043	
Patient Name (Last) (First) (Mic	idle)	Attending Physician Nu	mber and Nam	ne		Patient Type	;	Hospita	i	Admit Date	Admit time	
Brown, Joh		Jeff T. N	Moore		97	Inp		Service		11/12/9	ı	
Patient Address (Street) (City)								1	Phone #		Date of Prev. Admi	t
27 Cottonw Previous or Maiden Name	700d Ln Any	town USA	Age	Sex	Marital	Religion	Comm		3-123	- 4567		
		9/10/44	54	М	St M	Kengion		nor	No			
Notify in Case of Emergency		Ad	dress		<u></u>	City/St	ate	Phone		Relat	ionship	-
Patient Social Security Number 123-45-6789	Employer Name Big Company	7			Employer C Anyto	ity/State)Wn, US	Guarantor	#	Guarantor John	Name Brown		
Guarantor Address Same									C	Juarantor Social S	ecurity Number	
Payer		Policy Number					Insured's Name			Group Name		
Southern C	ompany	1234567	789				John Br	own				
Financial Class	Admitted By				Patient V	Veight			T C	Discharge Date	Disch, Time	ᅱ
Provisional Diagnosis	AD12				L				1	1/13/99	11:30	
Right Ing	Uornio											
Principal Diagnosis, Secondary		-	· · · · · · · · · · · · · · · · · · ·									\dashv
										550,5 214.4	91	
										2144		
										Q1 1, 1		
Principal Procedures and Second	lary Procedures											
								_		53.0 63.3	3	
							11-10 MOOT	<u>)</u>		133		
							Moon			60,		1
										4952	0	
										415		
							-					
Consultations												
											•	
Disposition of Case												
·/	Swing Bed	Supervised Living		Home	•	☐ Nursii	ng Home		Cod	ler	Date	
	Autopsy	AMA	Hea	lth						<i>k</i> ρ		
Transferred to:		I					principal and se		iagnoses a	and the major p	rocedures	
		P.	tormed are	. uocui	and co	inpiece to the	oos of my killw	rouge,				

Attending Physician

Patient Account # 12345	INPA	FIENT REGIS	STRA	ΓIO	N AN	D SUM	IMARY I	FORM	1		Record # 15043	
Patient Name (Last) (First) (Mic	idle)	Attending Physician Nu	mber and Nam	ne		Patient Type	;	Hospita	i	Admit Date	Admit time	
Brown, Joh		Jeff T. N	Moore		97	Inp		Service		11/12/9	ı	
Patient Address (Street) (City)								1	Phone #		Date of Prev. Admi	t
27 Cottonw Previous or Maiden Name	700d Ln Any	town USA	Age	Sex	Marital	Religion	Comm		3-123	- 4567		
		9/10/44	54	М	St M	Kengion		nor	No			
Notify in Case of Emergency		Ad	dress		<u></u>	City/St	ate	Phone		Relat	ionship	\dashv
Patient Social Security Number 123-45-6789	Employer Name Big Company	7			Employer C Anyto	ity/State)Wn, US	Guarantor	#	Guarantor John	Name Brown		
Guarantor Address Same									C	Juarantor Social S	ecurity Number	
Payer		Policy Number					Insured's Name			Group Name		
Southern C	ompany	1234567	789				John Br	own				
Financial Class	Admitted By				Patient V	Veight			T C	Discharge Date	Disch. Time	ᅱ
Provisional Diagnosis	AD12				L				1	1/13/99	11:30	
Right Ing	Uornio											
Principal Diagnosis, Secondary		-	· · · · · · · · · · · · · · · · · · ·						T			\dashv
										550,5 214.4	91	
										2144		
										Q1 1, 1		
Principal Procedures and Second	lary Procedures											
								_		53.0 63.3	3	
							11-10 MOOT	<u>)</u>		133		
							Moon			60,		1
										4952	0	
										415		
							-					
Consultations												
											•	
Disposition of Case												
·/	Swing Bed	Supervised Living		Home	•	☐ Nursii	ng Home		Cod	ler	Date	
	Autopsy	AMA	Hea	lth						<i>k</i> ρ		
Transferred to:		I					principal and se		iagnoses a	and the major p	rocedures	
		P.	tormed are	. uocui	and co	inpiece to the	oos of my killw	rouge,				

Attending Physician

Patient Account # 12345	INPA	FIENT REGIS	STRA	ΓIO	N AN	D SUM	IMARY I	FORM	1		Record # 15043	
Patient Name (Last) (First) (Mic	idle)	Attending Physician Nu	mber and Nam	ne		Patient Type	;	Hospita	i	Admit Date	Admit time	
Brown, Joh		Jeff T. N	Moore		97	Inp		Service		11/12/9	ı	
Patient Address (Street) (City)								1	Phone #		Date of Prev. Admi	t
27 Cottonw Previous or Maiden Name	700d Ln Any	town USA	Age	Sex	Marital	Religion	Comm		3-123	- 4567		
		9/10/44	54	М	St M	Kengion		nor	No			
Notify in Case of Emergency		Ad	dress		<u></u>	City/St	ate	Phone		Relat	ionship	\dashv
Patient Social Security Number 123-45-6789	Employer Name Big Company	7			Employer C Anyto	ity/State)Wn, US	Guarantor	#	Guarantor John	Name Brown		
Guarantor Address Same									C	Juarantor Social S	ecurity Number	
Payer		Policy Number					Insured's Name			Group Name		
Southern C	ompany	1234567	789				John Br	own				
Financial Class	Admitted By				Patient V	Veight			T C	Discharge Date	Disch, Time	ᅱ
Provisional Diagnosis	AD12				L				1	1/13/99	11:30	
Right Ing	Uornio											
Principal Diagnosis, Secondary		-	· · · · · · · · · · · · · · · · · · ·									\dashv
										550,5 214.4	91	
										2144		
										Q1 1, 1		
Principal Procedures and Second	lary Procedures											
								_		53.0 63.3	3	
							11-10 MOOT	<u>)</u>		133		
							Moon			60,		1
										4952	0	
										415		
							-					
Consultations												
											•	
Disposition of Case						·						
·/	Swing Bed	Supervised Living		Home	•	☐ Nursii	ng Home		Cod	ler	Date	
	Autopsy	AMA	Hea	lth						kρ		
Transferred to:		I					principal and se		iagnoses a	and the major p	rocedures	
		P.	tormed are	. uocui	and co	inpiece to the	oos of my killw	rouge,				

Attending Physician

Patient Account # 12345	INPA	FIENT REGIS	STRA	ΓIO	N AN	D SUM	IMARY I	FORM	1		Record # 15043	
Patient Name (Last) (First) (Mic	idle)	Attending Physician Nu	mber and Nam	ne		Patient Type	;	Hospita	i	Admit Date	Admit time	
Brown, Joh		Jeff T. N	Moore		97	Inp		Service		11/12/9	ı	
Patient Address (Street) (City)								1	Phone #		Date of Prev. Admi	t
27 Cottonw Previous or Maiden Name	700d Ln Any	town USA	Age	Sex	Marital	Religion	Comm		3-123	- 4567		
		9/10/44	54	М	St M	Kengion		nor	No			
Notify in Case of Emergency		Ad	dress		<u></u>	City/St	ate	Phone		Relat	ionship	-
Patient Social Security Number 123-45-6789	Employer Name Big Company	7			Employer C Anyto	ity/State)Wn, US	Guarantor	#	Guarantor John	Name Brown		
Guarantor Address Same									C	Juarantor Social S	ecurity Number	
Payer		Policy Number					Insured's Name			Group Name		
Southern C	ompany	1234567	789				John Br	own				
Financial Class	Admitted By				Patient V	Veight			T C	Discharge Date	Disch, Time	ᅱ
Provisional Diagnosis	AD12				L				1	1/13/99	11:30	
Right Ing	Uornio											
Principal Diagnosis, Secondary		-	· · · · · · · · · · · · · · · · · · ·									\dashv
										550,5 214.4	91	
										2144		
										Q1 1, 1		
Principal Procedures and Second	lary Procedures											
								_		53.0 63.3	3	
							11-10 MOOT	<u>)</u>		133		
							Moon			60,		1
										4952	0	
										415		
							-					
Consultations												
											•	
Disposition of Case						·						
·/	Swing Bed	Supervised Living		Home	•	☐ Nursii	ng Home		Cod	ler	Date	
	Autopsy	AMA	Hea	lth						kρ		
Transferred to:		I					principal and se		iagnoses a	and the major p	rocedures	
		P.	tormed are	. uocui	and co	inpiece to the	oos of my killw	rouge,				

Attending Physician

Patient Account # 12345	INPA	FIENT REGIS	STRA	ΓIO	N AN	D SUM	IMARY I	FORM	1		Record # 15043	
Patient Name (Last) (First) (Mic	idle)	Attending Physician Nu	mber and Nam	ne		Patient Type	;	Hospita	i	Admit Date	Admit time	
Brown, Joh		Jeff T. N	Moore		97	Inp		Service		11/12/9	ı	
Patient Address (Street) (City)								1	Phone #		Date of Prev. Admi	t
27 Cottonw Previous or Maiden Name	700d Ln Any	town USA	Age	Sex	Marital	Religion	Comm		3-123	- 4567		
		9/10/44	54	М	St M	Kengion		nor	No			
Notify in Case of Emergency		Ad	dress		<u></u>	City/St	ate	Phone		Relat	ionship	\dashv
Patient Social Security Number 123-45-6789	Employer Name Big Company	7			Employer C Anyto	ity/State)Wn, US	Guarantor	#	Guarantor John	Name Brown		
Guarantor Address Same									C	Juarantor Social S	ecurity Number	
Payer		Policy Number					Insured's Name			Group Name		
Southern C	ompany	1234567	789				John Br	own				
Financial Class	Admitted By				Patient V	Veight			T C	Discharge Date	Disch, Time	ᅱ
Provisional Diagnosis	AD12				L				1	1/13/99	11:30	
Right Ing	Uornio											
Principal Diagnosis, Secondary		-	· · · · · · · · · · · · · · · · · · ·									\dashv
										550,5 214.4	91	
										2144		
										Q1 1, 1		
Principal Procedures and Second	lary Procedures											
								_		53.0 63.3	3	
							11-10 MOOT	<u>)</u>		133		
							Moon			60,		1
										4952	0	
										415		
							-					
Consultations												
											•	
Disposition of Case						·						
·/	Swing Bed	Supervised Living		Home	•	☐ Nursii	ng Home		Cod	ler	Date	
	Autopsy	AMA	Hea	lth						kρ		
Transferred to:		I					principal and se		iagnoses a	and the major p	rocedures	
		P.	tormed are	. uocui	and co	inpiece to the	oos of my killw	rouge,				

Attending Physician

Patient Account # 12345	INPA	FIENT REGIS	STRA	ΓIO	N AN	D SUM	IMARY I	FORM	1		Record # 15043	
Patient Name (Last) (First) (Mic	idle)	Attending Physician Nu	mber and Nam	ne		Patient Type	;	Hospita	i	Admit Date	Admit time	
Brown, Joh		Jeff T. N	Moore		97	Inp		Service		11/12/9	ı	
Patient Address (Street) (City)								1	Phone #		Date of Prev. Admi	t
27 Cottonw Previous or Maiden Name	700d Ln Any	town USA	Age	Sex	Marital	Religion	Comm		3-123	- 4567		
		9/10/44	54	М	St M	Kengion		nor	No			
Notify in Case of Emergency		Ad	dress		<u></u>	City/St	ate	Phone		Relat	ionship	\dashv
Patient Social Security Number 123-45-6789	Employer Name Big Company	7			Employer C Anyto	ity/State)Wn, US	Guarantor	#	Guarantor John	Name Brown		
Guarantor Address Same									C	Juarantor Social S	ecurity Number	
Payer		Policy Number					Insured's Name			Group Name		
Southern C	ompany	1234567	789				John Br	own				
Financial Class	Admitted By				Patient V	Veight			T C	Discharge Date	Disch, Time	ᅱ
Provisional Diagnosis	AD12				L				1	1/13/99	11:30	
Right Ing	Uornio											
Principal Diagnosis, Secondary		-	· · · · · · · · · · · · · · · · · · ·									\dashv
										550,5 214.4	91	
										2144		
										Q1 1, 1		
Principal Procedures and Second	lary Procedures											
								_		53.0 63.3	3	
							11-10 MOOT	<u>)</u>		133		
							Moon			60,		1
										4952	0	
										415		
							-					
Consultations												
											•	
Disposition of Case						·						
·/	Swing Bed	Supervised Living		Home	•	☐ Nursii	ng Home		Cod	ler	Date	
	Autopsy	AMA	Hea	lth						$k\rho$		
Transferred to:		I					principal and se		iagnoses a	and the major p	rocedures	
		P.	tormed are	. uocui	and co	inpiece to the	oos of my killw	rouge,				

Attending Physician

Patient Account # 12345	INPA	FIENT REGIS	STRA	ΓIO	N AN	D SUM	IMARY I	FORM	1		Record # 15043	
Patient Name (Last) (First) (Mic	idle)	Attending Physician Nu	mber and Nam	ne		Patient Type	;	Hospita	i	Admit Date	Admit time	
Brown, Joh		Jeff T. N	Moore		97	Inp		Service		11/12/9	ı	
Patient Address (Street) (City)								1	Phone #		Date of Prev. Admi	t
27 Cottonw Previous or Maiden Name	700d Ln Any	town USA	Age	Sex	Marital	Religion	Comm		3-123	- 4567		
		9/10/44	54	М	St M	Kengion		nor	No			
Notify in Case of Emergency		Ad	dress		<u></u>	City/St	ate	Phone		Relat	ionship	\dashv
Patient Social Security Number 123-45-6789	Employer Name Big Company	7			Employer C Anyto	ity/State)Wn, US	Guarantor	#	Guarantor John	Name Brown		
Guarantor Address Same									C	Juarantor Social S	ecurity Number	
Payer		Policy Number					Insured's Name			Group Name		
Southern C	ompany	1234567	789				John Br	own				
Financial Class	Admitted By				Patient V	Veight			T C	Discharge Date	Disch, Time	ᅱ
Provisional Diagnosis	AD12				L				1	1/13/99	11:30	
Right Ing	Uornio											
Principal Diagnosis, Secondary		-	· · · · · · · · · · · · · · · · · · ·									\dashv
										550,5 214.4	91	
										2144		
										Q1 1, 1		
Principal Procedures and Second	lary Procedures											
								_		53.0 63.3	3	
							11-10 MOOT	<u>)</u>		133		
							Moon			60,		1
										4952	0	
										415		
							-					
Consultations												
											•	
Disposition of Case						·						
·/	Swing Bed	Supervised Living		Home	•	☐ Nursii	ng Home		Cod	ler	Date	
	Autopsy	AMA	Hea	lth						$k\rho$		
Transferred to:		I					principal and se		iagnoses a	and the major p	rocedures	
		P.	tormed are	. uocui	and co	inpiece to the	oos of my killw	rouge,				

Attending Physician

Patient Account # 12345	INPA	FIENT REGIS	STRA	ΓIO	N AN	D SUM	IMARY I	FORM	1		Record # 15043	
Patient Name (Last) (First) (Mic	idle)	Attending Physician Nu	mber and Nam	ne		Patient Type	;	Hospita	i	Admit Date	Admit time	
Brown, Joh		Jeff T. N	Moore		97	Inp		Service		11/12/9	ı	
Patient Address (Street) (City)								1	Phone #		Date of Prev. Admi	t
27 Cottonw Previous or Maiden Name	700d Ln Any	town USA	Age	Sex	Marital	Religion	Comm		3-123	- 4567		
		9/10/44	54	М	St M	Kengion		nor	No			
Notify in Case of Emergency		Ad	dress		<u></u>	City/St	ate	Phone		Relat	ionship	\dashv
Patient Social Security Number 123-45-6789	Employer Name Big Company	7			Employer C Anyto	ity/State)Wn, US	Guarantor	#	Guarantor John	Name Brown		
Guarantor Address Same									C	Juarantor Social S	ecurity Number	
Payer		Policy Number					Insured's Name			Group Name		
Southern C	ompany	1234567	789				John Br	own				
Financial Class	Admitted By				Patient V	Veight			T C	Discharge Date	Disch, Time	ᅱ
Provisional Diagnosis	AD12				L				1	1/13/99	11:30	
Right Ing	Uornio											
Principal Diagnosis, Secondary		-	· · · · · · · · · · · · · · · · · · ·									\dashv
										550,5 214.4	91	
										2144		
										Q1 1, 1		
Principal Procedures and Second	lary Procedures											
								_		53.0 63.3	3	
							11-10 MOOT	<u>)</u>		133		
							Moon			60,		1
										4952	0	
										415		
							-					
Consultations												
											•	
Disposition of Case						·						
·/	Swing Bed	Supervised Living		Home	•	☐ Nursii	ng Home		Cod	ler	Date	
	Autopsy	AMA	Hea	lth						$k\rho$		
Transferred to:		I					principal and se		iagnoses a	and the major p	rocedures	
		P.	tormed are	. uocui	and co	implete to the	oos of my killw	rouge,				

Attending Physician

Patient Account # 12345	INPA	FIENT REGIS	STRA	ΓIO	N AN	D SUM	IMARY I	FORM	1		Record # 15043	
Patient Name (Last) (First) (Mic	idle)	Attending Physician Nu	mber and Nam	ne		Patient Type	;	Hospita	i	Admit Date	Admit time	
Brown, Joh		Jeff T. N	Moore		97	Inp		Service		11/12/9	ı	
Patient Address (Street) (City)								1	Phone #		Date of Prev. Admi	t
27 Cottonw Previous or Maiden Name	700d Ln Any	town USA	Age	Sex	Marital	Religion	Comm		3-123	- 4567		
		9/10/44	54	М	St M	Kengion		nor	No			
Notify in Case of Emergency		Ad	dress		<u></u>	City/St	ate	Phone		Relat	ionship	\dashv
Patient Social Security Number 123-45-6789	Employer Name Big Company	7			Employer C Anyto	ity/State)Wn, US	Guarantor	#	Guarantor John	Name Brown		
Guarantor Address Same									C	Juarantor Social S	ecurity Number	
Payer		Policy Number					Insured's Name			Group Name		
Southern C	ompany	1234567	789				John Br	own				
Financial Class	Admitted By				Patient V	Veight			T C	Discharge Date	Disch. Time	ᅱ
Provisional Diagnosis	AD12				L				1	1/13/99	11:30	
Right Ing	Uornio											
Principal Diagnosis, Secondary		-	· · · · · · · · · · · · · · · · · · ·									\dashv
										550,5 214.4	91	
										2144		
										Q1 1, 1		
Principal Procedures and Second	lary Procedures											
								_		53.0 63.3	3	
							11-10 MOOT	<u>)</u>		133		
							Moon			60,		1
										4952	0	
										415		
							-					
Consultations												
											•	
Disposition of Case						·						
·/	Swing Bed	Supervised Living		Home	•	☐ Nursii	ng Home		Cod	ler	Date	
	Autopsy	AMA	Hea	lth						$k\rho$		
Transferred to:		I					principal and se		iagnoses a	and the major p	rocedures	
		P.	tormed are	. uocui	and co	implete to the	oos of my killw	rouge,				

Attending Physician

Patient Account # 12345	INPA	FIENT REGIS	STRA	ΓIO	N AN	D SUM	IMARY I	FORM	1		Record # 15043	
Patient Name (Last) (First) (Mic	idle)	Attending Physician Nu	mber and Nam	ne		Patient Type	;	Hospita	i	Admit Date	Admit time	
Brown, Joh		Jeff T. N	Moore		97	Inp		Service		11/12/9	ı	
Patient Address (Street) (City)								1	Phone #		Date of Prev. Admi	t
27 Cottonw Previous or Maiden Name	700d Ln Any	town USA	Age	Sex	Marital	Religion	Comm		3-123	- 4567		
		9/10/44	54	М	St M	Kengion		nor	No			
Notify in Case of Emergency		Ad	dress		<u></u>	City/St	ate	Phone		Relat	ionship	-
Patient Social Security Number 123-45-6789	Employer Name Big Company	7			Employer C Anyto	ity/State)Wn, US	Guarantor	#	Guarantor John	Name Brown		
Guarantor Address Same									C	Juarantor Social S	ecurity Number	
Payer		Policy Number					Insured's Name			Group Name		
Southern C	ompany	1234567	789				John Br	own				
Financial Class	Admitted By				Patient V	Veight			T C	Discharge Date	Disch. Time	ᅱ
Provisional Diagnosis	AD12				L				1	1/13/99	11:30	
Right Ing	Uornio											
Principal Diagnosis, Secondary		-	· · · · · · · · · · · · · · · · · · ·									\dashv
										550,5 214.4	91	
										2144		
										Q1 1, 1		
Principal Procedures and Second	lary Procedures											
								_		53.0 63.3	3	
							11-10 MOOT	<u>)</u>		133		
							Moon			60,		1
										4952	0	
										415		
							-					
Consultations												
											•	
Disposition of Case						·						
·/	Swing Bed	Supervised Living		Home	•	☐ Nursii	ng Home		Cod	ler	Date	
	Autopsy	AMA	Hea	lth						$k\rho$		
Transferred to:		I					principal and se		iagnoses a	and the major p	rocedures	
		P.	tormed are	. uocui	and co	implete to the	oos of my killw	rouge,				

Attending Physician

Patient Account # 12345	INPA	FIENT REGIS	STRA	ΓIO	N AN	D SUM	IMARY I	FORM	1		Record # 15043	
Patient Name (Last) (First) (Mic	idle)	Attending Physician Nu	mber and Nam	ne		Patient Type	;	Hospita	i	Admit Date	Admit time	
Brown, Joh		Jeff T. N	Moore		97	Inp		Service		11/12/9	ı	
Patient Address (Street) (City)								1	Phone #		Date of Prev. Admi	t
27 Cottonw Previous or Maiden Name	700d Ln Any	town USA	Age	Sex	Marital	Religion	Comm		3-123	- 4567		
		9/10/44	54	М	St M	Kengion		nor	No			
Notify in Case of Emergency		Ad	dress		<u></u>	City/St	ate	Phone		Relat	ionship	\dashv
Patient Social Security Number 123-45-6789	Employer Name Big Company	7			Employer C Anyto	ity/State)Wn, US	Guarantor	#	Guarantor John	Name Brown		
Guarantor Address Same									C	Juarantor Social S	ecurity Number	
Payer		Policy Number					Insured's Name			Group Name		
Southern C	ompany	1234567	789				John Br	own				
Financial Class	Admitted By				Patient V	Veight			T C	Discharge Date	Disch, Time	ᅱ
Provisional Diagnosis	AD12				L				1	1/13/99	11:30	
Right Ing	Uornio											
Principal Diagnosis, Secondary		-	· · · · · · · · · · · · · · · · · · ·									\dashv
										550,5 214.4	91	
										2144		
										Q1 1, 1		
Principal Procedures and Second	lary Procedures											
								_		53.0 63.3	3	
							11-10 MOOT	<u>)</u>		133		
							Moon			60,		1
										4952	0	
										415		
							-					
Consultations												
											•	
Disposition of Case						·						
·/	Swing Bed	Supervised Living		Home	•	☐ Nursii	ng Home		Cod	ler	Date	
	Autopsy	AMA	Hea	lth						$k\rho$		
Transferred to:		I					principal and se		iagnoses a	and the major p	rocedures	
		P.	tormed are	. uocui	and co	implete to the	oos of my killw	rouge,				

Attending Physician

Patient Account # 12345	INPA	FIENT REGIS	STRA	ΓIO	N AN	D SUM	IMARY I	FORM	1		Record # 15043	
Patient Name (Last) (First) (Mic	idle)	Attending Physician Nu	mber and Nam	ne		Patient Type	;	Hospita	i	Admit Date	Admit time	
Brown, Joh		Jeff T. N	Moore		97	Inp		Service		11/12/9	ı	
Patient Address (Street) (City)								1	Phone #		Date of Prev. Admi	t
27 Cottonw Previous or Maiden Name	700d Ln Any	town USA	Age	Sex	Marital	Religion	Comm		3-123	- 4567		
		9/10/44	54	М	St M	Kengion		nor	No			
Notify in Case of Emergency		Ad	dress		<u></u>	City/St	ate	Phone		Relat	ionship	\dashv
Patient Social Security Number 123-45-6789	Employer Name Big Company	7			Employer C Anyto	ity/State)Wn, US	Guarantor	#	Guarantor John	Name Brown		
Guarantor Address Same									C	Juarantor Social S	ecurity Number	
Payer		Policy Number					Insured's Name			Group Name		
Southern C	ompany	1234567	789				John Br	own				
Financial Class	Admitted By				Patient V	Veight			T C	Discharge Date	Disch, Time	ᅱ
Provisional Diagnosis	AD12				L				1	1/13/99	11:30	
Right Ing	Uornio											
Principal Diagnosis, Secondary		-	· · · · · · · · · · · · · · · · · · ·									\dashv
										550,5 214.4	91	
										2144		
										Q1 1, 1		
Principal Procedures and Second	lary Procedures											
								_		53.0 63.3	3	
							11-10 MOOT	<u>)</u>		133		
							Moon			60,		1
										4952	0	
										415		
							-					
Consultations												
											•	
Disposition of Case						·						
·/	Swing Bed	Supervised Living		Home	•	☐ Nursii	ng Home		Cod	ler	Date	
	Autopsy	AMA	Hea	lth						$k\rho$		
Transferred to:		I					principal and se		iagnoses a	and the major p	rocedures	
		P.	tormed are	. uocui	and co	implete to the	oos of my killw	rouge,				

Attending Physician

Patient Account # 12345	INPATIENT REGISTRATION AND SUMMARY FORM Medical Record # 215043											
Patient Name (Last) (First) (Mic	idle)	Attending Physician Nur	mber and Nan	ne		Patient Type	;	Hospita	i	Admit Date	Admit tim	ne .
Brown, Joh		Jeff T. M	loore		97	Inp		Service	ž.	11/12/9		
Patient Address (Street) (City)								Patient			Date of Prev.	Admit
27 Cottonw Previous or Maiden Name	ood Ln Any	town USA	Age	Sex	Marital	Religion	Comm		3-123	-4567		-
		9/10/44	54	M	St M	Kengion		nor	No			
Notify in Case of Emergency		Ado	dress		<u> </u>	City/Sta	ate	Phone		Relat	onship	
Patient Social Security Number 123-45-6789	Employer Name Big Company				Employer C Anyto	wn, US	Guarantor	#	Guarantor John	Name Brown		
Guarantor Address Same									G	uarantor Social S	ecurity Number	
Payer		Policy Number					Insured's Name			Group Name		
Southern C	ompany	1234567	89				John Br	own				
Financial Class	Admitted By				Patient V	Veight			D	ischarge Date	Disch. Time	
Provisional Diagnosis	AD12				L				1	1/13/99	11:30	
Right Ing	Uornio											
Principal Diagnosis, Secondary I			····									
										550,	7/	.
										550,9 214,4		
										017,7		
									ĺ			
Principal Procedures and Second	lary Procedures											
										53.0 63.3	3	
							11-12 Moor	<u>!</u>	1	133		
							Moon			60,		
										4952	0	
										41		
Consultations												ľ
$\label{eq:def_problem} \Phi_{ij} = \frac{1}{2} \left(\frac{1}{2} \left($												
Disposition of Case				-		·	· · · · · · · · · · · · · · · · · · ·	· · · · · ·	Cod	er T	Date	
Home [Swing Bed	Supervised Living	□ Hea	Home	•	☐ Nursii	ng Home			,		
	Autopsy	AMA			_					kρ		
Transferred to:							principal and see best of my know		iagnoses a	nd the major p	rocedures	

Attending Physician

Patient Account # 12345	INPATIENT REGISTRATION AND SUMMARY FORM Medical Record # 215043											
Patient Name (Last) (First) (Mic	idle)	Attending Physician Nur	mber and Nan	ne		Patient Type	;	Hospita	i	Admit Date	Admit tim	ne .
Brown, Joh		Jeff T. M	loore		97	Inp		Service	ž.	11/12/9		
Patient Address (Street) (City)								Patient			Date of Prev.	Admit
27 Cottonw Previous or Maiden Name	ood Ln Any	town USA	Age	Sex	Marital	Religion	Comm		3-123	-4567		-
		9/10/44	54	M	St M	Kengion		nor	No			
Notify in Case of Emergency		Ado	dress		<u> </u>	City/Sta	ate	Phone		Relat	onship	
Patient Social Security Number 123-45-6789	Employer Name Big Company				Employer C Anyto	wn, US	Guarantor	#	Guarantor John	Name Brown		
Guarantor Address Same									G	uarantor Social S	ecurity Number	
Payer		Policy Number					Insured's Name			Group Name		
Southern C	ompany	1234567	89				John Br	own				
Financial Class	Admitted By				Patient V	Veight			D	ischarge Date	Disch. Time	
Provisional Diagnosis	AD12				L				1	1/13/99	11:30	
Right Ing	Uornio											
Principal Diagnosis, Secondary I			····									
										550,	7/	.
										550,9 214,4		
										017,7		
									ĺ			
Principal Procedures and Second	lary Procedures											
										53.0 63.3	3	
							11-12 Moor	<u>!</u>	1	133		
							Moon			60,		
										4952	0	
										41		
Consultations												ľ
$\label{eq:def_problem} \Phi_{ij} = \frac{1}{2} \left(\frac{1}{2} \left($												
Disposition of Case				-		·	· · · · · · · · · · · · · · · · · · ·	· · · · · ·	Cod	er T	Date	
Home [Swing Bed	Supervised Living	□ Hea	Home	•	☐ Nursii	ng Home			,		
	Autopsy	AMA			_					kρ		
Transferred to:							principal and see best of my know		iagnoses a	nd the major p	rocedures	

Attending Physician

Patient Account # 12345	INPATIENT REGISTRATION AND SUMMARY FORM Medical Record # 215043											
Patient Name (Last) (First) (Mic	idle)	Attending Physician Nur	mber and Nan	ne		Patient Type	;	Hospita	i	Admit Date	Admit tim	ne .
Brown, Joh		Jeff T. M	loore		97	Inp		Service	ž.	11/12/9		
Patient Address (Street) (City)								Patient			Date of Prev.	Admit
27 Cottonw Previous or Maiden Name	ood Ln Any	town USA	Age	Sex	Marital	Religion	Comm		3-123	-4567		-
		9/10/44	54	M	St M	Kengion		nor	No			
Notify in Case of Emergency		Ado	dress		<u> </u>	City/Sta	ate	Phone		Relat	onship	
Patient Social Security Number 123-45-6789	Employer Name Big Company				Employer C Anyto	wn, US	Guarantor	#	Guarantor John	Name Brown		
Guarantor Address Same									G	uarantor Social S	ecurity Number	
Payer		Policy Number					Insured's Name			Group Name		
Southern C	ompany	1234567	89				John Br	own				
Financial Class	Admitted By				Patient V	Veight			D	ischarge Date	Disch. Time	
Provisional Diagnosis	AD12				L				1	1/13/99	11:30	
Right Ing	Uornio											
Principal Diagnosis, Secondary I			····									
										550,	7/	.
										550,9 214,4		
										017,7		
									ĺ			
Principal Procedures and Second	lary Procedures											
										53.0 63.3	3	
							11-12 Moor	<u>!</u>	1	133		
							Moon			60,		
										4952	0	
										41		
Consultations												ľ
											•	
$\label{eq:def_problem} \Phi_{ij} = \frac{1}{2} \left(\frac{1}{2} \left($												
Disposition of Case				-		·	· · · · · · · · · · · · · · · · · · ·	· · · · · ·	Cod	er T	Date	
Home [Swing Bed	Supervised Living	□ Hea	Home	•	☐ Nursii	ng Home			,		
	Autopsy	AMA			_					kρ		
Transferred to:							principal and see best of my know		iagnoses a	nd the major p	rocedures	

Attending Physician

Patient Account # 12345	INPATIENT REGISTRATION AND SUMMARY FORM Medical Record # 215043											
Patient Name (Last) (First) (Mic	idle)	Attending Physician Nur	mber and Nan	ne		Patient Type	;	Hospita	i	Admit Date	Admit tim	ne .
Brown, Joh		Jeff T. M	loore		97	Inp		Service	ž.	11/12/9		
Patient Address (Street) (City)								Patient			Date of Prev.	Admit
27 Cottonw Previous or Maiden Name	ood Ln Any	town USA	Age	Sex	Marital	Religion	Comm		3-123	-4567		-
		9/10/44	54	M	St M	Kengion		nor	No			
Notify in Case of Emergency		Ado	dress		<u> </u>	City/Sta	ate	Phone		Relat	onship	
Patient Social Security Number 123-45-6789	Employer Name Big Company				Employer C Anyto	wn, US	Guarantor	#	Guarantor John	Name Brown		
Guarantor Address Same									G	uarantor Social S	ecurity Number	
Payer		Policy Number					Insured's Name			Group Name		
Southern C	ompany	1234567	89				John Br	own				
Financial Class	Admitted By				Patient V	Veight			D	ischarge Date	Disch. Time	
Provisional Diagnosis	AD12				L				1	1/13/99	11:30	
Right Ing	Uornio											
Principal Diagnosis, Secondary I			····									
										550,	7/	.
										550,9 214,4		
										017,7		
									ĺ			
Principal Procedures and Second	lary Procedures											
										53.0 63.3	3	
							11-12 Moor	<u>!</u>	1	133		
							Moon			60,		
										4952	0	
										41		
Consultations												ľ
											•	
$\label{eq:def_problem} \Phi_{ij} = \frac{1}{2} \left(\frac{1}{2} \left($												
Disposition of Case				-		·		· · · · · ·	Cod	er T	Date	
Home [Swing Bed	Supervised Living	□ Hea	Home	•	☐ Nursii	ng Home			,		
	Autopsy	AMA			_					kρ		
Transferred to:							principal and see best of my know		iagnoses a	nd the major p	rocedures	

Attending Physician

Patient Account # 12345	INPATIENT REGISTRATION AND SUMMARY FORM Medical Record # 215043											
Patient Name (Last) (First) (Mic	idle)	Attending Physician Nur	mber and Nan	ne		Patient Type	;	Hospita	i	Admit Date	Admit tim	ne .
Brown, Joh		Jeff T. M	loore		97	Inp		Service	ž.	11/12/9		
Patient Address (Street) (City)								Patient			Date of Prev.	Admit
27 Cottonw Previous or Maiden Name	ood Ln Any	town USA	Age	Sex	Marital	Religion	Comm		3-123	-4567		-
		9/10/44	54	М	St M	Kengion		nor	No			
Notify in Case of Emergency		Ado	dress		<u> </u>	City/Sta	ate	Phone		Relat	onship	
Patient Social Security Number 123-45-6789	Employer Name Big Company				Employer C Anyto	wn, US	Guarantor	#	Guarantor John	Name Brown		
Guarantor Address Same									G	uarantor Social S	ecurity Number	
Payer		Policy Number					Insured's Name			Group Name		
Southern C	ompany	1234567	89				John Br	own				
Financial Class	Admitted By				Patient V	Veight			D	ischarge Date	Disch. Time	
Provisional Diagnosis	AD12				L				1	1/13/99	11:30	
Right Ing	Uornio											
Principal Diagnosis, Secondary I			····									
										550,	7/	.
										550,9 214,4		
										017,7		
									ĺ			
Principal Procedures and Second	lary Procedures											
										53.0 63.3	3	
							11-12 Moor	<u>!</u>	1	133		
							Moon			60,		
										4952	0	
										41		
Consultations												ľ
											•	
$\label{eq:def_problem} \Phi_{ij} = \frac{1}{2} \left(\frac{1}{2} \left($												
Disposition of Case				-		·		· · · · · ·	Cod	er T	Date	
Home [Swing Bed	Supervised Living	□ Hea	Home	•	☐ Nursii	ng Home			,		
	Autopsy	AMA			_					kρ		
Transferred to:							principal and see best of my know		iagnoses a	nd the major p	rocedures	

Attending Physician

Patient Account # 12345	INPATIENT REGISTRATION AND SUMMARY FORM Medical Record # 215043											
Patient Name (Last) (First) (Mic	idle)	Attending Physician Nur	mber and Nan	ne		Patient Type	;	Hospita	i	Admit Date	Admit tim	ne .
Brown, Joh		Jeff T. M	loore		97	Inp		Service	ž.	11/12/9		
Patient Address (Street) (City)								Patient			Date of Prev.	Admit
27 Cottonw Previous or Maiden Name	ood Ln Any	town USA	Age	Sex	Marital	Religion	Comm		3-123	-4567		-
		9/10/44	54	М	St M	Kengion		nor	No			
Notify in Case of Emergency		Ado	dress		<u> </u>	City/Sta	ate	Phone		Relat	onship	
Patient Social Security Number 123-45-6789	Employer Name Big Company				Employer C Anyto	wn, US	Guarantor	#	Guarantor John	Name Brown		
Guarantor Address Same									G	uarantor Social S	ecurity Number	
Payer		Policy Number					Insured's Name			Group Name		
Southern C	ompany	1234567	89				John Br	own				
Financial Class	Admitted By				Patient V	Veight			D	ischarge Date	Disch. Time	
Provisional Diagnosis	AD12				L				1	1/13/99	11:30	
Right Ing	Uornio											
Principal Diagnosis, Secondary I			····									
										550,	7/	.
										550,9 214,4		
										017,7		
									ĺ			
Principal Procedures and Second	lary Procedures											
										53.0 63.3	3	
							11-12 Moor	<u>!</u>	1	133		
							Moon			60,		
										4952	0	
										41		
Consultations												ľ
$\label{eq:def_problem} \Phi_{ij} = \frac{1}{2} \left(\frac{1}{2} \left($												
Disposition of Case				-		·		· · · · · ·	Cod	er T	Date	
Home [Swing Bed	Supervised Living	□ Hea	Home	•	☐ Nursii	ng Home			,		
	Autopsy	AMA			_					kρ		
Transferred to:							principal and see best of my know		iagnoses a	nd the major p	rocedures	

Attending Physician

Patient Account # 12345	INPATIENT REGISTRATION AND SUMMARY FORM Medical Record # 215043											
Patient Name (Last) (First) (Mic	idle)	Attending Physician Nur	mber and Nan	ne		Patient Type	;	Hospita	i	Admit Date	Admit tim	ne .
Brown, Joh		Jeff T. M	loore		97	Inp		Service	ž.	11/12/9		
Patient Address (Street) (City)								Patient			Date of Prev.	Admit
27 Cottonw Previous or Maiden Name	ood Ln Any	town USA	Age	Sex	Marital	Religion	Comm		3-123	-4567		-
		9/10/44	54	М	St M	Kengion		nor	No			
Notify in Case of Emergency		Ado	dress		<u> </u>	City/Sta	ate	Phone		Relat	onship	
Patient Social Security Number 123-45-6789	Employer Name Big Company				Employer C Anyto	wn, US	Guarantor	#	Guarantor John	Name Brown		
Guarantor Address Same									G	uarantor Social S	ecurity Number	
Payer		Policy Number					Insured's Name			Group Name		
Southern C	ompany	1234567	89				John Br	own				
Financial Class	Admitted By				Patient V	Veight			D	ischarge Date	Disch. Time	
Provisional Diagnosis	AD12				L				1	1/13/99	11:30	
Right Ing	Uornio											
Principal Diagnosis, Secondary I			····									
										550,	7/	.
										550,9 214,4		
										017,7		
									ĺ			
Principal Procedures and Second	lary Procedures											
										53.0 63.3	3	
							11-12 Moor	<u>!</u>	1	133		
							Moon			60,		
										4952	0	
										41		
Consultations												ľ
$\label{eq:def_problem} \Phi_{ij} = \frac{1}{2} \left(\frac{1}{2} \left($												
Disposition of Case				-		·		· · · · · ·	Cod	er T	Date	
Home [Swing Bed	Supervised Living	□ Hea	Home	•	☐ Nursii	ng Home			,		
	Autopsy	AMA			_					kρ		
Transferred to:							principal and see best of my know		iagnoses a	nd the major p	rocedures	

Attending Physician

Patient Account # 12345	INPATIENT REGISTRATION AND SUMMARY FORM Medical Record # 215043											
Patient Name (Last) (First) (Mic	idle)	Attending Physician Nur	mber and Nan	ne		Patient Type	;	Hospita	i	Admit Date	Admit tim	ne .
Brown, Joh		Jeff T. M	loore		97	Inp		Service	ž.	11/12/9		
Patient Address (Street) (City)								Patient			Date of Prev.	Admit
27 Cottonw Previous or Maiden Name	ood Ln Any	town USA	Age	Sex	Marital	Religion	Comm		3-123	-4567		-
		9/10/44	54	М	St M	Kengion		nor	No			
Notify in Case of Emergency		Ado	dress		<u></u>	City/Sta	ate	Phone		Relat	onship	
Patient Social Security Number 123-45-6789	Employer Name Big Company				Employer C Anyto	wn, US	Guarantor	#	Guarantor John	Name Brown		
Guarantor Address Same									G	uarantor Social S	ecurity Number	
Payer		Policy Number					Insured's Name			Group Name		
Southern C	ompany	1234567	89				John Br	own				
Financial Class	Admitted By				Patient V	Veight			D	ischarge Date	Disch. Time	
Provisional Diagnosis	AD12				L				1	1/13/99	11:30	
Right Ing	Uornio											
Principal Diagnosis, Secondary I			····									
										550,	7/	.
										550,9 214,4		
										017,7		
									ĺ			
Principal Procedures and Second	lary Procedures											
										53.0 63.3	3	
							11-12 Moor	<u>!</u>	1	133		
							Moon			60,		
										4952	0	
										41		
Consultations												ľ
$\label{eq:def_problem} \Phi_{ij} = \frac{1}{2} \left(\frac{1}{2} \left($												
Disposition of Case				-		·		· · · · · ·	Cod	er T	Date	
Home [Swing Bed	Supervised Living	□ Hea	Home	•	☐ Nursii	ng Home			,		
	Autopsy	AMA			_					kρ		
Transferred to:							principal and see best of my know		iagnoses a	nd the major p	rocedures	

Attending Physician

Patient Account # 12345	INPATIENT REGISTRATION AND SUMMARY FORM Medical Record # 215043											
Patient Name (Last) (First) (Midd	ile)	Attending Physician Numb	ber and Name	****	Patient Type		Hospital	Admit Date	Admit time			
Brown, John	n	Jeff T. Mo	oore	97	Inp		Services S	11/12/	99 11:10			
Patient Address (Street) (City) 27 Cottonwo		ytown USA					Patient Phone #	23-4567	Date of Prev. Admit			
Previous or Maiden Name		9/10/44	Age S	St	Religion	Comme	L		<u> </u>			
Notify in Case of Emergency	7	Addre	1	1 11	City/Stat		Phone	Rel	ationship			
Patient Social Security Number 123-45-6789	Employer Name Big Compan	у		Employer C Anyto	ity/State	Guarantor		ntor Name nn Brown				
Guarantor Address Same							·	Guarantor Social	Security Number			
Payer		Policy Number				Insured's Name		Group Nan	ne			
Southern Co	ompany	12345678	39			John Bro	own					
Financial Class	Admitted By	у		Patient V	Veight			Discharge Date	Disch. Time			
	AD1:	2						11/13/99	9 11:30			
Provisional Diagnosis									and the second second			
Right Ing H Principal Diagnosis, Secondary D	lernia iagnosis and Complications						т	···				
								550,	91			
								550, 214,4	,			
								214,4				
									-			
Principal Procedures and Secondar	ry Procedures				7,							
								-3 (2.3			
						11-12		53.0 63.3	e ·			
						11-12 Moore		63,3				
									20			
								4950				
Consultations												
									· .			
Disposition of Case Home	Swing Bed	Supervised Living	☐ Ho		☐ Nursin	g Home		Coder	Date			
Expired	Autopsy] AMA	Health					Kρ				
Transferred to:	1, 1					principal and sec best of my knowl		es and the major	procedures			
		•				, ,						

Attending Physician