

Facility Name		3a PAT. CNTL # 00012345ABCDEF		21X
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 20260216	13 HR 0701	14 TYPE 3	15 SRC 4	16 DHR	17 STAT 01	18	19	20	21	22	23	24	25	26	27	28	29 ACDT STATE	30
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31 OCCURRENCE DATE CODE 50	32 OCCURRENCE DATE CODE 2/24/2026	33 OCCURRENCE DATE CODE	34 OCCURRENCE DATE CODE	35 CODE 70	36 OCCURRENCE SPAN FROM MMDDYY	37 THROUGH MMDDYY
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Please Note: Occurrence codes required for Skilled Nursing Facility claims. Value here is for example only.

Please Note: Value codes required for Skilled 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
0022		XXXXX please note HIPPS codes are 5 digits		31	0.00		
0120				31	12000.00		
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 A XXX.X	67 Y	68
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69 ADMIT DX A XXX.X	70 PATIENT REASON DX B	71 PPS CODE C	72 ECI D	73
74 PRINCIPAL PROCEDURE CODE DATE a.	OTHER PROCEDURE CODE DATE b.	OTHER PROCEDURE CODE DATE c.	OTHER PROCEDURE CODE DATE d.	OTHER PROCEDURE CODE DATE e.

80 REMARKS	81CC a PXC 31400000X	76 ATTENDING NPI 0987654321	QUAL	FIRST
	b	77 OPERATING NPI	QUAL	FIRST
	c	78 OTHER NPI	QUAL	FIRST
	d	79 OTHER NPI	QUAL	FIRST