

1 Valley Health Center 105 Medical Avenue Valley, Texas 78321		2	3a PAT. CNTL. # 12345678	4 TYPE OF BILL 0731
			b. MED. REC. # 123456	
			5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM
				7 THROUGH

8 PATIENT NAME a Doe, Jane	9 PATIENT ADDRESS a 1902 Park Place, Valley, Texas 78321
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10 BIRTHDATE 01041976	11 SEX F	12 DATE 01012016	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
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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
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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
1 520	Antepartum Encounter	1-T1015	01012016	1	25.00		
2							
3 520	Delivery	1-T1015	01012016	1	550.00		
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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 1324657908
B						57 OTHER PRV ID 9876543-21

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

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

66 DX 0 Z3482	A	B	C	D	E	F	G	H	68 Z381
	J	K	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	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		77 OPERATING NPI	QUAL		
							LAST	FIRST		

80 REMARKS Pregnancy, Delivery	81CC a				76 OTHER NPI	QUAL		
	b				LAST	FIRST		
	c				79 OTHER NPI	QUAL		
	d				LAST	FIRST		