

|   |  |   |  |                |  |                                |  |
|---|--|---|--|----------------|--|--------------------------------|--|
| 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 13 HR 14 TYPE 15 SRC |  |  | 16 DHR |  | 17 STAT | 18 | 19 | 20 | 21 | CONDITION CODES 22 23 24 25 26 27 28 |  |  | 29 ACDT STATE | 30 |  |
|--------------|--|--------|---------|--|--------------------------------|--|--|--------|--|---------|----|----|----|----|--------------------------------------|--|--|---------------|----|--|

|                    |  |                    |  |                    |  |                    |  |                                 |  |                                 |  |    |  |
|--------------------|--|--------------------|--|--------------------|--|--------------------|--|---------------------------------|--|---------------------------------|--|----|--|
| 31 OCCURRENCE DATE |  | 32 OCCURRENCE DATE |  | 33 OCCURRENCE DATE |  | 34 OCCURRENCE DATE |  | 35 OCCURRENCE SPAN FROM THROUGH |  | 36 OCCURRENCE SPAN FROM THROUGH |  | 37 |  |
| a                  |  | a                  |  | a                  |  | a                  |  | a                               |  | a                               |  | a  |  |
| b                  |  | b                  |  | b                  |  | b                  |  | b                               |  | b                               |  | b  |  |

|    |  |  |  |                       |  |                       |  |                       |  |
|----|--|--|--|-----------------------|--|-----------------------|--|-----------------------|--|
| 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 SERV. UNITS | 47 TOTAL CHARGES | 48 NON-COVERED CHARGES | 49 |
|-------------------|----------------|------------------------------|---------------|----------------|------------------|------------------------|----|
| 1                 |                |                              |               |                |                  |                        | 1  |
| 2                 |                |                              |               |                |                  |                        | 2  |
| 3                 |                |                              |               |                |                  |                        | 3  |
| 4                 |                |                              |               |                |                  |                        | 4  |
| 5                 |                |                              |               |                |                  |                        | 5  |
| 6                 |                |                              |               |                |                  |                        | 6  |
| 7                 |                |                              |               |                |                  |                        | 7  |
| 8                 |                |                              |               |                |                  |                        | 8  |
| 9                 |                |                              |               |                |                  |                        | 9  |
| 10                |                |                              |               |                |                  |                        | 10 |
| 11                |                |                              |               |                |                  |                        | 11 |
| 12                |                |                              |               |                |                  |                        | 12 |
| 13                |                |                              |               |                |                  |                        | 13 |
| 14                |                |                              |               |                |                  |                        | 14 |
| 15                |                |                              |               |                |                  |                        | 15 |
| 16                |                |                              |               |                |                  |                        | 16 |
| 17                |                |                              |               |                |                  |                        | 17 |
| 18                |                |                              |               |                |                  |                        | 18 |
| 19                |                |                              |               |                |                  |                        | 19 |
| 20                |                |                              |               |                |                  |                        | 20 |
| 21                |                |                              |               |                |                  |                        | 21 |
| 22                |                |                              |               |                |                  |                        | 22 |
| 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 |
| 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 |
| I     | J  | K | L | M | N | O | P | Q |   |    |

|                             |                      |                         |   |                         |   |             |        |                  |   |       |    |
|-----------------------------|----------------------|-------------------------|---|-------------------------|---|-------------|--------|------------------|---|-------|----|
| 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  | 79 OTHER NPI | QUAL  |
|            |  |  | a      | b | c | d | LAST         | FIRST | LAST         | FIRST |
|            |  |  |        |   |   |   | 79 OTHER NPI | QUAL  |              |       |
|            |  |  |        |   |   |   | LAST         | FIRST |              |       |