

1		2		3a PAT. ONTL. # 3b UNCL. REC. #		4 TYPE OF BILL											
				5 FED. TAX NO.		6 STATEMENT COVERS PERIOD FROM THROUGH											
8 PATIENT NAME		9 PATIENT ADDRESS															
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 ACCT STATE
31 OCCURRENCE DATE		32 OCCURRENCE DATE		33 OCCURRENCE DATE		34 OCCURRENCE DATE		35 CODE		OCCURRENCE SPAN FROM THROUGH		36 CODE		OCCURRENCE SPAN FROM THROUGH		37	
38		39 VALUE CODES AMOUNT		40 VALUE CODES AMOUNT		41 VALUE CODES AMOUNT											
42 REV. CD.		43 DESCRIPTION		44 HCPCS / RATE / ICDPS 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 PLAN INFO		53 ADD. INFO		54 PRIOR PAYMENTS		55 EST. AMOUNT DUE		56 MP1		57 OTHER PRV ID			
58 INSURED'S NAME		59 REL.		60 INSURED'S UNIQUE ID		61 GROUP NAME		62 INSURANCE GROUP NO.									
63 TREATMENT AUTHORIZATION CODES		64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME													
67		A		B		C		D		E		F		G		H	
69 ADMIT. CX		70 PATIENT REASON EX		71 PPS CODE		72 ECI		73		74 ATTENDING		75		76		77	
74 PRINCIPAL PROCEDURE DATE		75 OTHER PROCEDURE DATE		76 OTHER PROCEDURE DATE		77 OTHER PROCEDURE DATE		78 OTHER PROCEDURE DATE		79 ATTENDING		80		81		82	
79 OTHER PROCEDURE DATE		80 OTHER PROCEDURE DATE		81 OTHER PROCEDURE DATE		82 OTHER PROCEDURE DATE		83 OTHER PROCEDURE DATE		84 ATTENDING		85		86		87	
80 REMARKS		81 CC		82		83		84		85 OTHER		86		87		88	
		81		82		83		84		85 OTHER		86		87		88	
		81		82		83		84		85 OTHER		86		87		88	
		81		82		83		84		85 OTHER		86		87		88	