

1										2										3a PAT. CNTL. #					
																				b. MED. REC. #					
																				5 FED. TAX NO.		6 STATEMENT COVERS PERIOD FROM		7 THROUGH	
8 PATIENT NAME										9 PATIENT ADDRESS															
b										b										c		d		e	
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 DATE				33 OCCURRENCE DATE				35 OCCURRENCE SPAN FROM				36 OCCURRENCE SPAN FROM				37									
38										39 VALUE CODES CODE		AMOUNT		41 VALUE CODES CODE		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							
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23	PAGE ____ OF ____		CREATION DATE				

SAMPLE

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			
58 INSURED'S NAME										59 P.REL		60 INSURED'S UNIQUE ID										61 GROUP NAME		62 INSURANCE GROUP NO.					
A										B		C										D		E					
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		b. OTHER PROCEDURE CODE		DATE		75		76 ATTENDING NPI		QUAL																	
										LAST		FIRST																	
		d. OTHER PROCEDURE CODE		DATE						77 OPERATING NPI		QUAL																	
										LAST		FIRST																	
80 REMARKS		81CC a								78 OTHER NPI		QUAL																	
		b								LAST		FIRST																	
		c								79 OTHER NPI		QUAL																	
		d								LAST		FIRST																	