

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			16 DHR		17 STAT		CONDITION CODES					29 ACDT STATE		30	
					13 HR			14 TYPE		15 SRC				22 23 24 25 26 27 28						

31 OCCURRENCE DATE		32 OCCURRENCE DATE		33 OCCURRENCE DATE		34 OCCURRENCE DATE		35 OCCURRENCE SPAN		36 OCCURRENCE SPAN		37	
CODE		CODE		CODE		CODE		FROM THROUGH		FROM THROUGH			
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							
2							
3							
4							
5							
6							
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21							
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		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	

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		FIRST			
c. OTHER PROCEDURE CODE		DATE		d. OTHER PROCEDURE CODE		DATE		e. OTHER PROCEDURE CODE		DATE				77 OPERATING NPI		QUAL		FIRST			

80 REMARKS			81CC	a	b	c	d	78 OTHER NPI	QUAL	FIRST	79 OTHER NPI	QUAL	FIRST

