

C1D8 - ARM B

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																																																																																																																																																																																																							
10 BIRTHDATE										11 SEX										12 DATE										13 HR										14 TYPE										15 SRC										16 DHR										17 STAT										18										19										20										21										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																																																																																																																																																																																			
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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	OFFICE VISIT CHEMO ADMIN INITIAL DRUG #2	G0463Q1	010317		200.00		1
2		96413Q1	010517		250.00		2
3		J4321Q1	010517		100.00		3
4							4
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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																																												
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	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	68
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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				