

1 Renal Hospital 1113 Hospital Dr. Victoria, TX 77123 1-495-555-1234		2		3a PAT. CNTL. # 12345678 b. MED. REC. # 123456S		4 TYPE OF BILL 0721	
5 FED. TAX NO.				6 STATEMENT COVERS PERIOD FROM 06042016 THROUGH 06302016		7	

8 PATIENT NAME a Doe, Jane		9 PATIENT ADDRESS a 111 Broadway Victoria TX 77123					
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10 BIRTHDATE 05191963		11 SEX F		12 DATE 06042016		13 HR 10		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 SPAN FROM THROUGH		36 OCCURRENCE SPAN FROM THROUGH		37	
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38				39 VALUE CODES AMOUNT		40 VALUE CODES AMOUNT		41 VALUE CODES AMOUNT	
a	b	c	d	a	b	a	b	a	b

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	821	HEMODIALYSIS-IN CENTER	06042016	1	129 00		
2	821	HEMODIALYSIS-IN CENTER	06072016	1	129 00		
3	821	HEMODIALYSIS-IN CENTER	06092016	1	129 00		
4	821	HEMODIALYSIS-IN CENTER	06112016	1	129 00		
5	821	HEMODIALYSIS-IN CENTER	06142016	1	129 00		
6	821	HEMODIALYSIS-IN CENTER	06162016	1	129 00		
7	821	HEMODIALYSIS-IN CENTER	06212016	1	129 00		
8	821	HEMODIALYSIS-IN CENTER	06232016	1	129 00		
9	821	HEMODIALYSIS-IN CENTER	06252016	1	129 00		
10	821	HEMODIALYSIS-IN CENTER	06302016	1	129 00		
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12							
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23							
			TOTAL:		10	1,290 00	

PAGE ____ OF ____ CREATION DATE TOTALS 1,290.00

50 PAYER NAME MEDICAID OF TX		51 HEALTH PLAN ID		52 REL. INFO		53 ASG. BEN.		54 PRIOR PAYMENTS		55 EST. AMOUNT DUE		56 NPI 3142659087	
												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		64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME	
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66 DX N181		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 D600		70 PATIENT REASON DX		71 PPS CODE		72 ECI		73							
74 PRINCIPAL PROCEDURE CODE DATE		a. OTHER PROCEDURE CODE DATE		b. OTHER PROCEDURE CODE DATE		75		76 ATTENDING NPI QUAL		77 OPERATING NPI QUAL		78 OTHER NPI QUAL		79 OTHER NPI QUAL	

80 REMARKS Onset Date of Dialysis 01012016		81CC a		b		c		d	
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