1 2									3a PAT. CNTL #													4 TYPE OF BILL
							b. MED. REC. #															
														5 FED. TAX	NO.		6 STATE FROM	MENT C	OVERS PE	RIOD UGH	7	
8 PATIENT N	AME	a						9 PATI	ENT ADDRI	ESS	a											
b								b									С		d			е
10 BIRTHDAT	E	11 SEX	12 DATE	ADMISS 13 HR	ION R 14 TYPE	15 SR	C 16 DH	IR 17 STA	T 18	19	20	21 CO	NDITION (CODES 3 24	25	26	27	28 S	ACDT 30 STATE			
24 00011	DDENOE		COCUEDEN	105	20 00	CUPPE	105	24	OCCUPPE	NOT.	- 05		NIDDENIO	CODAN		00		IDDENIO	OBAN		107	
31 OCCU CODE	DATE	32 CODE	OCCURREN DA	TE	33 OC CODE	D	ATE	34 CODE	OCCURREI D	ATE	35 CODE	FR	CURRENCE OM	= SPAN THRO	UGH	36 CODE	FRO	IRRENCE M	: SPAN THRO	DUGH	37	
38												39	VALUE (CODES	1	0	VALUE COD	ES	41		VALUE COD	EQ
30												CODE	AMC	DUNT		ODE	VALUE COD AMOUN	T	CO	DE T	AMOUNT	
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42 REV. CD.	43 DESCRIP	TION						44 HCB	CS / RATE / H	IIDDS CODE	d d	-	ERV. DATE	46 855	RV. UNITS		47 TOTAL CHA	DCES		NON CO	VERED CHAR	GES 49
42 HEV. OD.	40 DE001111	11014						441101	0071141271		-	140 00	ITTE. DATE	140 021	IV. OIVITO		47 TOTAL OTTA	ii ideo	:	14014-00	VEHED OHAH	
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50 PAYER NA	AME				5	1 HEALT	TH PLAN	ID		52 RE INFO	L 53 ASG. BEN.	54 PRIOR	PAYMENT	S 55	EST. AN	10UNT DU	JE	56 NPI				
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50 II 1017==	0.114.17						TO P = -	00	DEDIC	15.15								PRV ID	DANIOS -	01/2		
58 INSURED	5 NAME						og P. HEL	60 INSUF	RED'S UNIQU	טב וט			6	1 GROUP NA	AME			62 INSU	RANCE GR	OUP NO	J.	
63 TREATME	NT ALITHODI	ZATION CO	nnes					64	DOCUMENT	CONTROL	NUMBER)				65 EMP	LOYER NAMI	E				
03 THEATINE	NI AUTHORI	ZATION CO	JDE3					04	DOCOMENT	CONTROL	LINUWIBER	1				03 EIVIF	LOTER IVAIVII	=				
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69 ADMIT		70	PATIENT	2			<u> </u>	Т	C	71 PPS	NE	1	72 ECI	a		-			C	73		
74 P	RINCIPAL PR	RE OCEDURE DATE	a.	07	THER PRO	CEDURI	E ATE	b.	OTHE	R PROCEI	DURE DATE	75		76 ATTENI	DING	NPI		<u> </u>	QUAL			
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c. OTHER PROCEDURE CODE DATE CODE					CEDURI	ATE	e.	e. OTHER PROC		DURE DATE			77 OPERA	TING	NPI	NPI		QUAL				
SODE SAIL CODE								CODE		DAIL		1	LAST		1			FIRST				
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