

# SCREENING

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																																																																																																													
b										c																																																																																																													
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										30									
31 OCCURRENCE DATE										32 OCCURRENCE DATE										33 OCCURRENCE DATE										34 OCCURRENCE DATE										35 OCCURRENCE SPAN FROM THROUGH										36 OCCURRENCE SPAN FROM THROUGH										37																																																											
38										39 CODE										40 VALUE CODES AMOUNT										41 VALUE CODES AMOUNT										42																																																																															
										a D4										012345										67																																																																																									
										b																																																																																																													
										c																																																																																																													
										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	ECG	93005Q1	122416				1
2	CT	71260Q1	122416				2
3	BUN	84520Q1	122416				3
4	CREATININE	82565Q1	122416				4
5	FULL BODY BONE SCAN	78300Q1	122416				5
6	CONTRAST	A9503Q1	122416				6
7							7
8							8
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21							21
22							22
23	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																			
MEDICARE ADVANTAGE																																																												57																			
																																																																						OTHER									
																																																																						PRV ID									

58 INSURED'S NAME										59 P. REL.										60 INSURED'S UNIQUE ID										61 GROUP NAME										62 INSURANCE GROUP NO.									

63 TREATMENT AUTHORIZATION CODES										64 DOCUMENT CONTROL NUMBER										65 EMPLOYER NAME									

66 DX										67										Z00.6										B										C										D										E										F										G										H										Q										68																			

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

80 REMARKS										81CC a										78 OTHER NPI										QUAL									
										b										LAST										FIRST									
										c										79 OTHER NPI										QUAL									
										d										LAST										FIRST									