

1				2				3a PAT. CNTL #						4 TYPE OF BILL							
								b. MED. REC. #													
								5 FED. TAX NO.		6 STATEMENT COVERS PERIOD FROM THROUGH				7							
8 PATIENT NAME		a		9 PATIENT ADDRESS		a															
b					b									c	d	e					
10 BIRTHDATE	11 SEX	12 DATE	ADMISSION		13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	18	19	20	21	CONDITION CODES			29 ACDT STATE	30			
														22	23	24	25	26	27	28	
31 OCCURRENCE CODE	32 OCCURRENCE CODE	33 OCCURRENCE CODE			34 OCCURRENCE CODE	35 OCCURRENCE CODE		OCCURRENCE SPAN FROM THROUGH			36 CODE	OCCURRENCE SPAN FROM THROUGH			37						
a																					
b																					
38													39 CODE	VALUE CODES AMOUNT		40 CODE	VALUE CODES AMOUNT		41 CODE	VALUE CODES AMOUNT	
a																					
b																					
c																					
d																					
42 REV. CD.	43 DESCRIPTION			44 HCPCS / RATE / HIPPS CODE				45 SERV. DATE		46 SERV. UNITS		47 TOTAL CHARGES			48 NON-COVERED CHARGES		49				
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23	PAGE _____ OF _____			CREATION DATE				TOTALS ➔													
50 PAYER NAME				51 HEALTH PLAN ID				52 REL INFO	53 ASG BEN.	54 PRIOR PAYMENTS		55 EST. AMOUNT DUE		56 NPI							
A															57						
B															OTHER						
C															PRV ID						
58 INSURED'S NAME				59 P.REL	60 INSURED'S UNIQUE ID				61 GROUP NAME			62 INSURANCE GROUP NO.									
A																					
B																					
C																					
63 TREATMENT AUTHORIZATION CODES					64 DOCUMENT CONTROL NUMBER					65 EMPLOYER NAME											
A																					
B																					
C																					
66 DX	67	A	J	B	K	C	L	D	M	E	N	F	G	H	68						
69 ADMIT DX	70 PATIENT REASON DX	a.	OTHER PROCEDURE CODE	b.	OTHER PROCEDURE CODE	c.	71 PPS CODE	d.	72 ECI	e.	f.	g.	h.	i.	73						
74 PRINCIPAL PROCEDURE CODE	DATE																				
c.	OTHER PROCEDURE CODE	b.	OTHER PROCEDURE CODE	e.	OTHER PROCEDURE CODE	f.	OTHER PROCEDURE DATE	75	76 ATTENDING	NPI	QUAL										
80 REMARKS		81CC a							LAST		FIRST										
		b																			
		c																			
		d																			