

1 Provider Name, Address & Telephone		2		3 PATIENT CONTROL NO. Patient Control Number		4 TYPE OF BILL Type of Bill	
5 FED. TAX NO. EIN Number		6 STATEMENT COVERS PERIOD FROM TO To From Dates of Service		7 COV.D.		8 N.C.D.	
9 C.I.D.		10 L.R.D.		11			
12 PATIENT NAME Patient Name				13 PATIENT ADDRESS Patient Address			
14 BIRTHDATE Patient DOB		15 SEX M or F		16 MS		17 DATE Occurrence Codes & Date	
18 HR		19 TYPE		20 SRC		21 D HR	
22 STAT		23 MEDICAL RECORD NO.		24		25	
26		27		28		29	
30		31		32 OCCURRENCE DATE		33 OCCURRENCE DATE	
34 OCCURRENCE DATE		35 OCCURRENCE DATE		36 OCCURRENCE DATE		37	
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1. Use the appropriate Revenue Code with description
 2. Use the appropriate HCPC Code
 3. Insert units of service
 4. Multiply the units by the facility charge per unit

1. For the supplies used to administer use the appropriate Revenue code
 2. Use the appropriate description
 3. Use the appropriate HCPC Code—consult with your Fiscal Intermediary to verify the HCPC Code
 4. Multiply the number of administrations by the facility charge

Patient's relation to insured

Certificate/Social Security Number/
 HI Claim/Identification Number

Locator 67
 Enter the appropriate code for Primary Diagnosis

Locator 68 through 75
 Secondary Diagnosis—supporting each of the additional drugs used
 All ICD-9 codes should correspond to medical documentation in the patient's chart.

82 ATTENDING PHYS. ID
Attending Attending Physician's UPIN Number

83 OTHER PHYS. ID

84 OTHER PHYS. ID

85 PROVIDER REPRESENTATIVE
 Signature of the Provider Representative & Date

86 DATE

* The correct ICD-9 must be ascertained from the medical record for medical justification