

1 Hospital Leave Days 123 Main St. Example, MI 48913		2		3a PAT. CNTL. # 11111		4 TYPE OF BILL 081X	
				b. MED. REC. # 11111			
				5 FED. TAX NO. 99-9999999		6 STATEMENT FROM 06108	
						7 COVERS PERIOD THROUGH 061308	

8 PATIENT NAME a Jane Doe			9 PATIENT ADDRESS a 111 Main St.					
b			b Lansing			c MI d 48913 e		

10 BIRTHDATE 01231952		11 SEX F		12 DATE 032807		13 HR 1		14 SRC 1		15 DHR 40		16 STAT 40		17 ADT 40		18		19		20		21		22		23		24		25		26		27		28		29 ACCT STATE		30	
-----------------------	--	----------	--	----------------	--	---------	--	----------	--	-----------	--	------------	--	-----------	--	----	--	----	--	----	--	----	--	----	--	----	--	----	--	----	--	----	--	----	--	----	--	---------------	--	----	--

31 OCCURRENCE DATE 27 032807		32 OCCURRENCE DATE		33 OCCURRENCE DATE		34 OCCURRENCE DATE		35 CODE 74		36 OCCURRENCE SPAN FROM 060508 THROUGH 060708		37	
------------------------------	--	--------------------	--	--------------------	--	--------------------	--	------------	--	---	--	----	--

38		39 CODE 61		39 VALUE CODES AMOUNT 19804 00		40 CODE		40 VALUE CODES AMOUNT		41 CODE		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
1 0658	Hospice Room & Board		060108	4	1220 00		1
2 0185	Hospital Leave Days		060508	3	915 00		2
3 0658	Hospice Room & Board		060808	6	1830 00		3
4							4
5							5
6							6
7							7
8							8
9							9
10							10
11							11
12							12
13							13
14							14
15							15
16							16
17							17
18							18
19							19
20							20
21							21
22							22
23 001	PAGE OF	CREATION DATE 122808	TOTALS	3965 00			23



50 PAYER NAME Medicaid		51 HEALTH PLAN ID D00111		52 REL INFO Y		53 ASO BENI		54 PRIOR PAYMENTS		55 EST. AMOUNT DUE		56 NPI 1234567890	
												57 OTHER	
												58 PRV ID	

59 INSURED'S NAME Jane Doe		59 PREL		60 INSURED'S UNIQUE ID 0012345678		61 GROUP NAME		62 INSURANCE GROUP NO.	
----------------------------	--	---------	--	-----------------------------------	--	---------------	--	------------------------	--

63 TREATMENT AUTHORIZATION CODES		64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME	
----------------------------------	--	----------------------------	--	------------------	--

66 DX 185		67		68	
-----------	--	----	--	----	--

69 ADMIT DX		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 1987654321	
								QUAL	
								LAST Doe	
								FIRST John	
								77 OPERATING NPI	
								QUAL	
								LAST	
								FIRST	
								78 OTHER NPI	
								QUAL	
								LAST	
								FIRST	
								79 OTHER NPI	
								QUAL	
								LAST	
								FIRST	

80 REMARKS		81 CC a		81 CC b		81 CC c		81 CC d	
------------	--	---------	--	---------	--	---------	--	---------	--