

1 Federally Qualified Health 105 Medical Avenue Valley, Texas 78321		2	3a PAT. CNTL. # 12345678	4 TYPE OF BILL 0731
			b. MED. REC. # 98761234	
			5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM THROUGH
				7

8 PATIENT NAME a Doe, Jane	9 PATIENT ADDRESS a 1234 Bartland Way, Plano, Texas 75011
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10 BIRTHDATE 01041981	11 SEX F	12 DATE 01012016	13 HR 11	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 CODE	36 CODE	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	Annual Family Planning Exam	1-T1015	01012016	1	47.57		
2							
3 307	Urinalysis	1-T1015	01012016	1	4.31		
4							
5							
6							
7							
8							
9							
10							
11		Total Charges			51.88		
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23	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	57 OTHER PRV ID 9876543-21
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58 INSURED'S NAME A 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 A 1234567890	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME
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66 DX 0 Z3009	A	B	C	D	E	F	G	H	68
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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 Annual Family Planning Exam	81CC a		76 ATTENDING NPI	QUAL	LAST	FIRST
	b		77 OPERATING NPI	QUAL	LAST	FIRST
	c		78 OTHER NPI	QUAL	LAST	FIRST
	d		79 OTHER NPI	QUAL	LAST	FIRST