

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	

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 CODE		OCCURRENCE DATE		33 OCCURRENCE CODE		OCCURRENCE DATE		35 OCCURRENCE CODE		OCCURRENCE DATE		36 OCCURRENCE CODE		OCCURRENCE DATE		37 OCCURRENCE CODE		OCCURRENCE DATE	
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38		39 CODE		VALUE CODES AMOUNT		40 CODE		VALUE CODES AMOUNT		CODE		VALUE CODES AMOUNT	
		a											
		b											
		c											
		d											

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							
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22							
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	
B		B				B		B		B	
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	
B			B		B		B	
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
		J	K	L	M	N	O	P	Q	

69 ADMIT DX	70 PATIENT REASON DX	a.	OTHER PROCEDURE CODE	DATE	b.	OTHER PROCEDURE CODE	DATE	71 PPS CODE	72 ECI	73
74 PRINCIPAL PROCEDURE CODE		a.		OTHER PROCEDURE CODE	DATE	b.		OTHER PROCEDURE CODE	DATE	
c.		OTHER PROCEDURE CODE	DATE	d.	OTHER PROCEDURE CODE	DATE	e.	OTHER PROCEDURE CODE	DATE	

80 REMARKS		81CC a		76 ATTENDING	NPI	QUAL	
		b		LAST		FIRST	
		c		77 OPERATING	NPI	QUAL	
		d		LAST		FIRST	
				78 OTHER	NPI	QUAL	
				LAST		FIRST	
				79 OTHER	NPI	QUAL	
				LAST		FIRST	