

Missouri Hospital
123 Main Street
Anytown, MO 60000

3a PAT. CNTL #
b. MED. REC. #
4 TYPE OF BILL
131

5 FED. TAX NO.
6 STATEMENT COVERS PERIOD FROM 06/01/07 THROUGH 06/01/07
7

8 PATIENT NAME a Doe, Jane
9 PATIENT ADDRESS a

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 ACDT STATE 30

31 OCCURRENCE CODE DATE
32 OCCURRENCE CODE DATE
33 OCCURRENCE CODE DATE
34 OCCURRENCE CODE DATE
35 OCCURRENCE CODE FROM THROUGH
36 OCCURRENCE CODE FROM THROUGH
37

38
39 VALUE CODES CODE AMOUNT
40 VALUE CODES CODE AMOUNT
41 VALUE CODES CODE AMOUNT
a
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 |
|-------------|----------------|------------------------------|---------------|----------------|------------------|------------------------|----|
| 0250 | | | 06/01/07 | 1 | .87 | | 1 |
| 0260 | | | 06/01/07 | 1 | 183.26 | | 2 |
| 0270 | | | 06/01/07 | 1 | 360.71 | | 3 |
| 0402 | | 76770 | 06/01/07 | 1 | 315.00 | | 4 |
| 0402 | | 76856 | 06/01/07 | 1 | 243.00 | | 5 |
| 0490 | | | 06/01/07 | 1 | 5014.00 | | 6 |

0001 PAGE 1 OF 1 CREATION DATE 08/01/07 TOTALS 6116.84

50 PAYER NAME MO HealthNet
51 HEALTH PLAN ID
52 REL. INFO
53 ASG. BEN.
54 PRIOR PAYMENTS
55 EST. AMOUNT DUE
56 NPI 019999999
57 OTHER PRV ID

58 INSURED'S NAME
59 P. REL.
60 INSURED'S UNIQUE ID 12345678
61 GROUP NAME
62 INSURANCE GROUP NO.

63 TREATMENT AUTHORIZATION CODES
64 DOCUMENT CONTROL NUMBER
65 EMPLOYER NAME

66 DX 7538 75249 7881
C D E F G H
L M N O P Q

69 ADMIT DX
70 PATIENT REASON DX a b c
71 PPS CODE
72 ECI a b c
73
74 PRINCIPAL PROCEDURE CODE DATE 52000 06/01/07
OTHER PROCEDURE CODE DATE 57452 06/01/07
75
76 ATTENDING NPI 1999999999 QUAL FIRST
77 OPERATING NPI 1999999999 QUAL FIRST

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

1 Missouri Hospital
123 Main Street
Anytown, MO 60000

3a PAT. CNTL #
b. MED. REC. #

4 TYPE OF BILL
131

5 FED. TAX NO.

6 STATEMENT COVERS PERIOD FROM 06/01/07 THROUGH 06/01/07

8 PATIENT NAME a Doe, Jane

9 PATIENT ADDRESS a

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

CONDITION CODES
AJ

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 VALUE CODES AMOUNT 40 VALUE CODES AMOUNT 41 VALUE CODES AMOUNT

| 42 REV. CD. | 43 DESCRIPTION | 44 HCPCS / RATE / HIPPS CODE | 45 SERV. DATE | 46 SERV. UNITS | 47 TOTAL CHARGES | 48 NON-COVERED CHARGES | 49 |
|-------------|----------------|------------------------------|---------------|----------------|------------------|------------------------|----|
| 0250 | | | 06/01/07 | 1 | 8.00 | | |
| 0270 | | | 06/01/07 | 1 | 5.00 | | |
| 0300 | | 84702 | 06/01/07 | 1 | 19.00 | | |
| 0300 | | 84703 | 06/01/07 | 1 | 14.00 | | |
| 0300 | | 86900 | 06/01/07 | 1 | 35.00 | | |
| 0300 | | 86901 | 06/01/07 | 1 | 19.00 | | |
| 0402 | | 76817 | 06/01/07 | 1 | 230.00 | | |
| 0450 | | | 06/01/07 | 1 | 35.00 | | |

0001 PAGE 1 OF 1 CREATION DATE 08/01/07 TOTALS 365.00

50 PAYER NAME MO HealthNet

51 HEALTH PLAN ID

52 REL INFO

53 ASG BEN

54 PRIOR PAYMENTS

55 EST. AMOUNT DUE

56 NPI 019999999

57 OTHER PRV ID

58 INSURED'S NAME

59 P. REL

60 INSURED'S UNIQUE ID 12345678

61 GROUP NAME

62 INSURANCE GROUP NO.

63 TREATMENT AUTHORIZATION CODES

64 DOCUMENT CONTROL NUMBER

65 EMPLOYER NAME

66 DX 63492 6238

B C D E F G H

K L M N O P Q

69 ADMIT DX 70 PATIENT REASON DX

71 PPS CODE 72 ECI

74 PRINCIPAL PROCEDURE CODE DATE a. OTHER PROCEDURE CODE DATE b. OTHER PROCEDURE CODE DATE 75

76 ATTENDING NPI 199999999 QUAL FIRST

77 OPERATING NPI QUAL FIRST

78 OTHER NPI QUAL FIRST

79 OTHER NPI QUAL FIRST

80 REMARKS Medical Records Attached

81CC a b c d