

| | | | | | | | | | | | | | | | | | | |
|-------------------------|-------------------------|--------------------|----------------------------------------------------|---------------------|--------------------------------|-------------------------|---------|---------------------------------|---------|----------------------------|---------------------------------|---|----|---|----|----|---------------|----|
| 1 LEFT-RIGHT Third 1 | 2 LEFT-RIGHT Third 2 | | 3a PAT. CNTL # b. MED. REC. # 5 FED. TAX NO. | | | 4 LEFT-RIGHT Third 3 | | 4 TYPE OF BILL | | | | | | | | | | |
| 8 PATIENT NAME a | | | | 9 PATIENT ADDRESS a | | | | | | | | | | | | | | |
| b | 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 |
| 31 OCCURRENCE DATE | | 32 OCCURRENCE DATE | | 33 OCCURRENCE DATE | | 34 OCCURRENCE DATE | | 35 OCCURRENCE SPAN FROM THROUGH | | | 36 OCCURRENCE SPAN FROM THROUGH | | 37 | | | | | |
| a | b | a | b | a | b | a | b | a | b | a | b | a | b | a | b | a | b | |
| 38 | 39 CODE | VALUE CODES AMOUNT | | 40 CODE | VALUE CODES AMOUNT | | 41 CODE | VALUE CODES AMOUNT | | a | b | c | d | | | | | |
| UP-DOWN Quarter 1 | a | b | c | d | a | b | c | d | 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 |
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| 12 | | | | | | | 12 |
| 13 | | | | | | | 13 |
| 14 | | | | | | | 14 |
| 15 | | | | | | | 15 |
| PAGE ____ OF ____ | | CREATION DATE | | TOTALS | | 0:00 | 0:00 |

*Note:
The Left-Right Alignment lines are more for general reference. The alignment always includes full boxes and never will cut a box in half.

| | | | | | | | | | | |
|-------------------|----------|------------------------|---|-------------|---------------|-------------------|------------------------|--------------------|---|--------|
| 50 PAYER NAME | | 51 HEALTH PLAN ID | | 52 REL INFO | 53 ASG BEN. | 54 PRIOR PAYMENTS | | 55 EST. AMOUNT DUE | | 56 NPI |
| A | B | C | A | B | C | A | B | C | A | B |
| 58 INSURED'S NAME | 59 P.REL | 60 INSURED'S UNIQUE ID | | | 61 GROUP NAME | | 62 INSURANCE GROUP NO. | | | |
| A | B | C | A | B | C | A | B | C | A | B |
| UP-DOWN Quarter 3 | A | B | C | A | B | C | A | B | C | A |

| | | | | | | |
|----------------------------------|---|----------------------------|---|---|------------------|---|
| 63 TREATMENT AUTHORIZATION CODES | | 64 DOCUMENT CONTROL NUMBER | | | 65 EMPLOYER NAME | |
| A | B | C | A | B | C | A |
| UP-DOWN Quarter 4 | A | B | C | 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 | | a. OTHER PROCEDURE CODE | | b. OTHER PROCEDURE CODE | | 75 | | 76 ATTENDING NPI | | QUAL | FIRST |
| LAST | 77 OPERATING NPI | QUAL | FIRST | LAST | 78 OTHER NPI | QUAL | FIRST | LAST | 79 OTHER NPI | QUAL | FIRST |
| 80 REMARKS | 81CC a | b | c | d | A | B | C | A | B | C | A |