



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				9 PATIENT ADDRESS			
b				c			
10 BIRTHDATE		11 SEX		12 DATE		ADMISSION 13 HR 14 TYPE 15 SRC	
						16 DHR 17 STAT	
						18 19 20 21	
						22 23 24 25 26 27 28	
						29 ACDT STATE 30	
31 OCCURRENCE DATE		32 OCCURRENCE DATE		33 OCCURRENCE DATE		34 OCCURRENCE DATE	
a		b		c		d	
b		c		d		e	
38				39 VALUE CODES AMOUNT		40 VALUE CODES AMOUNT	
				a		b	
				c		d	
				e		f	
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							
6							
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22							
23							
PAGE ____ OF ____		CREATION DATE		TOTALS			
50 PAYER NAME		51 HEALTH PLAN ID		52 REL. INFO		53 ASG. BEN.	
A							
B							
C						54 PRIOR PAYMENTS	
						55 EST. AMOUNT DUE	
						56 NPI	
						57 OTHER PRV ID	
58 INSURED'S NAME		59 P. REL.		60 INSURED'S UNIQUE ID		61 GROUP NAME	
A							
B							
C							
63 TREATMENT AUTHORIZATION CODES				64 DOCUMENT CONTROL NUMBER			
A				B			
B				C			
C				65 EMPLOYER NAME			
A				B			
B				C			
C				68			
66 DX		67		A		B	
				C		D	
				E		F	
				G		H	
				I		J	
				K		L	
				M		N	
				O		P	
				Q		R	
69 ADMIT DX		70 PATIENT REASON DX		71 PPS CODE		72 ECI	
a		b		c		d	
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	
80 REMARKS		81CC a		b		78 OTHER NPI	
		c		d		QUAL	
						LAST	
						FIRST	
						79 OTHER NPI	
						QUAL	
						LAST	
						FIRST	