

1 Rehabilitation Hospital 999 West Blvd. Tyler, TX 75702 903-555-1234		2		3a PAT. CNTL.# 12345678 b. MED. REC.# 12346K		4 TYPE OF BILL 0111	
5 FED. TAX NO.				6 STATEMENT COVERS PERIOD FROM 01012016 THROUGH 01152016		7	

8 PATIENT NAME a Doe, Jane		9 PATIENT ADDRESS a 4312 Branbury Cross Tyler, TX 75702					
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10 BIRTHDATE 04032001		11 SEX F		12 DATE 01012016		13 HR 10		14 TYPE 2		15 SRC 1		16 DHR 13		17 STAT 06		18-30 CONDITION CODES												29 ACCT STATE		30	
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31 OCCURRENCE DATE		32 OCCURRENCE DATE		33 OCCURRENCE DATE		34 OCCURRENCE DATE		35 OCCURRENCE SPAN FROM THROUGH				36 OCCURRENCE SPAN FROM THROUGH				37	
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38												39 VALUE CODES AMOUNT		40 VALUE CODES AMOUNT		41 VALUE CODES AMOUNT	
a												a		a		a	
b												b		b		b	
c												c		c		c	
d												d		d		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
1 128	Semi Private Room	Room 400.00		14	5600 00		1
2		Rate					2
3 250	Pharmacy				298 63		3
4							4
5 270	Medical/Surgical Supplies				542 16		5
6							6
7 300	Laboratory				210 28		7
8							8
9 420	Physical Therapy				4878 00		9
10							10
11 430	Occupational Therapy				6878 00		11
12							12
13 910	Psychiatric Services - General				1794 00		13
14							14
15							15
16							16
17		Total Charges			20201 07		17
18							18
19							19
20							20
21							21
22							22
23	PAGE ____ OF ____	CREATION DATE	TOTALS				23

50 PAYER NAME Medicaid		51 HEALTH PLAN ID		52 REL INFO		53 ASG BEN.		54 PRIOR PAYMENTS		55 EST. AMOUNT DUE		56 NPI 3142650978	
A		B		C		D		E		F		G	
B		C		D		E		F		G		H	
C		D		E		F		G		H		I	
										57 OTHER PRV ID 9876543-21			

58 INSURED'S NAME Doe, Jane		59 P.REL		60 INSURED'S UNIQUE ID 123456789		61 GROUP NAME		62 INSURANCE GROUP NO.	
A		B		C		D		E	
B		C		D		E		F	
C		D		E		F		G	

63 TREATMENT AUTHORIZATION CODES 6116660000		64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME	
A		B		C	
B		C		D	
C		D		E	

66 DX G8110		A		B		C		D		E		F		G		H		68	
I		J		K		L		M		N		O		P		Q			
69 ADMIT DX G8110		70 PATIENT REASON DX		a		b		c		71 PPS CODE		72 ECI		a		b		c	
74 PRINCIPAL PROCEDURE CODE		a. OTHER PROCEDURE CODE		b. OTHER PROCEDURE CODE		75		76 ATTENDING NPI		QUAL		77 OPERATING NPI		QUAL		78 OTHER NPI		QUAL	
c. OTHER PROCEDURE CODE		d. OTHER PROCEDURE CODE		e. OTHER PROCEDURE CODE				LAST		FIRST		LAST		FIRST		LAST		FIRST	
79 OTHER NPI		QUAL		79 OTHER NPI		QUAL		LAST		FIRST		LAST		FIRST		LAST		FIRST	

80 REMARKS Hemiplegia, Spastic		81CC a		b		c		d	
A		B		C		D		E	
B		C		D		E		F	
C		D		E		F		G	