

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				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 DATE		32 OCCURRENCE CODE DATE		33 OCCURRENCE CODE DATE		34 OCCURRENCE CODE DATE		35 OCCURRENCE SPAN FROM THROUGH		36 OCCURRENCE SPAN FROM THROUGH		37	
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38				39 VALUE CODES AMOUNT		40 VALUE CODES AMOUNT		41 VALUE CODES AMOUNT	
a				b		c		d	
b				c		d		e	
c				d		e		f	
d				e		f		g	

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
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		B		C	D	E		F		G	
B		C		D	E	F		G		H	
C		D		E	F	G		H		I	

58 INSURED'S NAME		59 P.REL	60 INSURED'S UNIQUE ID		61 GROUP NAME		62 INSURANCE GROUP NO.	
A		B	C		D		E	
B		C	D		E		F	
C		D	E		F		G	

63 TREATMENT AUTHORIZATION CODES		64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME	
A		B		C	
B		C		D	
C		D		E	

66 DX	67	A	B	C	D	E	F	G	H	68
I	J	K	L	M	N	O	P	Q	R	S

69 ADMIT DX	70 PATIENT REASON DX	a.	b.	71 PPS CODE	72 ECI	73
74 PRINCIPAL PROCEDURE CODE DATE		OTHER PROCEDURE CODE DATE		OTHER PROCEDURE CODE DATE		75
c.		d.		e.		
OTHER PROCEDURE CODE DATE		OTHER PROCEDURE CODE DATE		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	