

# Inpatient

1	2	3a PAT. CNTL #	3b MED. REC. #	4 TYPE OF BILL
8 PATIENT NAME	9 PATIENT ADDRESS	5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	7 THROUGH
10 BIRTHDATE	11 SEX	12 DATE	13 HR	14 TYPE
15 SRC	16 DHR	17 STAT	18	19
20	21	22	23	24
25	26	27	28	29 ACDT STATE
30	31 OCCURRENCE DATE	32 CODE	33 OCCURRENCE DATE	34 CODE
35 OCCURRENCE DATE	36 CODE	37	38	39
40	41	42	43	44
45	46	47	48	49
50 PAYER NAME	51 HEALTH PLAN ID	52 REL. INFO	53 ASG. BEN.	54 PRIOR PAYMENTS
55 EST. AMOUNT DUE	56 NPI	57 OTHER PRV ID	58 INSURED'S NAME	59 P. REL.
60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.	63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER
65 EMPLOYER NAME	66	67	68	69
70	71	72	73	74
75	76	77	78	79
80	81	82	83	84
85	86	87	88	89
90	91	92	93	94
95	96	97	98	99

# OUTPATIENT

1	2	3a PAT. CNTRL #	4 TYPE OF BEL
8 PATIENT NAME	9 PATIENT ADDRESS	5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM
10 BIRTHDATE	11 SEX	12 DATE	13 HR
14 TYPE	15 SRC	16 DHR	17 STAT
18	19	20	21
22	23	24	25
26	27	28	29 ACDT STATE
30	31 OCCURRENCE DATE	32 OCCURRENCE DATE	33 OCCURRENCE DATE
34 OCCURRENCE DATE	35 OCCURRENCE DATE	36 OCCURRENCE DATE	37 OCCURRENCE DATE
38	39 VALUE CODES AMOUNT	40 VALUE CODES AMOUNT	41 VALUE CODES AMOUNT
42 REV. CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE
46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
PAGE	OF	CREATION DATE	TOTALS
50 PAYER NAME	51 HEALTH PLAN ID	52 REL. INFO	53 AGG. BEN.
54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	57 OTHER PRV ID
58 INSURED'S NAME	59 P REL.	60 INSURED'S UNIQUE ID	61 GROUP NAME
62 INSURANCE GROUP NO.	63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME
66	67	68	69
70 PATIENT REASON DX	71 PPS CODE	72 ECI	73
74 PRINCIPAL PROCEDURE CODE	75	76	77
78 ATTENDING NPI	79 OPERATING NPI	80 OTHER NPI	81 OTHER NPI
82	83	84	85
86	87	88	89
90 REMARKS	91	92	93