

1 Public Health Department		2		3a PAT. CNTL. #		4 TYPE OF BILL	
Street Address				b. MED. REC. #		731	
City, State 9-digit Zip				5 FED. TAX NO.		6 STATEMENT COVERS PERIOD FROM THROUGH	

8 PATIENT NAME			a Wong			9 PATIENT ADDRESS			a STREET		
b Tyler			b CITY			c ST			d ZIP		
e +4											

10 BIRTHDATE	11 SEX	12 DATE	ADMISSION 13 HR 14 TYPE 15 SRC			16 DHR	17 STAT	18	19	20	21	CONDITION CODES 22 23 24 25 26 27 28					29 ACCT STATE	30
05/29/05	M																	

31 OCCURRENCE CODE	32 OCCURRENCE DATE	33 OCCURRENCE CODE	34 OCCURRENCE DATE	35 OCCURRENCE CODE	36 OCCURRENCE DATE	37 OCCURRENCE CODE	38 OCCURRENCE DATE	39 OCCURRENCE CODE	40 OCCURRENCE DATE

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	49
	TDap	90715SL	MMDDYY	1	9.00		
001	PAGE 1 OF 1	CREATION DATE		TOTALS	9.00		

50 PAYER NAME	51 HEALTH PLAN ID	52 REL. INFO	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	CLINIC NPI
O/P Medi-Cal						57 OTHER PRV ID	

58 INSURED'S NAME	59 P. REL.	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
Wong, Tyler		900000123456A		

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME

66 V061	67 A B C D E F G H	68
	J K L M N O P Q	

69 ADMIT DX	70 PATIENT REASON DX	a	b	c	71 PPS CODE	72 ECI	a	b	c	73
74 PRINCIPAL PROCEDURE CODE	DATE	75 OTHER PROCEDURE CODE	DATE	76 OTHER PROCEDURE CODE	DATE	77 ATTENDING NPI	QUAL	78 ATTENDING NPI	QUAL	
						LAST	FIRST			
c	OTHER PROCEDURE CODE	DATE	d	OTHER PROCEDURE CODE	DATE	e	OTHER PROCEDURE CODE	DATE		
						77 OPERATING NPI	QUAL	78 OPERATING NPI	QUAL	
						LAST	FIRST			
						78 OTHER NPI	QUAL	79 OTHER NPI	QUAL	
						LAST	FIRST			
						79 OTHER NPI	QUAL	80 OTHER NPI	QUAL	
						LAST	FIRST			

80 REMARKS	81CC a		82
	b		
	c		
	d		