

1 Clayham AFB 123 Military Drive Pampa, TX 79065 512-555-1234		2		3a PAT. CNTL. # 12345M2 b. MED. REC. # AC1234C1		4 TYPE OF BILL 111	
5 FED. TAX NO.				6 STATEMENT COVERS PERIOD FROM 01012016 THROUGH 01032016		7	

8 PATIENT NAME a Doe, John		9 PATIENT ADDRESS a 6789 Courtland Circle Pampa, TX 79065					
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10 BIRTHDATE 07101972		11 SEX M	12 DATE 01012016		13 HR 04	14 TYPE 1	15 SRC 7	16 DHR 08	17 STAT 05	18	19	20	21	22	23	24	25	26	27	28	29 ACDT STATE	30
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31 OCCURRENCE DATE 05 01012009		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	
		04:00					

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1 120	Room	\$5000 per day	01012016	2	10000.00		
3 001	Total Charges				10000.00		
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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 1342658079	57 OTHER PRV ID 9876543-21
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58 INSURED'S NAME Doe, John		59 P.REL	60 INSURED'S UNIQUE ID 123456789		61 GROUP NAME		62 INSURANCE GROUP NO.	
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63 TREATMENT AUTHORIZATION CODES 1234567890		64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME	
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66 DX T7500XA		A	B	C	D	E	F	G	H	68
0		I	J	K	L	M	N	O	P	Q

69 ADMIT DX T7500XA		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		
								78 OTHER NPI QUAL		LAST FIRST		
								79 OTHER NPI QUAL		LAST FIRST		

80 REMARKS Struck by lightning, pt. badly burned and in shock		81CC a	b	c	d
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