

9 WEEKS POST C1D1

3a PAT CNTL #, b. MED REC. #, 4 TYPE OF BILL, 5 FED. TAX NO., 6 STATEMENT COVERS PERIOD FROM THROUGH, 7

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 ACDT 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

Table with columns: 42 REV. CD., 43 DESCRIPTION, 44 HCPCS / RATE / HIPPS CODE, 45 SERV. DATE, 46 SERV. UNITS, 47 TOTAL CHARGES, 48 NON-COVERED CHARGES, 49. Row 1: CT CONTRAST, 7126026Q0, Q9967Q0, 030717, 030717.

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, 57 OTHER, 58

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, 68, 69 ADMIT DX, 70 PATIENT REASON DX, 71 PPS CODE, 72 ECI, 73

74 PRINCIPAL PROCEDURE CODE, 75 OTHER PROCEDURE CODE, 76 ATTENDING NPI, 77 OPERATING NPI, 78 OTHER NPI, 79 OTHER NPI

80 REMARKS, 81CC a, b, c, d