

Anytown Residence 1 Maple Avenue Anytown, NY 11111		2	3 PATIENT CONTROL NO. AB1234567				4 TYPE OF BILL 250
5 FED TAX NO.	6 STATEMENT COVERS PERIOD FROM 06012005	6 STATEMENT COVERS PERIOD THROUGH 06302005	7 COV D. 30	8 N-CD.	9 C-ID.	10 L-RD.	11

12 PATIENT NAME: **Smith, William** 13 PATIENT ADDRESS:

14 BIRTHDATE 04191940	15 SEX M	16 MS	ADMISSION 17 DATE 18 HR 19 TYPE 20 SRC				21 D HR	22 STAT 30	23 MEDICAL RECORD NO.	CONDITION CODES 24 25 26 27 28 29 30 31					
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32 OCCURRENCE CODE	32 OCCURRENCE DATE	33 OCCURRENCE CODE	33 OCCURRENCE DATE	34 OCCURRENCE CODE	34 OCCURRENCE DATE	35 OCCURRENCE CODE	35 OCCURRENCE DATE	36 OCCURRENCE CODE	36 OCCURRENCE DATE	37 OCCURRENCE SPAN FROM	37 OCCURRENCE SPAN THROUGH
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39 CODE	VALUE CODES AMOUNT	40 CODE	VALUE CODES AMOUNT	41 CODE	VALUE CODES AMOUNT
61	003.	24	3810.	23	400.00
A3	00.00		.		.
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42 REV. CD.	43 DESCRIPTION	44 HCPCS/RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
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50 PAYER Blue Cross Medicaid	51 PROVIDER NO. None 00123456	52 REL INFO	53 ASG BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
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57 **DUE FROM PATIENT**

58 INSURED'S NAME	59 P. REL	60 CERT. - SSN - HIC. - ID NO. None AB12345C	61 GROUP NAME	62 INSURANCE GROUP NO.
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63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
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67 PRIN. DIAG. CD.	68 CODE	69 CODE	70 CODE	71 CODE	72 CODE	73 CODE	74 CODE	75 CODE	76. ADM. DIAG. CD.	77 E-CODE	78
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79 P.C.	80 PRINCIPAL PROCEDURE CODE DATE	81 OTHER PROCEDURE CODE DATE	OTHER PROCEDURE CODE DATE	82 ATTENDING PHYS. ID
	OTHER PROCEDURE CODE DATE	OTHER PROCEDURE CODE DATE	OTHER PROCEDURE CODE DATE	83 OTHER PHYS. ID
				OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE: **X James Strong** 86 DATE: **07/01/05**