

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		a		9 PATIENT ADDRESS		a	
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10 BIRTHDATE		11 SEX	12 DATE		ADMISSION 13 HR 14 TYPE 15 SRC		16 DHR		17 STAT		18		19		20		21		CONDITION CODES 22 23 24 25 26 27 28		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 FROM		37 THROUGH	
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38		38 CODE		VALUE CODES AMOUNT		40 CODE		VALUE CODES AMOUNT		41 CODE		VALUE CODES AMOUNT	
a		b		c		d		e		f		g	

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							
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22							

SAMPLE

PAGE ____ OF ____		CREATION DATE		TOTALS	
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50 PAYER NAME		51 HEALTH PLAN ID		52 REL INFO	53 ASQ BEN.	54 PRIOR PAYMENTS		55 EST. AMOUNT DUE		56 NPI	
A		B		C	D	E		F		G	

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

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

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

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

80 REMARKS		81CC a	b	c	d	78 OTHER NPI		QUAL		FIRST	
A		B	C	D	E	79 OTHER NPI		QUAL		FIRST	