

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			9 PATIENT ADDRESS		
a			a		

10 BIRTHDATE		11 SEX	12 DATE		ADMISSION			16 DHR		17 STAT		CONDITION CODES						29 ACDT STATE		30
					13 HR			14 TYPE		15 SRC										

31 OCCURRENCE DATE		32 OCCURRENCE DATE		33 OCCURRENCE DATE		34 OCCURRENCE DATE		35 OCCURRENCE DATE		36 OCCURRENCE SPAN THROUGH		37 OCCURRENCE SPAN THROUGH	
a		a		a		a		a		a		a	

38				39 VALUE CODES AMOUNT		40 VALUE CODES AMOUNT		41 VALUE CODES AMOUNT	
a				a		a		a	
b				b		b		b	
c				c		c		c	
d				d		d		d	

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1							
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50 PAYER NAME		51 HEALTH		52 REL. INFO	53 ASG. BEN.	54 PRIOR PAYMENTS		55 EST. AMOUNT DUE		56 NPI	
A		A		A	A	A		A		A	
B		B		B	B	B		B		B	
C		C		C	C	C		C		C	

58 INSURED'S NAME			59 P.REL.	60 INSURED'S UNIQUE ID			61 GROUP NAME		62 INSURANCE GROUP NO.		
A			A	A			A		A		
B			B	B			B		B		
C			C	C			C		C		

63 TREATMENT AUTHORIZATION CODES				64 DOCUMENT CONTROL NUMBER				65 EMPLOYER NAME			
A				A				A			
B				B				B			
C				C				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	a	b	c	73

74 PRINCIPAL PROCEDURE CODE			a. OTHER PROCEDURE CODE			b. OTHER PROCEDURE CODE			75			76 ATTENDING NPI		QUAL		LAST		FIRST		
c. OTHER PROCEDURE CODE			d. OTHER PROCEDURE CODE			e. OTHER PROCEDURE CODE						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	