

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	13 HR
14 TYPE	15 SRC	16 DHR	17 STAT
18	19	20	21
22	23	24	25
26	27	28	29 ACDT STATE
30			
31 OCCURRENCE CODE	32 OCCURRENCE CODE	33 OCCURRENCE CODE	34 OCCURRENCE CODE
DATE	DATE	DATE	DATE
35 CODE	36 CODE	37 CODE	38
OCCURRENCE SPAN FROM	OCCURRENCE SPAN THROUGH	OCCURRENCE SPAN FROM	OCCURRENCE SPAN THROUGH
39 CODE	40 CODE	41 CODE	42
VALUE CODES AMOUNT	VALUE CODES AMOUNT	VALUE CODES AMOUNT	
a	b	c	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
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
58 INSURED'S NAME	59 P.REL.	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.	57 OTHER PRV ID	68
A	B	C	A	B	C	A
63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME	66 DX	67	A	B
A	B	C	C	D	E	F
69 ADMIT DX	70 PATIENT REASON DX	71 PPS CODE	72 ECI	73	74	75
74 PRINCIPAL PROCEDURE CODE	74 OTHER PROCEDURE CODE	74 OTHER PROCEDURE CODE	74 OTHER PROCEDURE CODE	74 OTHER PROCEDURE CODE	76 ATTENDING NPI	76 QUAL
DATE	DATE	DATE	DATE	DATE	LAST	FIRST
c. OTHER PROCEDURE CODE	d. OTHER PROCEDURE CODE	e. OTHER PROCEDURE CODE	77 OPERATING NPI	77 QUAL	LAST	FIRST
DATE	DATE	DATE	DATE	DATE	78 OTHER NPI	78 QUAL
80 REMARKS	81CC a	81CC b	81CC c	81CC d	LAST	FIRST
					79 OTHER NPI	79 QUAL
					LAST	FIRST