3a PAT 1234 Happy Hospital Center b.MED REC.# 98745 123 First Street Anytown, FL 33852 5 FED. TAX NO. 221234567 8 PATIENT NAME 9 PATIENT ADDRESS a 123 Main Street ^b Smith, John ^bAnytown ADMISSION 13 HR 14 TYPE 15 SRC CONDITION CODE 22 23 10 BIRTHDATE 11 SEX 17 STAT 12 DATE 10011970 M 100224 01 3 15 NCE SPAN THROUG 31 OCCURRENCE CODEDATE 33 OCCL CODEDATE 35 CODE 36 COE OCCUR FROM THROUGH E COD VALUE CODES AMOUNT 40 CODE 42 REV CD 43 DESCRIPTION 47 TOTAL CHARGES 44 HCPCS / RATE / HIPPS CODE 45 SERV. DATE 46 SERV LINITS 48 NON-COVERED CHARGE 49 2 0121 Room and Board Semi-Private 100224 700000 0250 Pharmacy 100224 20 50000 0272 100224 220000 Medical/Surgical Supplies 0278 100000 Medical/Surgical Supplies 100224 6 0300 100224 Laboratory-General 75000 7 0301 Laboratory-Chemistry 100224 300000 Devices 8 0272 Laboratory-Immunology used and 100224 2500000 PCI 9 0370 Anesthesia 100224 11000 Procedure 10 0450 Emergency Room 100224 50000 code(s) are 11 0370 100224 97000 Anesthesia bundled into one revenue ¹² 0481 Cardiology-Cardiac Cath Lab 100224 2700000 code з 0483 100224 Cardiology-Echocardiology 900000 14 0710 Recovery Room 100224 500000 17 18 PAGE OF CREATION DATE | 101024 **TOTALS** 7703000 50 PAYER NAME 51 HEALTH PLAN ID 54 PRIOR PAYMENTS 55 EST AMOUNT DUE 56 N Medicare Part A and B 123456789 AARP OTH PRV 58 INSURED'S NAME 60 INSURED'S UNIQUE ID 61 GROUP NAME 62 INSURANCE GROUP NO. 18 3332522111 John Smith T82855A diagnosis for in-63 TREATMENT AUTHORIZATION CODES 65 EMPLOYER NAME stent restenosis Detailed HF diagnosis to indicate major comorbidity (MCC) AGENT procedure ⁶⁶DX T82855A 12510 code in tandem with the primary PCI T82855A procedure performed PRINCIPAL PROCEDURE
CODE DATE OTHER PROCEDURE CODE DATE QL 76 ATTENDING NPI 1234567890 DATE 100224 W0J3HA ◆100224 02F13ZZ 100224 LAST FIRST OTHER PROCEDURE CODE DATE QL 77 OPERATING NPI2345678900 100224 LAST FIRST B240ZZ 100224 A4033BC QL 80 REMARKS 78 OTHER FIRST LAST IB-04 CMS-1450 APPROVED OMB NO. Ql S BII 79 OTHER LAST FIRST NUBC National