

2		3a PAT. CNTL #		4 TYPE OF BILL	
		b. MED. REC. #		0213	
5 FED. TAX NO.		6 STATEMENT COVERS PERIOD FROM		7 THROUGH	
		010112		013112	
8 PATIENT NAME			9 PATIENT ADDRESS		
USA			USA		
10 BIRTHDATE	11 SEX	12 DATE	13 HR	14 TYPE	15 SRC
		040105	10	9	9
16 DHR	17 STAT	18 19 20 21			
	30	CONDITION CODES 22 23 24 25 26 27 28			
29 ACDT STATE	30				
31 OCCURRENCE CODE	32 OCCURRENCE DATE	33 OCCURRENCE CODE	34 OCCURRENCE DATE	35 OCCURRENCE SPAN FROM	36 OCCURRENCE SPAN THROUGH
38	39 CODE	VALUE CODES AMOUNT	40 CODE	VALUE CODES AMOUNT	41 CODE
	a 31	1398.88	80	31.00	82
	b				9.00
	c				
	d				
42 REV CD	43 DESCRIPTION	44 HCPCS / RATE / HPCS CODE	45 SERV DATE	46 SERV UNITS	47 TOTAL CHARGES
0190	R&B-SEMI-PRIV	187.58		31	5814.98
48 NON-COVERED CHARGES	49				
0001	PAGE 1 OF 1	CREATION DATE	022812	TOTALS	5,814.98
50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE
MEDICAID		Y	Y		5814.98
56 NPI	57 OTHER PRIV ID				
58 INSURED'S NAME	59 REL	60 INSURED'S UNIQUE ID	61 GROUP NAME		62 INSURANCE GROUP NO.
	18				
63 TREATMENT AUTHORIZATION CODES			64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME
					UNKNOWN
66 DX	67	68	69	70	71
42731	V5861	V5883	57420	59654	V536
72400	73300	75652	V1254	7823	4739
71302	4019	71598	68		
69 ADMIT DX	70 PATIENT REASON DX	71 PPS CODE	72 ECI	73	
57420					
74 PRINCIPAL PROCEDURE CODE	75 OTHER PROCEDURE CODE	76 ATTENDING NPI	77 OPERATING NPI	78 OTHER NPI	79 OTHER NPI
80 REMARKS	81 CC a	b	c	d	QUAL
					OB