

1	2	3a PAT. CNTL. #	4 TYPE OF BILL
		b. MED. REC. #	
		5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM
			7 THROUGH

8 PATIENT NAME	a	9 PATIENT ADDRESS	a
b		c	d
e			

10 BIRTHDATE	11 SEX	12 DATE	ADMISSION 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
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31 OCCURRENCE CODE	32 OCCURRENCE DATE	33 OCCURRENCE CODE	34 OCCURRENCE DATE	35 OCCURRENCE SPAN FROM	36 OCCURRENCE SPAN THROUGH	37
a						
b						

38	39 VALUE CODES AMOUNT	40 VALUE CODES AMOUNT	41 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
1							1
2							2
3							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
PAGE ____ OF ____		CREATION DATE		TOTALS →			23

50 PAYER NAME	51 HEALTH PLAN ID	52 REL. INFO	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI
A						
B						57 OTHER PRV ID
C						

58 INSURED'S NAME	59 P.REL.	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
A				
B				
C				

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME
A		
B		
C		

66 DX	67	A	B	C	D	E	F	G	H	68

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

80 REMARKS	81CC a	b	c	d

Block 20 Not required.
Block 21 Not required.
Block 22 Not required.
Block 23 Not required.
Block 24 Not required.
Block 25 Not required.
Block 26 Not required.
Block 27 Not required.
Block 28 Not required.
Block 29 Not required.
Block 30 Blank field.
Block 31 Not required.
Block 32 Not required.
Block 33 Not required.
Block 34 Not required.
Block 35 Not required.
Block 36 Not required.
Block 37 Blank field.
Block 38 Not required.
Block 39 Not required.
Block 40 Not required.
Block 41 Not required.
Block 42 Type or print Revenue Center Code(s).
Block 43 Type or print Revenue Center Code description(s).
Block 44 Type or print applicable private/semi-private room rate, and the CPT or HCPCS codes and modifiers based on bill type (inpatient or outpatient).
Block 45 Not required.
Block 46 Type or print units of service for inpatient. For outpatient, enter units of service for each RCC.
Block 47 Type or print total charges by RCC and procedure code.
Block 48 Not required.
Block 49 Blank field.
Block 50 Type or print program payer: U.S. DOL-OWCP-FECA, -BLBA or -EEOICPA, as appropriate, and Medicare number (on B) for inpatient services.
Block 51 Not required.
Block 52 Not required.
Block 53 Not required.
Block 54 Type or print the amount of any prior payments made.
Block 55 Not required.
Block 56 Type or print the NPI number of the facility.
Block 57 Type or print other provider ID.
Block 58 Type or print insured's last name, first name.
Block 59 Not required.
Block 60 For EEOICPA: type or print patient's SSN. For FECA and BLBA: type or print patient's claim number.
Block 61 Not required.
Block 62 Not required.
Block 63 Not required.
Block 64 Not required.
Block 65 Not required.
Block 66 Type or print ICD diagnosis version.
Block 67a Type or print complete ICD-9-CM diagnosis code for principal diagnosis. Enter the 4th and 5th digits if applicable. Each diagnosis must be valid for the date of service.
Block 67b Type or print complete ICD-9-CM diagnosis code for other diagnosis (if applicable).
Block 67c Type or print complete ICD-9-CM diagnosis code for other diagnosis (if applicable).
Block 67d Type or print complete ICD-9-CM diagnosis code for other diagnosis (if applicable).
Block 67e Type or print complete ICD-9-CM diagnosis code for other diagnosis (if applicable).
Block 67f Type or print complete ICD-9-CM diagnosis code for other diagnosis (if applicable).
Block 67g Type or print complete ICD-9-CM diagnosis code for other diagnosis (if applicable).
Block 67h Type or print complete ICD-9-CM diagnosis code for other diagnosis (if applicable).
Block 67i Type or print complete ICD-9-CM diagnosis code for other diagnosis (if applicable).
Block 67j Type or print complete ICD-9-CM diagnosis code for other diagnosis (if applicable).
Block 67k Type or print complete ICD-9-CM diagnosis code for other diagnosis (if applicable).
Block 67l Type or print complete ICD-9-CM diagnosis code for other diagnosis (if applicable).
Block 67m Type or print complete ICD-9-CM diagnosis code for other diagnosis (if applicable).
Block 67n Type or print complete ICD-9-CM diagnosis code for other diagnosis (if applicable).
Block 67o Type or print complete ICD-9-CM diagnosis code for other diagnosis (if applicable).
Block 67p Type or print complete ICD-9-CM diagnosis code for other diagnosis (if applicable).
Block 67q Type or print complete ICD-9-CM diagnosis code for other diagnosis (if applicable).
Block 68 Blank field.
Block 69 Type or print complete ICD-9-CM diagnosis code for admission diagnosis. Enter the 4th and 5th digit if applicable. Each diagnosis must be valid for the date of service.
Block 70 Type or print patient's reason for visit code.
Block 71 Not required.
Block 72 Not required.
Block 73 Blank field.
Block 74 Type or print principal procedure using ICD-9-CM codes and date of occurrence (MM/DD/YY) during hospitalization. Inpatient claims and all surgical procedures require ICD-9-CM procedure codes. Outpatient claims require CPT/HCPCS codes.
Block 74a Type or print any other procedure using ICD-9-CM codes and dates of occurrence (MM/DD/YY). Inpatient claims and all surgical procedures require ICD-9-CM procedure codes. Outpatient claims require CPT/HCPCS codes.
Block 74b Type or print any other procedure using ICD-9-CM codes and dates of occurrence (MM/DD/YY). Inpatient claims and all surgical procedures require ICD-9-CM procedure codes. Outpatient claims require CPT/HCPCS codes.
Block 74c Type or print any other procedure using ICD-9-CM codes and dates of occurrence (MM/DD/YY). Inpatient claims and all surgical procedures require ICD-9-CM procedure codes. Outpatient claims require CPT/HCPCS codes.

Block 74d Type or print any other procedure using ICD-9-CM codes and dates of occurrence (MM/DD/YY). Inpatient claims and all surgical procedures require ICD-9-CM procedure codes. Outpatient claims require CPT/HCPCS codes.

Block 74e Type or print any other procedure using ICD-9-CM codes and dates of occurrence (MM/DD/YY). Inpatient claims and all surgical procedures require ICD-9-CM procedure codes. Outpatient claims require CPT/HCPCS codes.

Block 75 Blank field.

Block 76 Not required.

Block 77 Not required.

Block 78 Not required.

Block 79 Not required.

Block 80 Not required.

Block 81 Not required.

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