

1 Texas Hospital 209 W. 45th El Paso, Texas 77905 915-555-1234		2		3a PAT. CNTL. # 12345 b. MED. REC. # 123456		4 TYPE OF BILL 0111	
5 FED. TAX NO.				6 STATEMENT COVERS PERIOD FROM 01012016 THROUGH 01042016		7	

8 PATIENT NAME a Doe, Jane		9 PATIENT ADDRESS a 1200 Whispering Pines El Paso TX 77903					
----------------------------	--	--	--	--	--	--	--

10 BIRTHDATE 03271975	11 SEX F	12 DATE 01012016	13 HR 14	14 TYPE 2	15 SRC 1	16 DHR 10	17 STAT 01	18-28 CONDITION CODES										29 ACCT STATE	30
-----------------------	----------	------------------	----------	-----------	----------	-----------	------------	-----------------------	--	--	--	--	--	--	--	--	--	---------------	----

31 OCCURRENCE DATE CODE 10 04012005	32 OCCURRENCE DATE CODE 24 02012005	33 OCCURRENCE DATE CODE	34 OCCURRENCE DATE CODE	35 OCCURRENCE SPAN FROM THROUGH CODE	36 OCCURRENCE SPAN FROM THROUGH CODE	37
-------------------------------------	-------------------------------------	-------------------------	-------------------------	--------------------------------------	--------------------------------------	----

38	39 CODE	VALUE CODES AMOUNT	40 CODE	VALUE CODES AMOUNT	41 CODE	VALUE CODES 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
1 112	Room and Board - O.B.	Room 106.67	01012016		320 01		
2		Rate					
3 250	Pharmacy		01012016		165 00		
4 258	Pharmacy - IV Solution		01012016		89 00		
5 270	Medical Surgical Supplies		01012016		712 43		
6 300	Laboratory		01012016		234 00		
7 720	Labor Room/Delivery		01012016		1100 00		
13		Total Charges			2620 44		

PAGE \_\_\_\_ OF \_\_\_\_ CREATION DATE TOTALS

50 PAYER NAME Alm Insurance Medicaid		51 HEALTH PLAN ID	52 REL INFO	53 ASG BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI 1324658709	57 OTHER PRV ID 9876543-21
--------------------------------------	--	-------------------	-------------	-------------	-------------------	--------------------	-------------------	----------------------------

58 INSURED'S NAME Doe, John		59 P.REL	60 INSURED'S UNIQUE ID 123456789	61 GROUP NAME Alm Insurance	62 INSURANCE GROUP NO. 1998 AB
-----------------------------	--	----------	----------------------------------	-----------------------------	--------------------------------

63 TREATMENT AUTHORIZATION CODES		64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME ABC Roofing IH-25 S 7100, El Paso, TX
----------------------------------	--	----------------------------	--

66 DX O80	A B C D E F G H										68
-----------	-----------------	--	--	--	--	--	--	--	--	--	----

69 ADMIT DX O80	70 PATIENT REASON DX	71 PPS CODE	72 ECI	73	
74 PRINCIPAL PROCEDURE CODE 10E0XZZ	75 OTHER PROCEDURE CODE DATE 010116	76 ATTENDING NPI	77 OPERATING NPI	78 OTHER NPI	79 OTHER NPI

80 REMARKS Pregnancy/Delivery. Alm Insurance, 11 Maple Dr., Boston, MA 11211 denied 02 01 2016 for pre-existing condition.	81CC a	b	c	d
--	--------	---	---	---