

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
31 OCCURRENCE CODE	32 OCCURRENCE CODE	33 OCCURRENCE CODE	34 OCCURRENCE CODE	35 OCCURRENCE CODE	OCCURRENCE SPAN FROM THROUGH		36 OCCURRENCE CODE	OCCURRENCE SPAN FROM THROUGH		37															

38	39 CODE	VALUE CODES AMOUNT	40 CODE	VALUE CODES AMOUNT	41 CODE	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							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23	PAGE _____ OF _____	CREATION DATE _____	TOTALS →				

50 PAYER NAME	51 HEALTH PLAN ID	52 REL. INFO.	53 AS G. 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	68

69 ADMIT DX	70 PATIENT REASON DX	a	b	c	71 PPS CODE	72 ECI	73
74 PRINCIPAL PROCEDURE CODE	DATE	a	OTHER PROCEDURE CODE	DATE	b	OTHER PROCEDURE CODE	DATE
c	OTHER PROCEDURE CODE	DATE	d	OTHER PROCEDURE CODE	DATE	e	OTHER PROCEDURE CODE
80 REMARKS	81 CC a				76 ATTENDING	NPI	QUAL
	b				LAST		FIRST
	c				77 OPERATING	NPI	QUAL
	d				LAST		FIRST
					78 OTHER	NPI	QUAL
					LAST		FIRST
					79 OTHER	NPI	QUAL
					LAST		FIRST