

1		2		3a PAT. CNTL #		3b MED. RES. #			
5 FED. TAX NO.				6 STATEMENT COVERS PERIOD FROM				7 THROUGH	

8 PATIENT NAME			9 PATIENT ADDRESS		
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10 BIRTHDATE	11 SEX	12 DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	CONDITION CODES										29 ACOT STATE	30
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31 OCCURRENCE CODE		32 OCCURRENCE DATE		33 OCCURRENCE CODE		34 OCCURRENCE DATE		35 OCCURRENCE SPAN FROM				36 OCCURRENCE SPAN THROUGH				37	
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38				39 VALUE CODES AMOUNT				41 VALUE CODES AMOUNT																											
a				a				a				b				b				c				c				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
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50 PAYER NAME		51 HEALTH PLAN ID		52 REL. (MED)	53 ASS. (REN)	54 PRIOR PAYMENTS		55 EST. AMOUNT DUE		56 NPI	
										57 OTHER PRV ID	

58 INSURED'S NAME			59 REL.	60 INSURED'S UNIQUE ID			61 GROUP NAME			62 INSURANCE GROUP NO.		
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63 TREATMENT AUTHORIZATION CODES				64 DOCUMENT CONTROL NUMBER				65 EMPLOYER NAME			
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66 DX	67	A	B	C	D	E	F	G	H	68
	T	J	K	L	M	N	O	P	Q	

69 ADMIT. DX		70 PATIENT REASON DX		a	b	c	71 PPS CODE	72 EDC	a	b	c	73
74 PRINCIPAL PROCEDURE CODE		75 OTHER PROCEDURE CODE		76 ATTENDING NPI		77 OPERATING NPI		78 OTHER NPI		QUAL		79
				LAST		FIRST		LAST		FIRST		
				LAST		FIRST		LAST		FIRST		

80 REMARKS			81CC a	b			c			d		
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