

1 Rio Grande Community 1200 Medical Circle Rio Grande, Texas 78582		2		3a PAT. CNTL. # 12345678	4 TYPE OF BILL 0731
				b. MED. REC. # A12345	
				5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM THROUGH

8 PATIENT NAME a Doe, John M.	9 PATIENT ADDRESS a 1403 Ross Lane, Rio Grande, Texas 78582
----------------------------------	--

10 BIRTHDATE 11031990	11 SEX M	12 DATE 01012016	13 HR 10	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 DATE	32 OCCURRENCE DATE	33 OCCURRENCE DATE	34 OCCURRENCE DATE	35 CODE	OCCURRENCE SPAN FROM THROUGH	36 CODE	OCCURRENCE SPAN FROM THROUGH	37
--------------------	--------------------	--------------------	--------------------	---------	------------------------------	---------	------------------------------	----

38	39 CODE	VALUE CODES AMOUNT	40 CODE	VALUE CODES AMOUNT	41 CODE	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
1	520	Encounter	1-T1015	01012016	1	35.00	
10		Total Charges			35.00		

PAGE ____ OF ____ CREATION DATE TOTALS

50 PAYER NAME A Medicaid	51 HEALTH PLAN ID	52 REL. INFO	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI 1324570986	57 OTHER PRV ID 9876543-21
-----------------------------	-------------------	--------------	--------------	-------------------	--------------------	----------------------	-------------------------------

58 INSURED'S NAME A Doe, John M.	59 P.REL.	60 INSURED'S UNIQUE ID 123456789	61 GROUP NAME	62 INSURANCE GROUP NO.
-------------------------------------	-----------	-------------------------------------	---------------	------------------------

63 TREATMENT AUTHORIZATION CODES A 1234567890	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME
--	----------------------------	------------------

66 DX 0 B309	A	B	C	D	E	F	G	H	68
-----------------	---	---	---	---	---	---	---	---	----

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

80 REMARKS Conjunctivitis	81CC a	b	c	d	76 ATTENDING NPI	QUAL	LAST	FIRST
					77 OPERATING NPI	QUAL	LAST	FIRST
					78 OTHER NPI	QUAL	LAST	FIRST
					79 OTHER NPI	QUAL	LAST	FIRST