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| 1 Advantage Home Care 8775 South Ave Jacksonville, FL 32232-6548 | | | | | | | | | | 2 | | | | | | | | | | 34 PAT. CNTL. # 555-0245M | | | | | 35 | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 PATIENT NAME a Michael A. Mouse | | | | | | | | | | 4 PATIENT ADDRESS 127 Minerva Beach Ave, Lake Worth, FL 33463 | | | | | | | | | | 5 FED. TAX NO. 59-7654321 | | | | | 6 STATEMENT COVERS PERIOD FROM 062409 | | | | | 7 THROUGH 062709 | | | | | | | | | | | | | | | | | | | |
| 10 BIRTHDATE 01/12/1945 | | | | | | | | | | 11 SEX M | | | | | 12 DATE 062409 | | | | | 13 ADMISSION 13 HR 14 TYPE 15 SRC 16 CHR 17 STAT 9 | | | | | 18 CONDITION CODES 18 19 20 21 22 23 24 25 26 27 28 29 ACCT STATE 30 | | | | | | | | | | | | | | | | | | | | | | | | |
| 31 OCCURRENCE CODE 04 | | | | | | | | | | 32 OCCURRENCE DATE 053009 | | | | | 33 OCCURRENCE CODE | | | | | 34 OCCURRENCE DATE | | | | | 35 OCCURRENCE SPAN FROM THROUGH | | | | | 36 OCCURRENCE SPAN FROM THROUGH | | | | | | | | | | | | | | | | | | | |
| 38 | | | | | | | | | | 39 VALUE CODES AMOUNT | | | | | 40 | | | | | 41 VALUE CODES AMOUNT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 42 REV. CD. | | | | | | | | | | 43 DESCRIPTION | | | | | | | | | | 44 HCPCS / RATE / ICD9S CODE | | | | | 45 SERV. DATE | | | | | 46 SERV. UNITS | | | | | 47 TOTAL CHARGES | | | | | 48 NON-COVERED CHARGES | | | | | 49 | | | | |
| 0270 | | | | | | | | | | MED-SURGICAL SUPPLIES | | | | | | | | | | A6000 | | | | | 062409 | | | | | 1 | | | | | 65 00 | | | | | | | | | | | | | | |
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| 50 PAYER NAME Submitter must insert - Insurer Name, Address and Zip Code: | | | | | | | | | | 51 HEALTH PLAN ID | | | | | | | | | | 52 REL. INFO | | | | | 53 PRIOR PAYMENTS | | | | | 54 EST. AMOUNT DUE | | | | | 55 NPI 1013012000 | | | | | 56 OTHER HH518859 PRV ID | | | | | | | | | |
| 58 INSURED'S NAME | | | | | | | | | | 59 REL. | | | | | | | | | | 60 INSURED'S UNIQUE ID | | | | | 61 GROUP NAME | | | | | 62 INSURANCE GROUP NO. | | | | | | | | | | | | | | | | | | | |
| 63 TREATMENT AUTHORIZATION CODES | | | | | | | | | | 64 DOCUMENT CONTROL NUMBER | | | | | | | | | | 65 EMPLOYER NAME | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 66 EXP V57.1 | | | | | | | | | | 781.2 | | | | | | | | | | 68 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 69 ADMIT DATE | | | | | | | | | | 70 PATIENT REASON DX | | | | | 71 PRG CYCLE | | | | | 72 ICD 9 | | | | | 73 | | | | | | | | | | | | | | | | | | | | | | | | |
| 74 PRINCIPAL PROCEDURE CODE | | | | | | | | | | 75 OTHER PROCEDURE CODE | | | | | 76 OTHER PROCEDURE DATE | | | | | 77 OPERATING NPI | | | | | 78 ATTENDING NPI | | | | | 79 QUAL ME652202 | | | | | | | | | | | | | | | | | | | |
| 80 REMARKS | | | | | | | | | | 81 OCC a | | | | | 82 | | | | | 83 | | | | | 84 | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1 Faith Nursing Home 4568 Service Blvd Stuart FL, 34995-9055 | 2 | | 34 PAT. CNTL. # 666-55545 | | 35 MED. REC. # 231 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 PATIENT NAME a 023456702 | | | 5 PATIENT ADDRESS 4 52 Castle Rd, Tampa, FL 33607 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 BIRTHDATE 10 05/18/53 | | 11 SEX F | | 12 DATE 051009 | | 13 ADM. TYPE 16 3 1 | | 17 STAT 01 | | 18 COND. CODES | | 19 | | 20 | | 21 | | 22 | | 23 | | 24 | | 25 | | 26 | | 27 | | 28 | | 29 ACCT STATE | | 30 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 49 REV. CD. | | | | | | | | | | 45 DESCRIPTION | | | | | | | | | | 44 HCPCS / RATE / ICD9 CODE | | | | | | | | | | 46 SERV. DATE | | | | | | | | | | 48 SERV. UNITS | | | | | | | | | | 47 TOTAL CHARGES | | | | | | | | | | 48 NON-COVERED CHARGES | | | | | | | | | | 46 | | | | | | | | | | | | | | | | | | | | |
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| 1 Memorial Hospital 3900 S. Florida Ave Memphis, TN 38103 | | | | | | | | | | 2 | | 34 PAT. CNTL. # 000254ALE | | 35 MED. REC. # 00000959984 | | 111 | | | |
| 8 PATIENT NAME a Katrina Alexander | | | | 9 PATIENT ADDRESS a 301 First Street, Memphis, TN 38103 | | | | 5 FED. TAX NO. 59-4561237 | | 6 STATEMENT COVERS PERIOD FROM 052509 | | 7 THROUGH 052609 | | | | | | | |
| 10 BIRTHDATE 07/04/57 | | 11 SEX F | 12 DATE 052509 | | 13 HR 14 | 14 TYPE 3 | 15 SRC 1 | 16 CHR 14 | 17 STAT 01 | 18 CONDITION CODES | | | | | | | | | |
| 31 OCCURRENCE DATE 04 052509 | | 32 OCCURRENCE CODE | | 33 OCCURRENCE DATE | | 34 OCCURRENCE CODE | | 35 OCCURRENCE SPAN FROM THROUGH | | 36 OCCURRENCE SPAN FROM THROUGH | | 37 OCCURRENCE SPAN FROM THROUGH | | | | | | | |
| 38 | | | | | | | | | | 39 VALUE CODES a A3 | | 40 AMOUNT 858 75 | | 41 VALUE CODES a | | 42 AMOUNT 0 00 | | | |
| 43 REV. CD. | | 44 DESCRIPTION | | | | 45 HCPCS / RATE / ICD9 CODE | | | | 46 SERV. DATE | | 47 SERV. UNITS | | 48 TOTAL CHARGES | | 49 NON-COVERED CHARGES | | 50 | |
| 1 0270 | | MED-SURG SUPPLIES | | | | | | | | | | 1 | | 858.75 | | | | 1 | |
| 2 0710 | | RECOVERY ROOM | | | | | | | | | | 1 | | 300.00 | | | | 2 | |
| 3 0360 | | OPERATING ROOM SERVICES | | | | | | | | | | 1 | | 2528.00 | | | | 3 | |
| 4 0300 | | LAB | | | | | | | | | | 1 | | 22.00 | | | | 4 | |
| 5 0250 | | PHARMACY | | | | | | | | | | 1 | | 1200.00 | | | | 5 | |
| 6 0120 | | ROOM & BOARD - SEMI PRIVATE | | | | | | | | | | 1 | | 1250.00 | | | | 6 | |
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| 1 Daytona Regional Medical 4560 Hudson Blvd Melbourne, FL 32901 | 2 | | 34 PAT. CNTL. # 4445558-A | | 35 MED. REC. # 114 | |
| 6 PATIENT NAME a 023456704 | | | 9 PATIENT ADDRESS 4 4374 Silver Drive, Daytona Beach, FL 32114 | | | |
| 10 BIRTHDATE 01/12/1945 | | 11 SEX M | 12 DATE 110109 | | 13 HR 09 | 14 TYPE 1 |
| 15 SRC 1 | 16 CHR 09 | 17 STAT 01 | 18 | 19 | 20 | 21 |
| 22 | 23 | 24 | 25 | 26 | 27 | 28 |
| 29 ACCT STATE 02 | 30 | 31 OCCURRENCE CODE 04 | 32 OCCURRENCE DATE 110109 | 33 OCCURRENCE CODE A1 | 34 OCCURRENCE DATE 011245 | 35 |
| 36 | 37 | 38 | 39 | 40 | 41 | 42 |
| 43 | 44 | 45 | 46 | 47 | 48 | 49 |
| 50 | 51 | 52 | 53 | 54 | 55 | 56 |
| 57 | 58 | 59 | 60 | 61 | 62 | 63 |
| 64 | 65 | 66 | 67 | 68 | 69 | 70 |
| 71 | 72 | 73 | 74 | 75 | 76 | 77 |
| 78 | 79 | 80 | 81 | 82 | 83 | 84 |
| 85 | 86 | 87 | 88 | 89 | 90 | 91 |
| 92 | 93 | 94 | 95 | 96 | 97 | 98 |
| 99 | 100 | 101 | 102 | 103 | 104 | 105 |
| 106 | 107 | 108 | 109 | 110 | 111 | 112 |
| 113 | 114 | 115 | 116 | 117 | 118 | 119 |
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| 127 | 128 | 129 | 130 | 131 | 132 | 133 |
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| 610 | 611 | 612 | 613 | 614 | 615 | 616 |
| 617 | 618 | 619 | 620 | 621 | 622 | 623 |
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| 631 | 632 | 633 | 634 | 635 | 636 | 637 |
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| 666 | 667 | 668 | 669 | 670 | 671 | 672 |
| 673 | 674 | 675 | 676 | 677 | 678 | 679 |
| 680 | 681 | 682 | 683 | 684 | 685 | 686 |
| 687 | 688 | 689 | 690 | 691 | 692 | 693 |
| 694 | 695 | 696 | 697 | 698 | 699 | 700 |
| 701 | 702 | 703 | 704 | 705 | 706 | 707 |
| 708 | 709 | 710 | 711 | 712 | 713 | 714 |
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| 722 | 723 | 724 | 725 | 726 | 727 | 728 |
| 729 | 730 | 731 | 732 | 733 | 734 | 735 |
| 736 | 737 | 738 | 739 | 740 | 741 | 742 |
| 743 | 744 | 745 | 746 | 747 | 748 | 749 |
| 750 | 751 | 752 | 753 | 754 | 755 | 756 |
| 757 | 758 | 759 | 760 | 761 | 762 | 763 |
| 764 | 765 | 766 | 767 | 768 | 769 | 770 |
| 771 | 772 | 773 | 774 | 775 | 776 | 777 |
| 778 | 779 | 780 | 781 | 782 | 783 | 784 |
| 785 | 786 | 787 | 788 | 789 | 790 | 791 |
| 792 | 793 | 794 | 795 | 796 | 797 | 798 |
| 799 | 800 | 801 | 802 | 803 | 804 | 805 |
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| 841 | 842 | 843 | 844 | 845 | 846 | 847 |
| 848 | 849 | 850 | 851 | 852 | 853 | 854 |
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| 862 | 863 | 864 | 865 | 866 | 867 | 868 |
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| 883 | 884 | 885 | 886 | 887 | 888 | 889 |
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| 897 | 898 | 899 | 900 | 901 | 902 | 903 |
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| 911 | 912 | 913 | 914 | 915 | 916 | 917 |
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|--|---------|------------------------------|-------------------|---|---------------|-----------------------------|--------|
| 1 Florida Medical Center 2250 Capital Gains Rd Fort Pierce, FL 34947-4985 | | 2 | | 34 PAT. CNTL. # 17350-04586M | | 35 MED. REC. # 131 | |
| 6 PATIENT NAME a 023456705 | | | | 9 PATIENT ADDRESS a 101 First Street, Fort Pierce, FL 34947-4985 | | | |
| 10 BIRTHDATE 06/11/58 | | 11 SEX M | 12 DATE 112509 | | 13 HR | 14 TYPE | 15 SRC |
| 16 CHR | 17 STAT | 18 | 19 | 20 | 21 | 22 | 23 |
| 24 | 25 | 26 | 27 | 28 | 29 ACCT STATE | 30 | 31 |
| 31 OCCURRENCE CODE 04 | | 32 OCCURRENCE DATE 112509 | | 33 OCCURRENCE CODE | | 34 OCCURRENCE DATE | |
| 35 OCCURRENCE SPAN FROM | | 36 OCCURRENCE SPAN THROUGH | | 37 OCCURRENCE SPAN FROM | | 38 OCCURRENCE SPAN THROUGH | |
| 39 | | | | 40 VALUE CODES AMOUNT | | 41 VALUE CODES AMOUNT | |
| 42 REV. CD. | | | | 43 DESCRIPTION | | 44 HCPCS / RATE / ICD9 CODE | |
| 45 SERV. DATE | | 46 SERV. UNITS | | 47 TOTAL CHARGES | | 48 NON-COVERED CHARGES | |
| 49 | 50 | 51 | 52 | 53 | 54 | 55 | 56 |
| 57 | 58 | 59 | 60 | 61 | 62 | 63 | 64 |
| 65 | 66 | 67 | 68 | 69 | 70 | 71 | 72 |
| 73 | 74 | 75 | 76 | 77 | 78 | 79 | 80 |
| 81 | 82 | 83 | 84 | 85 | 86 | 87 | 88 |
| 89 | 90 | 91 | 92 | 93 | 94 | 95 | 96 |
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| 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 |
| 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 |
| 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 |
| 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 |
| 45 | 46 | 47 | 48 | 49 | 50 | 51 | 52 |
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| 69 | 70 | 71 | 72 | 73 | 74 | 75 | 76 |
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| 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 |
| 93 | 94 | 95 | 96 | 97 | 98 | 99 | 00 |
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| 73 | 74 | 75 | 76 | 77 | 78 | 79 | 80 |
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| 89 | 90 | 91 | 92 | 93 | 94 | 95 | 96 |
| 97 | 98 | 99 | 00 | 01 | 02 | 03 | 04 |
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| 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 |
| 45 | 46 | 47 | 48 | 49 | 50 | 51 | 52 |
| 53 | 54 | 55 | 56 | 57 | 58 | 59 | 60 |
| 61 | 62 | 63 | 64 | 65 | 66 | 67 | 68 |
| 69 | 70 | 71 | 72 | 73 | 74 | 75 | 76 |
| 77 | 78 | 79 | 80 | 81 | 82 | 83 | 84 |
| 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 |
| 93 | 94 | 95 | 96 | 97 | 98 | 99 | 00 |
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| 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 |
| 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 |
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| 57 | 58 | 59 | 60 | 61 | 62 | 63 | 64 |
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| 73 | 74 | 75 | 76 | 77 | 78 | 79 | 80 |
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| 45 | 46 | 47 | 48 | 49 | 50 | 51 | 52 |
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| 77 | 78 | 79 | 80 | 81 | 82 | 83 | 84 |
| 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 |
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| 57 | 58 | 59 | 60 | 61 | 62 | 63 | 64 |
| 65 | 66 | 67 | 68 | 69 | 70 | 71 | 72 |
| 73 | 74 | 75 | 76 | 77 | 78 | 79 | 80 |
| 81 | 82 | 83 | 84 | 85 | 86 | 87 | 88 |
| 89 | 90 | 91 | 92 | 93 | 94 | 95 | 96 |
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| 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 |
| 45 | 46 | 47 | 48 | 49 | 50 | 51 | 52 |
| 53 | 54 | 55 | 56 | 57 | 58 | 59 | 60 |
| 61 | 62 | 63 | 64 | 65 | 66 | 67 | 68 |
| 69 | 70 | 71 | 72 | 73 | 74 | 75 | 76 |
| 77 | 78 | 79 | 80 | 81 | 82 | 83 | 84 |
| 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 |
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| 73 | 74 | 75 | 76 | 77 | 78 | 79 | 80 |
| 81 | 82 | 83 | 84 | 85 | 86 | 87 | 88 |
| 89 | 90 | 91 | 92 | 93 | 94 | 95 | 96 |
| 97 | 98 | 99 | 00 | 01 | 02 | 03 | 04 |
| 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 |
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| 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 |
| 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 |
| 45 | 46 | 47 | 48 | 49 | 50 | 51 | 52 |
| 53 | 54 | 55 | 56 | 57 | 58 | 59 | 60 |
| 61 | 62 | 63 | 64 | 65 | 66 | 67 | 68 |
| 69 | 70 | 71 | 72 | 73 | 74 | 75 | 76 |
| 77 | 78 | 79 | 80 | 81 | 82 | 83 | 84 |
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| 1 MEDICAL DATA MEMORIAL HOSPITAL 8056 NORTH FLORIDA AVE STUART, FL 34995 | | | | | | | | | | 2 | | 34 PAT. CNTL. # 35 MED. REC. # | | 25196-041 | | 831 | | | | | | | | | | | | | | | |
| 6 PATIENT NAME a Patrick Carillo | | | | 8 PATIENT ADDRESS a 6235 W. 14th Ave, Cocoa, FL 32927 | | | | 5 FED. TAX NO. 59-7654321 | | 8 STATEMENT COVERS PERIOD FROM 100109 | | 7 THROUGH 100109 | | | | | | | | | | | | | | | | | | | |
| 10 BIRTHDATE 07/04/57 | | 11 SEX M | 12 DATE 100109 | | 13 HR | 14 TYPE | 15 SRC | 16 CHR | 17 STAT | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 ACCT STATE | | | | | | | | | | |
| 31 OCCURRENCE CODE 04 | | 32 OCCURRENCE DATE 092809 | | 33 OCCURRENCE CODE | | 34 OCCURRENCE DATE | | 35 OCCURRENCE SPAN FROM | | 36 OCCURRENCE SPAN THROUGH | | 37 OCCURRENCE SPAN FROM | | 38 OCCURRENCE SPAN THROUGH | | 39 | | 40 | | 41 | | | | | | | | | | | |
| 42 REV. CD. | | | | | | | | | | 43 DESCRIPTION | | | | | | | | | | 44 HCPCS / RATE / ICD9 CODE | | 45 SERV. DATE | | 46 SERV. UNITS | | 47 TOTAL CHARGES | | 48 NON-COVERED CHARGES | | 49 | |
| 0360 | | | | | | | | | | NJX C+-DX/LUMBAR SAC | | | | | | | | | | 62311 | | 100109 | | 1 | | 1600 00 | | | | | |
| 0329 | | | | | | | | | | FLUOR GID & LOCLZJ CATH | | | | | | | | | | 77003 | | 100109 | | 1 | | 2500 00 | | | | | |
| <p>NOTE: For testing purposes on ASC bills, the date 10/01/2009, will be used to simulate the effective date of Revision E production (07/08/2010). If the statement date covered from is on or after 10/1/2009 the ASC test bill must be submitted with all of the required Revision E data elements found in the 2010 MEIG.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PAGE 1 OF 1 | | | | | | | | | | CREATION DATE | | | | | | | | | | TOTALS | | 4100 00 | | | | | | | | | |
| 50 PAYER NAME Submitter must insert - Insurer Name, Address and Zip Code: | | | | | | | | | | 81 HEALTH PLAN ID | | 63 REL. INFO | | 64 PRIOR PAYMENTS | | 65 EST. AMOUNT DUE | | 56 NPI 1336166527 | | 57 OTHER PRV ID ASC10982 | | | | | | | | | | | |
| 52 INSURED'S NAME | | | | | | | | | | 60 REL. | | 60 INSURED'S UNIQUE ID | | 61 GROUP NAME | | 62 INSURANCE GROUP NO. | | | | | | | | | | | | | | | |
| 63 TREATMENT AUTHORIZATION CODES | | | | | | | | | | 64 DOCUMENT CONTROL NUMBER | | | | | | | | | | 65 EMPLOYER NAME | | | | | | | | | | | |
| 66 EXP | | | | | | | | | | 72 EXP | | | | | | | | | | | | | | | | | | | | | |
| 68 ADMIT OR | | 70 PATIENT TREATMENT DX | | 71 PRV. DATE | | 72 EXP | | 73 | | 74 | | 75 | | 76 | | 77 | | 78 | | 79 | | 80 | | | | | | | | | |
| 74 PRINCIPAL PROCEDURE CODE | | 75 OTHER PROCEDURE CODE | | 76 OTHER PROCEDURE CODE | | 77 OTHER PROCEDURE CODE | | 78 OTHER PROCEDURE CODE | | 79 OTHER PROCEDURE CODE | | 80 OTHER PROCEDURE CODE | | 81 OTHER PROCEDURE CODE | | 82 OTHER PROCEDURE CODE | | 83 OTHER PROCEDURE CODE | | 84 OTHER PROCEDURE CODE | | 85 OTHER PROCEDURE CODE | | | | | | | | | |
| 80 REMARKS | | | | | | | | | | 81 CC | | 82 | | 83 | | 84 | | 85 | | 86 | | 87 | | 88 | | | | | | | |

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| 1 WC MEDICAL CENTER 6688 Fast Pace Ave Fort Pierce, FL 34947-4985 | | | | | | | | | | 2 | | | | | | | | | | 34 PAT. CNTL. # 1734T223 | | 35 MED. REC. # 131 | | | |
| 6 PATIENT NAME a 023456707 | | | | | | | | | | 9 PATIENT ADDRESS a 3506 Adina Rd, Fort Pierce, FL 34947-4985 | | | | | | | | | | 5 FED. TAX NO. 36-1234567 | | 8 STATEMENT COVERS PERIOD FROM 112209 | | 7 THROUGH 112209 | |
| b Captain Crook | | | | | | | | | | c | | | | | | | | | | d | | e | | | |
| 10 BIRTHDATE 07/02/87 | | 11 SEX M | 12 DATE 112209 | | 13 HR 08 | | 14 TYPE 1 | 15 SRC 7 | 16 CHR 01 | 17 STAT 02 | 18-29 ADMT STATE | | | | | | | | | | | | | | |
| 31 OCCURRENCE CODE 04 | | 32 OCCURRENCE DATE 112209 | | 33 OCCURRENCE CODE | | 34 OCCURRENCE DATE | | 35 OCCURRENCE SPAN FROM | | 36 OCCURRENCE SPAN THROUGH | | 37 OCCURRENCE SPAN FROM | | 38 OCCURRENCE SPAN THROUGH | | | | | | | | | | | |
| 39 | | | | | | | | | | 40 VALUE CODES AMOUNT | | | | | 41 VALUE CODES AMOUNT | | | | | | | | | | |
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| d | | | | | | | | | | e | | | | | f | | | | | | | | | | |
| 42 REV. CD. | | 43 DESCRIPTION | | | 44 HCPCS / RATE / ICD9 CODE | | | 45 SERV. DATE | | 46 SERV. UNITS | | 47 TOTAL CHARGES | | 48 NON-COVERED CHARGES | | 49 | | | | | | | | | |
| 1 0320 | | DX X-RAY | | | 73620 | | | 112209 | | 1 | | 455.00 | | | | 1 | | | | | | | | | |
| 2 0450 | | EMERGENCY ROOM | | | 99283 | | | 112209 | | 1 | | 398.60 | | | | 2 | | | | | | | | | |
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| 22 | | | | | | | | | | | | | | | | | | | | | | | | | |
| PAGE 1 OF 1 | | | | | | | | | | CREATION DATE | | | | TOTALS | | | | 853.60 | | | | | | | |
| 50 PAYER NAME Submitter must insert - Insurer Name, Address and Zip Code: | | | | | 81 HEALTH PLAN ID | | | | | 52 REL. INFO | | 53 ADD. INFO | | 54 PRIOR PAYMENTS | | 55 EST. AMOUNT DUE | | 56 NPI 1152367859 | | | | | | | |
| 58 INSURED'S NAME | | | | | 59 REL. | | | | | 60 INSURED'S UNIQUE ID | | | | | 61 GROUP NAME | | 62 INSURANCE GROUP NO. | | | | | | | | |
| 63 TREATMENT AUTHORIZATION CODES | | | | | 64 DOCUMENT CONTROL NUMBER | | | | | 65 EMPLOYER NAME | | | | | | | | | | | | | | | |
| 66 EXP. 826.0 | | | | | | | | | | | | | | | 68 | | | | | | | | | | |
| 69 ADMIT. OR | | 70 PATIENT TREATMENT DX | | 71 PRG. CODE | | 72 ECI | | E917.9 | | E917.1 | | E849.8 | | 73 | | | | | | | | | | | |
| 74 PRINCIPAL PROCEDURE CODE | | 75 OTHER PROCEDURE CODE | | 76 OTHER PROCEDURE CODE | | 77 ATTENDING NPI | | QUAL | | ME652202 | | 78 LAST | | FIRST | | | | | | | | | | | |
| 79 OPERATING NPI | | QUAL | | 79 OTHER NPI | | QUAL | | 79 OTHER NPI | | QUAL | | 79 OTHER NPI | | QUAL | | | | | | | | | | | |
| 80 REMARKS | | 81 CC | | 81 | | 81 | | 81 | | 81 | | 81 | | 81 | | | | | | | | | | | |
| | | 81 | | 81 | | 81 | | 81 | | 81 | | 81 | | 81 | | | | | | | | | | | |
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| 1 MEMORIAL CARE HOSPITAL 8090 Canopy Lane Melbourne, FL 32901 | | | | | | | | | | 2 | | | | | | | | | | 34 PAT. CNTL. # 111155544 | | | | | | | | | | 35 MED. REC. # 111 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 PATIENT NAME a 023456710 | | | | | | | | | | 5 PATIENT ADDRESS a 204 Alton Road, Melbourne, FL 32901 | | | | | | | | | | 5 FED. TAX NO. 12-3216547 | | | | | | | | | | 6 STATEMENT COVERS PERIOD FROM 082209 | | | | | | | | | | 7 THROUGH 082509 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b Joseph Black | | | | | | | | | | 10 BIRTHDATE 09/23/40 | | | | | | | | | | 11 SEX M | | | | | | | | | | 12 DATE 082209 | | | | | | | | | | 13 ADM. TYPE 12 | | | | | | | | | | 14 STAT 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 31 OCCURRENCE CODE 04 | | | | | | | | | | 32 OCCURRENCE DATE 082209 | | | | | | | | | | 35 OCCURRENCE SPAN FROM | | | | | | | | | | 36 OCCURRENCE SPAN THROUGH | | | | | | | | | | 37 OCCURRENCE SPAN THROUGH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 38 | | | | | | | | | | 39 VALUE CODES AMOUNT | | | | | | | | | | 41 VALUE CODES AMOUNT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 42 REV. CD. | | | | | | | | | | 43 DESCRIPTION | | | | | | | | | | 44 HCPCS / RATE / ICD9 CODE | | | | | | | | | | 45 SERV. DATE | | | | | | | | | | 46 SERV. UNITS | | | | | | | | | | 47 TOTAL CHARGES | | | | | | | | | | 48 NON-COVERED CHARGES | | | | | | | | | | 49 | | | | | | | | | |
| 1 0111 | | | | | | | | | | ROOM & BOARD - PRIVATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 3 | | | | | | | | | | 6675 00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 0259 | | | | | | | | | | PHARMACY - OTHER PHARMACY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 1 | | | | | | | | | | 186 00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 0272 | | | | | | | | | | MEDICAL/SURGICAL SUPPLIES AND | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 1 | | | | | | | | | | 122 26 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 0300 | | | | | | | | | | LABORATORY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 1 | | | | | | | | | | 175 00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 0324 | | | | | | | | | | RADIOLOGY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 1 | | | | | | | | | | 186 54 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 0360 | | | | | | | | | | OPERATING-ROOM | | | | | | | | | | 29515 | | | | | | | | | | | | | | | | | | | | 1 | | | | | | | | | | 181 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PAGE 1 OF 1 | | | | | | | | | | CREATION DATE | | | | | | | | | | TOTALS | | | | | | | | | | 7525 90 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 50 PAYER NAME Submitter must insert - Insurer Name, Address and Zip Code: | | | | | | | | | | 51 HEALTH PLAN ID | | | | | | | | | | 52 PRIOR PAYMENTS | | | | | | | | | | 53 EST. AMOUNT DUE | | | | | | | | | | 56 NPI 0152367859 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 53 INSURED'S NAME | | | | | | | | | | 59 REL. | | | | | | | | | | 60 INSURED'S UNIQUE ID | | | | | | | | | | 61 GROUP NAME | | | | | | | | | | 62 INSURANCE GROUP NO. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 63 TREATMENT AUTHORIZATION CODES | | | | | | | | | | 64 DOCUMENT CONTROL NUMBER | | | | | | | | | | 65 EMPLOYER NAME | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 66 EXP | | | | | | | | | | 73.41 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 68 ADMIT OR | | | | | | | | | | 70 PATIENT TREATMENT DX | | | | | | | | | | 71 PRD. CODE | | | | | | | | | | 72 ICD | | | | | | | | | | 73 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 74 PRINCIPAL PROCEDURE CODE 79.61 | | | | | | | | | | 75 OTHER PROCEDURE CODE | | | | | | | | | | 76 ATTENDING NPI | | | | | | | | | | 78 QUAL ME652199 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 75 OTHER PROCEDURE CODE | | | | | | | | | | 76 OTHER NPI | | | | | | | | | | 77 OPERATING NPI | | | | | | | | | | 79 QUAL ME652202 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 80 REMARKS | | | | | | | | | | 81 CC | | | | | | | | | | 82 OTHER NPI | | | | | | | | | | 83 QUAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | 84 | | | | | | | | | | 85 OTHER NPI | | | | | | | | | | 86 QUAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | 87 | | | | | | | | | | 88 OTHER NPI | | | | | | | | | | 89 QUAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | 90 | | | | | | | | | | 91 OTHER NPI | | | | | | | | | | 92 QUAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| 1 KINGDOM HOSPITAL 8056 CURVY SUTURE LANE MIAMI, FL 33102-5440 | 2 | 34 PAT. CNTL. # 5544669-007 | 35 MED. REC. # 831 |
| 4 PATIENT NAME James Bond | 5 PATIENT ADDRESS 3002 Redwood Road, Lakeland, FL 33803 | 6 FED. TAX NO. 56-9874561 | 7 STATEMENT COVERS PERIOD FROM 100709 |
| 8 STATEMENT COVERS PERIOD THROUGH 100709 | 9 | 10 | 11 |
| 10 BIRTHDATE 04/10/61 | 11 SEX M | 12 DATE 100709 | 13 |
| 14 | 15 | 16 | 17 |
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| 50 | 51 | 52 | 53 |
| 54 | 55 | 56 | 57 |
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| 70 | 71 | 72 | 73 |
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| 130 | 131 | 132 | 133 |
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| 150 | 151 | 152 | 153 |
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| 598 | 599 | 600 | 601 |
| 602 | 603 | 604 | 605 |
| 606 | 607 | 608 | 609 |
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| 614 | 615 | 616 | 617 |
| 618 | 619 | 620 | 621 |
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| 630 | 631 | 632 | 633 |
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| 638 | 639 | 640 | 641 |
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| 650 | 651 | 652 | 653 |
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| 666 | 667 | 668 | 669 |
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| 698 | 699 | 700 | 701 |
| 702 | 703 | 704 | 705 |
| 706 | 707 | 708 | 709 |
| 710 | 711 | 712 | 713 |
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| 734 | 735 | 736 | 737 |
| 738 | 739 | 740 | 741 |
| 742 | 743 | 744 | 745 |
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| 750 | 751 | 752 | 753 |
| 754 | 755 | 756 | 757 |
| 758 | 759 | 760 | 761 |
| 762 | 763 | 764 | 765 |
| 766 | 767 | 768 | 769 |
| 770 | 771 | 772 | 773 |
| 774 | 775 | 776 | 777 |
| 778 | 779 | 780 | 781 |
| 782 | 783 | 784 | 785 |
| 786 | 787 | 788 | 789 |
| 790 | 791 | 792 | 793 |
| 794 | 795 | 796 | 797 |
| 798 | 799 | 800 | 801 |
| 802 | 803 | 804 | 805 |
| 806 | 807 | 808 | 809 |
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| 834 | 835 | 836 | 837 |
| 838 | 839 | 840 | 841 |
| 842 | 843 | 844 | 845 |
| 846 | 847 | 848 | 849 |
| 850 | 851 | 852 | 853 |
| 854 | 855 | 856 | 857 |
| 858 | 859 | 860 | 861 |
| 862 | 863 | 864 | 865 |
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| Okeechobee Regional Hospital 4568 Melrose Blvd Stuart FL, 34995-9055 | | | | | | | | | | 34 PAT. CNTL. # KDTOK-55 | | 131 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 PATIENT NAME a 023456713 | | | | | | | | | | 9 PATIENT ADDRESS a 5050 Gulfstream Ave, Okeechobee, FL 34972 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 BIRTHDATE 03/04/55 | | | | | | | | | | 11 SEX M | 12 DATE 100109 | | 13 HR 09 | 14 TYPE 3 | 15 SRC 1 | 16 CHR 01 | 17 STAT | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 ACCT STATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 31 OCCURRENCE CODE 04 | 32 OCCURRENCE DATE 092209 | | 33 OCCURRENCE CODE | 34 OCCURRENCE DATE | | 35 OCCURRENCE CODE | 36 OCCURRENCE SPAN FROM THROUGH | | 37 OCCURRENCE SPAN FROM THROUGH | 38 OCCURRENCE CODE | 39 OCCURRENCE SPAN FROM THROUGH | | 40 OCCURRENCE CODE | 41 OCCURRENCE SPAN FROM THROUGH | | 42 OCCURRENCE CODE | 43 OCCURRENCE SPAN FROM THROUGH | | 44 OCCURRENCE CODE | 45 OCCURRENCE SPAN FROM THROUGH | | 46 OCCURRENCE CODE | 47 OCCURRENCE SPAN FROM THROUGH | | 48 OCCURRENCE CODE | 49 OCCURRENCE SPAN FROM THROUGH | | 50 OCCURRENCE CODE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 42 REV. CD. | | | | | | | | | | 43 DESCRIPTION | | | | | | | | | | 44 HCPCS / RATE / ICD9 CODE | | | | | | | | | | 45 SERV. DATE | | | | | | | | | | 46 SERV. UNITS | | | | | | | | | | 47 TOTAL CHARGES | | | | | | | | | | 48 NON-COVERED CHARGES | | | | | | | | | | 49 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 | 51 | 52 | 53 | 54 | 55 | 56 | 57 | 58 | 59 | 60 | 61 | 62 | 63 | 64 | 65 | 66 | 67 | 68 | 69 | 70 | 71 | 72 | 73 | 74 | 75 | 76 | 77 | 78 | 79 | 80 | 81 | 82 | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94 | 95 | 96 | 97 | 98 | 99 | 100 |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 | 51 | 52 | 53 | 54 | 55 | 56 | 57 | 58 | 59 | 60 | 61 | 62 | 63 | 64 | 65 | 66 | 67 | 68 | 69 | 70 | 71 | 72 | 73 | 74 | 75 | 76 | 77 | 78 | 79 | 80 | 81 | 82 | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94 | 95 | 96 | 97 | 98 | 99 | 100 |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 | 51 | 52 | 53 | 54 | 55 | 56 | 57 | 58 | 59 | 60 | 61 | 62 | 63 | 64 | 65 | 66 | 67 | 68 | 69 | 70 | 71 | 72 | 73 | 74 | 75 | 76 | 77 | 78 | 79 | 80 | 81 | 82 | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94 | 95 | 96 | 97 | 98 | 99 | 100 |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 | 51 | 52 | 53 | 54 | 55 | 56 | 57 | 58 | 59 | 60 | 61 | 62 | 63 | 64 | 65 | 66 | 67 | 68 | 69 | 70 | 71 | 72 | 73 | 74 | 75 | 76 | 77 | 78 | 79 | 80 | 81 | 82 | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94 | 95 | 96 | 97 | 98 | 99 | 100 |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 | 51 | 52 | 53 | 54 | 55 | 56 | 57 | 58 | 59 | 60 | 61 | 62 | 63 | 64 | 65 | 66 | 67 | 68 | 69 | 70 | 71 | 72 | 73 | 74 | 75 | 76 | 77 | 78 | 79 | 80 | 81 | 82 | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94 | 95 | 96 | 97 | 98 | 99 | 100 |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 | 51 | 52 | 53 | 54 | 55 | 56 | 57 | 58 | 59 | 60 | 61 | 62 | 63 | 64 | 65 | 66 | 67 | 68 | 69 | 70 | 71 | 72 | 73 | 74 | 75 | 76 | 77 | 78 | 79 | 80 | 81 | 82 | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94 | 95 | 96 | 97 | 98 | 99 | 100 |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 | 51 | 52 | 53 | 54 | 55 | 56 | 57 | 58 | 59 | 60 | 61 | 62 | 63 | 64 | 65 | 66 | 67 | 68 | 69 | 70 | 71 | 72 | 73 | 74 | 75 | 76 | 77 | 78 | 79 | 80 | 81 | 82 | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94 | 95 | 96 | 97 | 98 | 99 | 100 |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 | 51 | 52 | 53 | 54 | 55 | 56 | 57 | 58 | 59 | 60 | 61 | 62 | 63 | 64 | 65 | 66 | 67 | 68 | 69 | 70 | 71 | 72 | 73 | 74 | 75 | 76 | 77 | 78 | 79 | 80 | 81 | 82 | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94 | 95 | 96 | 97 | 98 | 99 | 100 |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 | 51 | 52 | 53 | 54 | 55 | 56 | 57 | 58 | 59 | 60 | 61 | 62 | 63 | 64 | 65 | 66 | 67 | 68 | 69 | 70 | 71 | 72 | 73 | 74 | 75 | 76 | 77 | 78 | 79 | 80 | 81 | 82 | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94 | 95 | 96 | 97 | 98 | 99 | 100 |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 | 51 | 52 | 53 | 54 | 55 | 56 | 57 | 58 | 59 | 60 | 61 | 62 | 63 | 64 | 65 | 66 | 67 | 68 | 69 | 70 | 71 | 72 | 73 | 74 | 75 | 76 | 77 | 78 | 79 | 80 | 81 | 82 | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94 | 95 | 96 | 97 | 98 | 99 | 100 |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 | 51 | 52 | 53 | 54 | 55 | 56 | 57 | 58 | 59 | 60 | 61 | 62 | 63 | 64 | 65 | 66 | 67 | 68 | 69 | 70 | 71 | 72 | 73 | 74 | 75 | 76 | 77 | 78 | 79 | 80 | 81 | 82 | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94 | 95 | 96 | 97 | 98 | 99 | 100 |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| 1 Florida Medical Center 2250 Capital Gains Rd Fort Pierce, FL 34947-4985 | | | | | | | | | | 2 | | | | | | | | | | 34 PAT. CNTL. # 35 MED. REC. # SUPERMAN-883 | | | | | | | | | | 131 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 PATIENT NAME a Clark Kent | | | | | | | | | | 7 PATIENT ADDRESS a 2204 Mayberry Lane, New Port Richey, FL 34655 | | | | | | | | | | 5 FED. TAX NO. 12-7654321 | | | | | | | | | | 8 STATEMENT COVERS PERIOD FROM 082409 THROUGH 082409 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 BIRTHDATE 02/25/72 | | | | | | | | | | 11 SEX M | | | | | | | | | | 12 DATE 082409 | | | | | | | | | | 13 HR 12 | | | | | | | | | | 14 TYPE 3 | | | | | | | | | | 15 SRC 1 | | | | | | | | | | 16 CHR 1 | | | | | | | | | | 17 STAT 1 | | | | | | | | | | 18-30 CONDITION CODES | | | | | | | | | |
| 31 OCCURRENCE CODE 04 | | | | | | | | | | 32 OCCURRENCE DATE 072209 | | | | | | | | | | 33 OCCURRENCE CODE | | | | | | | | | | 34 OCCURRENCE DATE | | | | | | | | | | 35 OCCURRENCE SPAN FROM THROUGH | | | | | | | | | | 36 OCCURRENCE SPAN CODE FROM THROUGH | | | | | | | | | | 37 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 38 | | | | | | | | | | 39 VALUE CODES AMOUNT | | | | | | | | | | 40 | | | | | | | | | | 41 VALUE CODES AMOUNT | | | | | | | | | | 42 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 42 REV. CD. | | | | | | | | | | 43 DESCRIPTION | | | | | | | | | | 44 HCPCS / RATE / ICD9 CODE | | | | | | | | | | 45 SERV. DATE | | | | | | | | | | 46 SERV. UNITS | | | | | | | | | | 47 TOTAL CHARGES | | | | | | | | | | 48 NON-COVERED CHARGES | | | | | | | | | | 49 | | | | | | | | | | | | | | | | | | | |
| 0420 | | | | | | | | | | PHYSICAL THERAPY-GEN CLASS | | | | | | | | | | 97110 | | | | | | | | | | 082409 | | | | | | | | | | 1 | | | | | | | | | | 464 00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0421 | | | | | | | | | | PHYSICAL THERAPY-VISIT CHRG | | | | | | | | | | 97140 | | | | | | | | | | 082409 | | | | | | | | | | 1 | | | | | | | | | | 255 00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PAGE 1 OF 1 | | | | | | | | | | CREATION DATE | | | | | | | | | | TOTALS | | | | | | | | | | 719 00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 50 PAYER NAME Submitter must insert - Insurer Name, Address and Zip Code: | | | | | | | | | | 51 HEALTH PLAN ID | | | | | | | | | | 52 REL. INFO | | | | | | | | | | 53 PRIOR PAYMENTS | | | | | | | | | | 54 EST. AMOUNT DUE | | | | | | | | | | 55 NPI 0152367859 | | | | | | | | | | 56 OTHER PRV ID | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 57 INSURED'S NAME | | | | | | | | | | 58 REL. | | | | | | | | | | 59 INSURED'S UNIQUE ID | | | | | | | | | | 60 GROUP NAME | | | | | | | | | | 61 INSURANCE GROUP NO. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 62 TREATMENT AUTHORIZATION CODES | | | | | | | | | | 63 DOCUMENT CONTROL NUMBER | | | | | | | | | | 64 EMPLOYER NAME | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 65 V57.1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 66 ADMIT DATE | | | | | | | | | | 67 PATIENT TREATMENT DX | | | | | | | | | | 68 PRV TYPE | | | | | | | | | | 69 ICD 9 | | | | | | | | | | 70 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 71 PRINCIPAL PROCEDURE CODE DATE | | | | | | | | | | 72 OTHER PROCEDURE CODE DATE | | | | | | | | | | 73 ATTENDING NPI QUAL ME652202 | | | | | | | | | | 74 LAST FIRST | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 75 OTHER PROCEDURE CODE DATE | | | | | | | | | | | | | | | | | | | | 76 OPERATING NPI QUAL | | | | | | | | | | 77 LAST FIRST | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 80 REMARKS | | | | | | | | | | 81 CC a | | | | | | | | | | 82 OTHER NPI QUAL | | | | | | | | | | 83 LAST FIRST | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | 84 | | | | | | | | | | 85 OTHER NPI QUAL | | | | | | | | | | 86 LAST FIRST | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | 87 | | | | | | | | | | 88 OTHER NPI QUAL | | | | | | | | | | 89 LAST FIRST | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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