

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 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	18	19	20	21	22	23	24	25	26	27	28	29 ACCIDENT FIELD	a. Code	b. Date	c. State
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30 OCCURRENCE DATE	31 CODE	32 OCCURRENCE DATE	33 CODE	34 OCCURRENCE DATE	35 CODE	36 OCCURRENCE DATE	37 CODE	38 VALUE CODES AMOUNT	39 CODE	40 VALUE CODES AMOUNT	41 VALUE CODES AMOUNT
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37	a	b	c	d
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41 REV. CD.	42 DESCRIPTION	43 HCPCS / RATE/HIPPS CODE	44 SERV. DATE	45 SERV. UNITS	46 TOTAL CHARGES	47 NON-COVERED CHARGES	48
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 \_\_\_\_

**TOTALS** →

49 PAYER NAME	50 HEALTH PLAN ID.	51	52	53 PRIOR PAYMENTS	54 EST. AMOUNT DUE	55 NPI
a	b	c	d	e	f	g
56 OTHER PRV ID						

57 INSURED'S NAME	58 P.Rel	59 INSURED'S UNIQUE ID	60 GROUP NAME	61 INSURANCE GROUP NO.
a	b	c	d	e
62 TREATMENT AUTHORIZATION CODES	63 ICD/DC NUMBER	64 EMPLOYER NAME		
a	b	c		

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

68 ADM DIAG Dx	69 PAT REASON Dx	a	b	c	70 PPS code	71 ECI	72
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73 PRINCIPAL PROCEDURE CODE	a. OTHER PROCEDURE CODE	b. OTHER PROCEDURE CODE	74	75 ATTENDING NPI	Qual	
				Last		First
c. OTHER PROCEDURE CODE	d. OTHER PROCEDURE CODE	e. OTHER PROCEDURE CODE		76 OPERATING NPI	Qual	
				Last		First

79 REMARKS	80 a			77 OTHER A Qual NPI	Qual	
	b			Last		First
	c			78 OTHER A Qual NPI	Qual	
	d			Last		First