

1		2		3a PAT. CNTL. # b. MED. REC. #		4 TYPE OF BILL																																			
5 FED. TAX NO.				6 STATEMENT COVERS PERIOD FROM		7 THROUGH																																			
8 PATIENT NAME				9 PATIENT ADDRESS																																					
10 BIRTHDATE		11 SEX		12 DATE		13 ADMISSION 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 OCCURRENCE CODE		36 OCCURRENCE SPAN FROM		37 OCCURRENCE SPAN THROUGH																													
38		39 CODE		40 VALUE CODES AMOUNT		41 CODE		42 VALUE CODES AMOUNT		43 CODE		44 VALUE CODES AMOUNT																													
42 REV. CD.		43 DESCRIPTION		44 HCPCS / RATE / HIPPS CODE		45 SERV. DATE		46 SERV. UNITS		47 TOTAL CHARGES		48 NON-COVERED CHARGES		49																											
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																													
58 INSURED'S NAME		59 P.REL.		60 INSURED'S UNIQUE ID		61 GROUP NAME		62 INSURANCE GROUP NO.																																	
63 TREATMENT AUTHORIZATION CODES		64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME																																					
66 DX		67		A		B		C		D		E		F		G		H		68																					
69 ADMIT DX		70 PATIENT REASON DX		71 PPS CODE		72 EQ		73																																	
74 PRINCIPAL PROCEDURE CODE		a. OTHER PROCEDURE DATE		b. OTHER PROCEDURE DATE		75		76 ATTENDING NPI		QUAL		FIRST																													
c. OTHER PROCEDURE DATE		d. OTHER PROCEDURE DATE		e. OTHER PROCEDURE DATE		77 OPERATING NPI		QUAL		FIRST																															
80 REMARKS		81CC a		b		c		78 OTHER NPI		QUAL		FIRST																													
81CC b		c		d		79 OTHER NPI		QUAL		FIRST																															