

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

8 PATIENT NAME			9 PATIENT ADDRESS		
a			a		

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 DATE		OCCURRENCE SPAN FROM		THROUGH		36 OCCURRENCE SPAN FROM		THROUGH		37	
a		a		a		a		a		a		a		a		a		a	
b		b		b		b		b		b		b		b		b		b	

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							1
2							2
3							3
4							4
5							5
6							6
7							7
8							8
9							9
10							10
11							11
12							12
13							13
14							14
15							15
16							16
17							17
18							18
19							19
20							20
21							21
22							22
23							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		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	

69 ADMIT DX	70 PATIENT REASON DX		a	b	c	71 PPS CODE	72 ECI	a	b	c	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