

Facility Name		3a PAT. CNTL # 00012345ABCDEF		26X
Facility Street Address		b. MED. REC. # 00012345		
Facility City, State Zip		5 FED. TAX NO. 12-3456789	6 STATEMENT COVERS PERIOD FROM 3/1/2026	7 THROUGH 3/31/2026
Facility Phone				

8 PATIENT NAME a 1200000ABCDE	9 PATIENT ADDRESS a 11 Sweet Street	c RI	d 02908	e
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10 BIRTHDATE 1/1/1952	11 SEX Female	12 DATE 20260228	13 HR 0701	14 TYPE 3	15 SRC 4	16 DHR	17 STAT 30	18	19	20	21	22	23	24	25	26	27	28	29 ACDT STATE	30
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31 OCCURRENCE DATE CODE 50 3/6/2026	32 OCCURRENCE DATE CODE	33 OCCURRENCE DATE CODE	34 OCCURRENCE DATE CODE	35 CODE	36 OCCURRENCE SPAN FROM THROUGH	37
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Please Note: Occurrence codes required for Custodial Nursing Facility claims. Value here is for example only.

Please Note: Occurrence codes required for Custodial Nursing Facility claims

38	39 CODE 80	39 VALUE CODES AMOUNT 19.00	40 CODE	40 VALUE CODES AMOUNT	41 CODE	41 VALUE CODES AMOUNT
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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 0100		XXXXX		31	9200.00		
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PAGE ____ OF ____		CREATION DATE		TOTALS			

50 PAYER NAME A NHP INTEGRITY MCR	51 HEALTH PLAN ID B 05047	52 REL. INFO C Yes	53 ASG. BEN. D Yes	54 PRIOR PAYMENTS E	55 EST. AMOUNT DUE F	56 NPI G 1234567890	57 OTHER PRV ID H
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58 INSURED'S NAME A Doe, Jane	59 P. REL. B 18	60 INSURED'S UNIQUE ID C 1200000ABCDE	61 GROUP NAME D NHP INTEGRITY MCR	62 INSURANCE GROUP NO. E
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63 TREATMENT AUTHORIZATION CODES A ABC123DEF	64 DOCUMENT CONTROL NUMBER B	65 EMPLOYER NAME C
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66 DX XXX.X	67 Y	68
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69 ADMIT DX XXX.X	70 PATIENT REASON DX	71 PPS CODE	72 ECI	73
74 PRINCIPAL PROCEDURE CODE DATE	a. OTHER PROCEDURE CODE DATE	b. OTHER PROCEDURE CODE DATE	75	
c. OTHER PROCEDURE CODE DATE	d. OTHER PROCEDURE CODE DATE	e. OTHER PROCEDURE CODE DATE		

80 REMARKS	81CC a PXC 311Z0000X	76 ATTENDING NPI 0987654321	QUAL	
	b	LAST	FIRST	
	c	77 OPERATING NPI	QUAL	
	d	LAST	FIRST	
		78 OTHER NPI	QUAL	
		LAST	FIRST	
		79 OTHER NPI	QUAL	
		LAST	FIRST	