

1 ABC Homebound Care 123 Main Street Austin, TX 78725		2		3a PAT. CNTL.# 12345678 b. MED. REC.# 123456		4 TYPE OF BILL 0321	
				5 FED. TAX NO.		6 STATEMENT COVERS PERIOD FROM 01212016 THROUGH 01232016	

8 PATIENT NAME a Doe, Jane		9 PATIENT ADDRESS a 3201 Crow Road Austin TX 78729					
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10 BIRTHDATE 11062001		11 SEX F		12 DATE 01212016		13 HR		14 TYPE		15 SRC		16 DHR		17 STAT		18		19		20		21		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 OCCURRENCE DATE		36 OCCURRENCE DATE		37 OCCURRENCE DATE	
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38		39 VALUE CODES AMOUNT		40 VALUE CODES AMOUNT		41 VALUE CODES AMOUNT	
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42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1 550	Home Heath Services LVN/RN, private duty nursing per hour	T1002	01212016	5	200.00		
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PAGE ____ OF ____		CREATION DATE		TOTALS			

50 PAYER NAME Medicaid		51 HEALTH PLAN ID		52 REL INFO		53 ASG BEN.		54 PRIOR PAYMENTS		55 EST. AMOUNT DUE		56 NPI 1342659087	
												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.	
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63 TREATMENT AUTHORIZATION CODES 9956619801		64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME	
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66 DX Q902		A		B		C		D		E		F		G		H		I		J		K		L		M		N		O		P		Q		R		S		T		U		V		W		X		Y		Z	
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69 ADMIT DX H9011		70 PATIENT REASON DX		71 PPS CODE		72 ECI		73							
74 PRINCIPAL PROCEDURE CODE		a. OTHER PROCEDURE CODE		b. OTHER PROCEDURE CODE		c. OTHER PROCEDURE CODE		75							
76 ATTENDING NPI		QUAL		77 OPERATING NPI		QUAL		78 OTHER NPI		QUAL		79 OTHER NPI		QUAL	

80 REMARKS Down Syndrome		81CC a		b		c		d	
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