

1		2		3a PAT. CNTL. # b. MED. REC. #		4 TYPE OF BILL															
				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 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 ACCT STATE		30			
31 OCCURRENCE DATE		32 OCCURRENCE DATE		33 CODE		34 OCCURRENCE DATE		35 CODE		OCCURRENCE SPAN FROM THROUGH		36 CODE		OCCURRENCE SPAN FROM THROUGH		37					
a																		a			
b																		b			
38																					
39 CODE		VALUE CODES AMOUNT		40 CODE		VALUE CODES AMOUNT		41 CODE		VALUE CODES AMOUNT											
a				b				c													
b				c				d													
c				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			
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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												57						A			
B												OTHER						B			
C												PRV ID						C			
58 INSURED'S NAME		59 P.REL		60 INSURED'S UNIQUE ID		61 GROUP NAME		62 INSURANCE GROUP NO.													
A																		A			
B																		B			
C																		C			
63 TREATMENT AUTHORIZATION CODES		64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME																	
A																		A			
B																		B			
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		DATE		a. OTHER PROCEDURE CODE		DATE		b. OTHER PROCEDURE CODE		DATE		75		76 ATTENDING NPI		QUAL					
														LAST		FIRST					
c. OTHER PROCEDURE CODE		DATE		d. OTHER PROCEDURE CODE		DATE		e. OTHER PROCEDURE CODE		DATE				77 OPERATING NPI		QUAL					
														LAST		FIRST					
80 REMARKS				81CC a										78 OTHER NPI		QUAL					
				b										LAST		FIRST					
				c										79 OTHER NPI		QUAL					
				d										LAST		FIRST					