

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 THROUGH		36 OCCURRENCE SPAN FROM THROUGH		37	
a		a		a		a		a		a		a	
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		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	c	d	78 OTHER NPI	QUAL	79 OTHER NPI	QUAL
			a	b	c	d	LAST	FIRST	LAST	FIRST
							79 OTHER NPI	QUAL		
							LAST	FIRST		