

1	2	3a PAT. CNTL. #	4 TYPE OF BILL
		b. MED. REC. #	
		5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM 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 DATE	33 OCCURRENCE CODE	34 OCCURRENCE DATE
35 CODE	36 OCCURRENCE SPAN FROM THROUGH	37	
38	39 VALUE CODES AMOUNT	40 VALUE CODES AMOUNT	41 VALUE CODES AMOUNT
a	b	c	d
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						57 OTHER PRV ID
B						
C						
58 INSURED'S NAME	59 P.REL.	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.		
A						
B						
C						
63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME				
A						
B						
C						
66 DX	67	A	B	C	D	E
	F	G	H	I	J	K
	L	M	N	O	P	Q
69 ADMIT DX	70 PATIENT REASON DX	71 PPS CODE	72 ECI	73		
74 PRINCIPAL PROCEDURE CODE	75	76 ATTENDING NPI	77 QUAL	78	79	80
a. OTHER PROCEDURE CODE	b. OTHER PROCEDURE CODE	LAST	FIRST	QUAL		
c. OTHER PROCEDURE CODE	d. OTHER PROCEDURE CODE	77 OPERATING NPI	78 QUAL	79	80	
		LAST	FIRST	QUAL		
80 REMARKS	81CC a	78 OTHER NPI	79 QUAL	80	81	82
	b	LAST	FIRST	QUAL		
	c	79 OTHER NPI	80 QUAL	81	82	
	d	LAST	FIRST	QUAL		