

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	
e							

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 ACCT STATE		30	
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31 OCCURRENCE DATE		32 OCCURRENCE DATE		33 OCCURRENCE DATE		34 OCCURRENCE DATE		35 OCCURRENCE DATE		36 OCCURRENCE SPAN FROM THROUGH		37 OCCURRENCE SPAN FROM THROUGH	
a		b		c		d		e		f		g	

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

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