

Provider Name Physical Address City, ST Zip+4		2	3a PAT CNTL #	4 TYPE OF BILL 131
			b. MED. REC. #	5 FED. TAX NO.
			6 STATEMENT COVERS PERIOD FROM 7/6/14	7 STATEMENT COVERS PERIOD THROUGH 7/7/14
			Passport#	

8 PATIENT NAME		a	9 PATIENT ADDRESS		a				
b Member First Name Last Name					c	d	e		
10 BIRTHDATE	11 SEX	12 DATE	ADMISSION 13 HR 14 TYPE 15 SRC	16 DHR	17 STAT	18-28 CONDITION CODES		29 ACDT STATE	30
In/Out multi ER visits					01	Condition Codes relate to copy overrides			
31 OCCURRENCE DATE	32 OCCURRENCE DATE	33 OCCURRENCE DATE	34 OCCURRENCE DATE	35 OCCURRENCE DATE	36 OCCURRENCE SPAN FROM THROUGH	37 OCCURRENCE SPAN FROM THROUGH	Occurrence codes are used to denote events relating to the bill that may effect payer processing		

38	39 VALUE CODES CODE AMOUNT	40 VALUE CODES CODE AMOUNT	41 VALUE CODES CODE AMOUNT
Value Codes and Amounts reflect Medicare Payment Information			

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
250			7/6/14	1	83.95		1
260		96365	7/7/14	1	326.72		2
260		96366	7/7/14	1	32.83		3
260		96367	7/7/14	1	63.50		4
301		80048	7/7/14	1	95.56		5
301		82055	7/7/14	1	121.37		6
306		87040	7/7/14	2	223.96		7
306		87804	7/7/14	2	259.56		8
320		71020 TC	7/7/14	1	209.83		9
450		99284 25	7/7/14	1	687.39		10
636	N4 63323047401 4 ML	J1630	7/7/14	4	159.30		11
636	N4 50458016601 150 ML	J1956	7/6/14	3	75.95		12

PAGE ____ OF ____ CREATION DATE 8/11/14 TOTALS →

50 PAYER NAME Possible TPL Payer	51 HEALTH PLAN ID 123456789	52 REL INFO	53 ASIG BEN	54 PRIOR PAYMENTS 42.80	55 EST. AMOUNT DUE	56 NPI Billing NPI
						57 OTHER PRV ID

58 INSURED'S NAME Member Name	59 P.PREL	60 INSURED'S UNIQUE ID Member ID	61 GROUP NAME	62 INSURANCE GROUP NO.
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63 TREATMENT AUTHORIZATION CODES Prior Auth# PAs are required in order for certain services to be paid.	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME
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68 ICD-10 codes	68
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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 123456789		QUAL	LAST Attending Last Name		FIRST First Name	
c. OTHER PROCEDURE CODE	d. OTHER PROCEDURE CODE	e. OTHER PROCEDURE CODE	77 OPERATING NPI		QUAL	LAST		FIRST		
80 REMARKS			81CC a	Billing Taxonomy		78 OTHER NPI		QUAL	FIRST	
			b	B3 282N00000X		79 OTHER NPI		QUAL	FIRST	
			c			LAST		FIRST		
			d			79 OTHER NPI		QUAL	FIRST	