BestMedicalBilling

Happy Hospital Center 123 First Street Anytown, FL 33852	3a PAT CNTL: 1234 b. MED REC. #: 98745 5 FED. TAX NO.: 221234567	STATEMENT COVERS PERIOD FROM / THROUGH	TYPE OF BILL: 0111

8 PATIENT NAME	9 PATIENT ADDRESS
b Smith, John	a 123 Main Street b Anytown FL 33852

10 BIRTHDATE	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	18	19	20	21	22	23	24	25	26	27	28	29 ACC STAT	30
10011970	M	100224	02	3	2	15	01													

31 OCCURRENCE CODE DATE	32 OCCURRENCE CODE DATE	33 OCCURRENCE CODE DATE	34 OCCURRENC E CODE DATE	35 OCCURRENCE SPAN CODE FROM THROUGH	36 OCCURRENCE SPAN COD FROM THROUG	37

38

39 VALUE CODES CODE AMOUNT	40 VALUE CODES CODE AMOUNT	41 VALUE COD CODE AMOUN
a		
b		
c		
d		

1	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
2	0121	Room and Board Semi-Private		100224	2	7000.00		
3	0250	Pharmacy		100224	20	500.00		
4	0272	Medical/Surgical Supplies		100224	1	2200.00		
5	0278	Medical/Surgical Supplies		100224	1	1000.00		
6	0300	Laboratory-General		100224	1	750.00		
7	0301	Laboratory-Chemistry		100224	1	3000.00		
8	0272	Laboratory-Immunology		100224	1	25000.00		
9	0370	Anesthesia		100224	1	1100.00		
10	0450	Emergency Room		100224	2	500.00		
11	0370	Anesthesia		100224	1	970.00		
12	0481	Cardiology-Cardiac Cath Lab		100224	1	27000.00		
13	0483	Cardiology-Echocardiology		100224	1	9000.00		
14	0710	Recovery Room		100224	1	5000.00		
15								
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18								
19								
20								
21								
22								
23								
	PAGE OF		CREATION DATE	101024	TOTALS	77030.00		

Devices used and PCI Procedure code(s) are bundled into one revenue code

A	50 PAYER NAME	51 HEALTH PLAN ID	52 RE INFO	53 ASS BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NP	
B	Medicare Part A and B	123456789					57	
C	AARP						OTHE PRV I	

A	58 INSURED'S NAME	59 PREL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
B	John Smith	18	3332522111		
C					

T82855A diagnosis for in-stent restenosis

Detailed HF diagnosis to indicate major comorbidity (MCC)

A	63 TREATMENT AUTHORIZATION CODES	65 EMPLOYER NAME
B		
C		

66 DX																				68
	T82855A	I2510	I50.43																	
	A	I	J	K	L	M	N	O	P	Q										

69 ADMIT DX		70 PATIENT REASON DX				71 PPS CODE		73
T82855A			a	b	c			

74 PRINCIPAL PROCEDURE CODE DATE		a. OTHER PROCEDURE CODE DATE		b. OTHER PROCEDURE CODE DATE		75
027034Z	100224	XW0J3HA	100224	02F13ZZ	100224	

AGENT procedure code in tandem with the primary PCI procedure performed

c. OTHER PROCEDURE CODE DATE		d. OTHER PROCEDURE CODE DATE		e. OTHER PROCEDURE CODE DATE		
B240ZZ	100224	A4033BC	100224			

76 ATTENDING	NPI 1234567890	QU	
LAST		FIRST	
77 OPERATING	NPI 2345678900	QU	
LAST		FIRST	
78 OTHER	NPI	QU	
LAST		FIRST	
79 OTHER	NPI	QU	
LAST		FIRST	

80 REMARKS	81CC		
	a		
	b		
	c		
	d		

UB-04 CMS-1450 APPROVED OMB NO. ATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

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