1 Rehabilitation Health Center 2600 West Drive Texarkana, TX 75503 903-555-1234	2	3a PAT. CNTL # 12345 b. MED. REC. # 123456	4 TYPE OF BILL 0131
		5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM 01232017 THROUGH 01232017

8 PATIENT NAME	9 PATIENT ADDRESS
a Doe, Jane	a 9504 Dale St., Houston, TX 77057
b	b c d e

10 BIRTHDATE	11 SEX	12 ADMISSION DATE	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
03241996	F	01232017	10																	

	31 OCCURRENCE CODE	31 OCCURRENCE DATE	32 OCCURRENCE CODE	32 OCCURRENCE DATE	33 OCCURRENCE CODE	33 OCCURRENCE DATE	34 OCCURRENCE CODE	34 OCCURRENCE DATE	35 OCCURRENCE SPAN CODE	35 OCCURRENCE SPAN FROM	35 OCCURRENCE SPAN THROUGH	36 OCCURRENCE SPAN CODE	36 OCCURRENCE SPAN FROM	36 OCCURRENCE SPAN THROUGH	37
a															a
b															b

38		39 VALUE CODES CODE	39 VALUE CODES AMOUNT	40 VALUE CODES CODE	40 VALUE CODES AMOUNT	41 VALUE CODES CODE	41 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									1
2									2
3	424	Comp. Outpatient Therapy Eval.	97161	01232017	1	40 00			3
4									4
5	440	Speech Therapy	92526 GN	01252017	1	50 00			5
6									6
7	420	Physical Therapy	97110 GP	01292017	1	45 00			7
8									8
9									9
10									10
11			Total Charges			135 00			11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23		***PAGE ____ OF ____***	***CREATION DATE***		***TOTALS***				23

	50 PAYER NAME	51 HEALTH PLAN ID	52 REL. INFO	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	1234506789	
A	Medicaid						57 OTHER PRV ID	9876543-21	A
B									B
C									C

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

	63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME
A	123456789		A
B			B
C			C

66 DX	A	B	C	D	E	F	G	H	68
G8110									
0	I	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
c. OTHER PROCEDURE CODE	DATE	d. OTHER PROCEDURE CODE	DATE	e. OTHER PROCEDURE CODE	DATE	

80 REMARKS	81CC			
Hemplegia, Spastic	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	