

1 SOME COUNSELING AGENCY 123 SAMPLE ST. STATE, ZX 111-222-3333	2		3a PAT. CNTL # 19 2171 b. MED. REC. # 19		4 TYPE OF BILL 11	
8 PATIENT NAME a			9 PATIENT ADDRESS a 123 SAMPLE ST.			
b SAMPLE11, JOHN, L			b STATE		c ZX d 52525 e	
10 BIRTHDATE 02092010		11 SEX M	12 DATE 112724		13 HR 07	14 SRC
15 SRC		16 DHR	17 STAT	18	19	20
21	22	23	24	25	26	27
28	29 ACDT STATE	30	31 OCCURRENCE CODE	32 OCCURRENCE DATE	33 OCCURRENCE DATE	34 OCCURRENCE DATE
35 OCCURRENCE DATE	36 OCCURRENCE SPAN FROM	37 THROUGH	38	39 VALUE CODES CODE	40 VALUE CODES AMOUNT	41 VALUE CODES CODE
42	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES
49	50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE
56 NPI	57 OTHER PRV ID	58 INSURED'S NAME	59 R.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	76 ATTENDING NPI
77 OPERATING NPI	78 OTHER NPI	79 OTHER NPI	80 REMARKS	81CC a	81CC b	81CC c
81CC d	81CC e	81CC f	81CC g	81CC h	81CC i	81CC j