1					2								3a PAT. CNTL #							4	TYPE OF BILL
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													5 FED. TAX	NO.		6 STATI	EMENT C	COVERS I	PERIOD ROUGH	7	
8 PATIENT N	NAME	a					9 PATIE	NT ADDRESS	ε	a l											
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38										3	19	VALUE C	ODES	4	10	VALUE COD	DES	41	1 \	ALUE CODES	
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42 REV. CD.	43 DESCRIPT	ION					44 HCPC	S / RATE / HIPPS	CODE		45 SE	RV. DATE	46 SE	RV. UNITS		47 TOTAL CH	ARGES		48 NON-COV	ERED CHARGE	S 49
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	PAGE		OF					CREAT					то	TALS						:	
50 PAYER N	IAME				51 HEA	LTH PLAN II	D		INFO	BEN. 5	4 PRIOR	PAYMENTS	S 5	5 EST. AM	IOUNT DI	JE	56 NPI	-			
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