

University National Hospital University National Hospital 3a PAT. CNTRL.# ##### 4
 1111 South Avenue 1111 South Avenue b. MED. REC.#
 City, NE 12345 City, NE 12345 5 FED. TAX NO. 6 STATEMENT COVERS PERIOD FROM THROUGH 7
 0123456789

8 PATIENT NAME a 000000000 9 PATIENT ADDRESS a 1234 Plain Street
 b Doe, John b c d e

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 ACCT STATE 30
 MMDDYYYY

31 OCCURRENCE DATE 32 OCCURRENCE DATE 33 OCCURRENCE DATE 34 OCCURRENCE DATE 35 OCCURRENCE SPAN FROM THROUGH 36 OCCURRENCE SPAN FROM THROUGH 37

38 Doe, John
 123 A Street
 Anywhere, ST 12345
 39 CODE VALUE CODES AMOUNT 40 CODE VALUE CODES AMOUNT 41 CODE VALUE CODES AMOUNT
 a b c d

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES
1 0250	Pharmacy		MMDDYY	7	000.00	
2 0264	IV Therapy		MMDDYY	3	00.00	
3 0272	Sterile Supplies		MMDDYY	3	000.00	
4 0360	Operating Room Chrg	42830	MMDDYY	1	0000.00	
5 0310	Pathology	88304	MMDDYY	1	00.00	
6 0710	Recovery Room Chrg		MMDDYY	1	000.00	

After re-pricing claims submitted to us, we forward them to payers for adjudication. So that claims can be forwarded to the correct payer and have the correct benefit plans applied, **be sure to complete Box 50a (Payer Name), Box 61 (Group Name) AND Box 62 (Group Number)** on the claim.

Box 50a

Billing Provider's NPI

Box 61

Box 62

Attending, Operating and "Other" Providers' NPIs

PAGE OF CREATION DATE TOTALS

50 PAYER NAME National Insurance 51 HEALTH PLAN ID Y 52 REL. INFO 53 ASG. BEN. 54 PRIOR PAYMENTS 55 ES. 56 NPI 0123456789
 A B C 57 OTHER PRV ID

58 INSURED'S NAME Doe, John 59 PREL. 60 INSURED'S UNIQUE ID 01 61 GROUP NAME Wall Street Paper 62 INSURANCE GROUP NO. 000###
 A B C

63 TREATMENT AUTHORIZATION CODES 65 EMPLOYER NAME
 A B C

67 A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

69 ADMIT DX 47412 70 PATIENT REASON DX a. OTHER PROCEDURE DATE b. OTHER PROCEDURE DATE c. OTHER PROCEDURE DATE d. OTHER PROCEDURE DATE e. OTHER PROCEDURE DATE
 71 EQ 72 EQ 73
 76 ATTENDING NPI 1112223334 QUAL LAST lastname1 FIRST firstname1
 77 OPERATING NPI 2223334445 QUAL LAST lastname2 FIRST firstname2
 78 OTHER NPI 3334445556 QUAL LAST lastname3 FIRST firstname3
 79 OTHER NPI QUAL LAST FIRST

80 REMARKS Midlands Choice PO Box 5809 Troy MI 48007-5809 81CC a b c d