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|----------------|--------------------------------|-----------------------|-----------|----------|----------|----------------|----|
| 2 | | 3 PATIENT CONTROL NO. | | | | 4 TYPE OF BILL | |
| 5 FED. TAX NO. | 6 STATEMENT COVERS PERIOD FROM | THROUGH | 7 COV. D. | 8 N-C.D. | 9 C-I.D. | 10 L-R.D. | 11 |

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| 12 PATIENT NAME | | | | | | | | | | | | 13 PATIENT ADDRESS | | | | | | | | | | | |
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| 14 BIRTHDATE | 15 SEX | 16 MS | 17 DATE | ADMISSION | | | | 21 D HR | 22 STAT | 23 MEDICAL RECORD NO. | | | | 24 25 26 27 28 29 30 31 | | | | | | | |
| | | | | 18 HR | 19 TYPE | 20 SRC | | | | | | | | | | | | | | | |

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| 32 OCCURRENCE DATE | 33 CODE | 34 OCCURRENCE DATE | 34 CODE | 35 OCCURRENCE DATE | 35 CODE | 36 OCCURRENCE DATE | 36 CODE | 37 OCCURRENCE SPAN FROM THROUGH | | 37 A | B C | | | | | | | | | |
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| | | | | 39 CODE | VALUE CODES AMOUNT | 40 CODE | VALUE CODES AMOUNT | 41 CODE | VALUE CODES AMOUNT | | | | | | | | | | |
| | | | | a | . | | . | | . | | | | | | | | | | |
| | | | | b | . | | . | | . | | | | | | | | | | |
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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 | 51 PROVIDER NO. | 52 REL INFO | 53 ASG BEN | 54 PRIOR PAYMENTS | 55 EST. AMOUNT DUE | 56 |
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DUE FROM PATIENT ▶

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| 57 | 58 INSURED'S NAME | 59 P. REL | 60 CERT. - SSN - HIC. - ID NO. | 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 | OTHER DIAG. CODES | | | 74 CODE | 75 CODE | 76 ADM. DIAG. CD. | 77 E-CODE | 78 |
| | | | | 71 CODE | 72 CODE | 73 CODE | | | | | |

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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 |
| | | | A | | B | | |
| | OTHER PROCEDURE CODE | DATE | OTHER PROCEDURE CODE | DATE | OTHER PROCEDURE CODE | DATE | 83 OTHER PHYS. ID |
| | C | | D | | E | | A |
| | | | | | | | B |

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| 84 REMARKS | 85 PROVIDER REPRESENTATIVE | 86 DATE |
| | X | |