

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										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 ACCT STATE		30																																
31 OCCURRENCE DATE					32 OCCURRENCE DATE		33 OCCURRENCE DATE		34 OCCURRENCE DATE		35 OCCURRENCE DATE		36 OCCURRENCE DATE		37		OCCURRENCE SPAN FROM		THROUGH		OCCURRENCE SPAN FROM		THROUGH																																				
38												39 VALUE CODES AMOUNT		40 VALUE CODES AMOUNT		41 VALUE CODES AMOUNT																																											
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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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50 PAYER NAME										51 HEALTH PLAN ID										52 REL INFO		53 ASG. BEN.		54 PRIOR PAYMENTS					55 EST. AMOUNT DUE					56 NPI																									
A																																		57		A																							
B																																		OTHER		B																							
C																																		PRV ID		C																							
58 INSURED'S NAME										59 P.REL					60 INSURED'S UNIQUE ID					61 GROUP NAME					62 INSURANCE GROUP NO.																																		
A																																			A																								
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63 TREATMENT AUTHORIZATION CODES										64 DOCUMENT CONTROL NUMBER										65 EMPLOYER NAME																																							
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66 DX					67					A					B					C					D					E					F					G					H					68									
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69 ADMIT DX					70 PATIENT REASON DX					a					b					c					71 PPS CODE					72 ECI										73																			
74 PRINCIPAL PROCEDURE CODE					DATE					a. OTHER PROCEDURE CODE					DATE					b. OTHER PROCEDURE CODE					DATE					75					76 ATTENDING					NPI					QUAL														
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c. OTHER PROCEDURE CODE					DATE					d. OTHER PROCEDURE CODE					DATE					e. OTHER PROCEDURE CODE					DATE										77 OPERATING					NPI					QUAL														
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