

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 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								
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							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 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 OTHER PRV ID	
B										C	
C											

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	68

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

80 REMARKS			81CC a	b	c	d