

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 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	

69 ADMIT DX		70 PATIENT REASON DX		a. OTHER PROCEDURE CODE DATE		b. OTHER PROCEDURE CODE DATE		71 PPS CODE		72 ECI		73	
A		B		C		D		E		F		G	
B		C		D		E		F		G		H	
C		D		E		F		G		H		I	

74 PRINCIPAL PROCEDURE CODE DATE		a. OTHER PROCEDURE CODE DATE		b. OTHER PROCEDURE CODE DATE		75		76 ATTENDING NPI		QUAL			
A		B		C		D		E		F		G	
B		C		D		E		F		G		H	
C		D		E		F		G		H		I	

77 OPERATING NPI		QUAL			
A		B		C	
B		C		D	
C		D		E	

78 OTHER NPI		QUAL			
A		B		C	
B		C		D	
C		D		E	