

INPATIENT

Red = Required

Black = Situational/Required, if applicable/Reserved

1 Any Hospital 123 Any Street Anytown NJ 08999		2 Any Hospital 456 Any Street Anytown NJ 08999		3a PAT. CNTL. # 1234 b. MED. REC. # 98765		4 TYPE OF BILL 0111	
8 PATIENT NAME a Patient ID if different from Sub		9 PATIENT ADDRESS a 1234 Main Street		5 FED. TAX NO. 221234567		6 STATEMENT FROM 11 03 06	
b Doe, John		b Anytown		c NJ		d 08999	
10 BIRTH DATE 03 20 1971		11 SEX M		12 DATE 11 03 06		13 HR 08	
14 TYPE 3		15 SPC 3		16 DHR 12		17 STAT 01	
31 OCCURRENCE DATE 03 20 1971		32 OCCURRENCE DATE 11 03 06		33 OCCURRENCE DATE 08 3 3		34 OCCURRENCE DATE 12 01	
35 OCCURRENCE DATE		36 OCCURRENCE DATE		37 OCCURRENCE DATE		38 OCCURRENCE DATE	
39 VALUE CODES A1		40 VALUE CODES 952.00		41 VALUE CODES		42 VALUE CODES	
43 DESCRIPTION Semi-Private		44 HCPCS / RATE / HIPPS CODE 200.00		45 SE RV. DATE		46 SE RV. UNITS 2	
47 TOTAL CHARGES 400.00		48 NON-COVERED CHARGES 0.00		49		Future Use	
0250 Pharmacy		0360 OR Services		1		50.00 100.00	
PAGE 1 OF 1		CREATION DATE		TOTALS		550.00 0.00	
50 PAYER NAME A Insurance Company		51 HEALTH PLAN ID Report HIPAA National Health Plan Identifier when mandatory		52 REL. INFO Y		53 ASG. BEN. Y	
54 PRIOR PAYMENTS Required when indicated payer has paid amount to Provider		55 EST. AMOUNT DUE Amount estimated to be due		56 NPI 222222222		57 OTHER PRV ID 1234567890	
58 INSURED'S NAME A Doe, John		59 P. REL. 18		60 INSURED'S UNIQUE ID ABC1234567800		61 GROUP NAME Watch Repair, Inc.	
62 INSURANCE GROUP NO. 1234		63 TREATMENT AUTHORIZATION CODES A 02468 B Secondary C Tertiary		64 DOCUMENT CONTROL NUMBER 491234		65 EMPLOYER NAME Watch Repair, Inc.	
66 DX 9 3910		67		68 Reserved		69 ADMIT DX 4280	
70 PATIENT REASON DX May be used to report reason for visit		71 FFS CODE DRG		72 EDI May be used to report external cause of injury		73 Reserved	
74 PRINCIPAL PROCEDURE DATE 3749 11 03 06		75		76 ATTENDING NPI 222222222		77 QUAL G2 1234569822	
78 OTHER NPI		79 OTHER NPI		80 REMARKS May be used to report additional information.		81 OC a B3 282N00000X b Secondary c Tertiary	

OUTPATIENT

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1 Any Hospital 123 Any Street Anytown NJ 08999	2 Any Hospital 456 Any Street Anytown NJ 08999	3a PAT. CNTL. # 1234	3b MED. REC. # 98765	4 TYPE OF BILL 0131
5 FED. TAX NO. 221234567	6 STATEMENT FROM 11 03 06	7 COVERS PERIOD THROUGH 11 04 06	RESERVED	
8 PATIENT NAME a Patient ID if different from Sub	9 PATIENT ADDRESS a 1234 Main Street	b Doe, John	c NJ	d 08999
10 BIRTHDATE 03 20 1971	11 SEX M	12 DATE 11 03 06	13 HR 08	14 TYPE 3
15 SRC 3	16 DHR 12	17 STAT 01	18	19
20	21	22	23	24
25	26	27	28	29 ACDT STATE PA
30	31 OCCURRENCE DATE	32 OCCURRENCE DATE	33 OCCURRENCE DATE	34 OCCURRENCE DATE
35 CODE	36 CODE	37	38	39
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