

1		2		3a PAT. CNTL # b. MED. REC. #		4 TYPE OF BILL	
5 FED. TAX NO.				6 STATEMENT COVERS PERIOD FROM		7 THROUGH	

8 PATIENT NAME			9 PATIENT ADDRESS				
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10 BIRTHDATE		11 SEX	12 DATE		13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	18-28 CONDITION CODES										29 ACDT STATE	30
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31 OCCURRENCE DATE		32 OCCURRENCE DATE		33 OCCURRENCE DATE		34 OCCURRENCE DATE		35 OCCURRENCE SPAN FROM		36 OCCURRENCE SPAN THROUGH		37	
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38				39 VALUE CODES AMOUNT		40 VALUE CODES AMOUNT		41 VALUE CODES AMOUNT	
a				a		a		a	
b				b		b		b	
c				c		c		c	
d				d		d		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
1							
2							
3							
4							
5							
6							
7							
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22							
PAGE OF				CREATION DATE		TOTALS	

SAMPLE

50 PAYER NAME		51 HEALTH PLAN ID		52 REL. INFO	53 ASG. BEN.	54 PRIOR PAYMENTS		55 EST. AMOUNT DUE		56 NPI	
A		A		A	A	A		A		A	
B		B		B	B	B		B		B	
C		C		C	C	C		C		C	

58 INSURED'S NAME		59 P. REL.	60 INSURED'S UNIQUE ID		61 GROUP NAME		62 INSURANCE GROUP NO.	
A		A	A		A		A	
B		B	B		B		B	
C		C	C		C		C	

63 TREATMENT AUTHORIZATION CODES			64 DOCUMENT CONTROL NUMBER			65 EMPLOYER NAME		
A			A			A		
B			B			B		
C			C			C		

66 DX	67	A	B	C	D	E	F	G	H	68
I	J	K	L	M	N	O	P	Q	R	

69 ADMIT. DX	70 PATIENT REASON DX	a	b	c	71 PPS CODE	72 ECI	a	b	c	73
74 PRINCIPAL PROCEDURE CODE	DATE	n	OTHER PROCEDURE CODE	DATE	b.	OTHER PROCEDURE CODE	DATE	75	76 ATTENDING NPI	QUAL
c.	OTHER PROCEDURE CODE	DATE	d.	OTHER PROCEDURE CODE	DATE	c.	OTHER PROCEDURE CODE	DATE	LAST	FIRST
77 OPERATING NPI	QUAL	78 OTHER NPI	QUAL	79 OTHER NPI	QUAL	LAST	FIRST	LAST	FIRST	FIRST

80 REMARKS			81CC
a			a
b			b
c			c
d			d