

1 Hospital
123 Main Street
Anytown MO 60000

3a PAT. CNTL #
b. MED. REC. #
4 TYPE OF BILL
111

5 FED. TAX NO.
6 STATEMENT COVERS PERIOD FROM
7 THROUGH

8 PATIENT NAME a
9 PATIENT ADDRESS a

b Doe, Jane
c
d
e

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

06/01/07 1 01 C1

38
39 VALUE CODES AMOUNT
40 VALUE CODES AMOUNT
41 VALUE CODES AMOUNT
a 80 1 01 770.00
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 |
|-------------|----------------|------------------------------|---------------|----------------|------------------|------------------------|----|
| 0120 | | 770.00 | | 1 | 770.00 | | 1 |
| 0250 | | | | 4 | 152.20 | | 2 |
| 0259 | | | | 22 | 182.97 | | 3 |
| 0270 | | | | 2 | 58.50 | | 4 |
| 0300 | | | | 16 | 1770.10 | | 5 |
| 0301 | | | | 6 | 775.75 | | 6 |
| 0350 | | | | 1 | 1190.35 | | 7 |
| 0402 | | | | 1 | 395.40 | | 8 |
| 0940 | | | | 1 | 88.70 | | 9 |
| 0001 | Total | | | | 5383.97 | | 11 |

PAGE OF CREATION DATE TOTALS

60 PAYER NAME
A MO HealthNet
B
C
51 HEALTH PLAN ID
52 REL INFO
53 ASG BEN
54 PRIOR PAYMENTS
55 EST. AMOUNT DUE
56 NPI
123456789 7
57 OTHER
017777777
58 INSURED'S NAME
59 P. REL
60 INSURED'S UNIQUE ID
12345678
61 GROUP NAME
62 INSURANCE GROUP NO.

63 TREATMENT AUTHORIZATION CODES
A 7777777
B
C
64 DOCUMENT CONTROL NUMBER
65 EMPLOYER NAME

66 DX
63490 5997 78903 7906 56400 3051 F G H
I J K L M N O P Q
68

69 ADMIT DX
70 PATIENT REASON DX
a b c
71 PPS CODE
72 ECI
a b c
73
74 PRINCIPAL PROCEDURE DATE
a. OTHER PROCEDURE DATE
b. OTHER PROCEDURE DATE
75
76 ATTENDING NPI QUAL 209999999
LAST FIRST
77 OPERATING NPI QUAL
LAST FIRST
78 OTHER NPI QUAL
LAST FIRST
79 OTHER NPI QUAL
LAST FIRST

80 REMARKS
81CC
a
b
c
d
Medical Records Attached