

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 22 23 24 25				26	27	28	29 ACDT STATE	30
a																				
b																				
31 OCCURRENCE CODE DATE	32 OCCURRENCE CODE DATE	33 OCCURRENCE CODE DATE	34 OCCURRENCE CODE DATE	35 OCCURRENCE CODE DATE	OCCURRENCE SPAN FROM THROUGH				36 OCCURRENCE CODE DATE	OCCURRENCE SPAN FROM THROUGH				37						
a																				
b																				
38													39 VALUE CODES AMOUNT	40 VALUE CODES AMOUNT	41 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
1							
2							
3							
4							
5							
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7							
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21							
22							
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	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	68		
69 ADMIT DX	70 PATIENT REASON DX	a.	b.	c.	71 PPS CODE	72 ECI	a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.	o.	p.	q.	73
74 PRINCIPAL PROCEDURE CODE	DATE	a. OTHER PROCEDURE CODE	DATE	b. OTHER PROCEDURE CODE	DATE	75	76 ATTENDING	NPI	QUAL															
							LAST																	FIRST
c. OTHER PROCEDURE CODE	DATE	d. OTHER PROCEDURE CODE	DATE	e. OTHER PROCEDURE CODE	DATE		77 OPERATING	NPI	QUAL															
							LAST																	FIRST
80 REMARKS	81CC a	b	c	d			78 OTHER	NPI	QUAL															
							LAST																	FIRST
							79 OTHER	NPI	QUAL															
							LAST																	FIRST