

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (HS1816 A-L 10 SERVICE LINE DEDUW (24E)) ICD Ind.										22. RESUBMISSION CODE		ORIGINAL REF. NO.							
A. _____		B. _____		C. _____		D. _____													
E. _____		F. _____		G. _____		H. _____													
I. _____		J. _____		K. _____		L. _____													
24. A. DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)			E. DIAGNOSIS POINTER	F. \$ CHARGES		G. DAYS OF UNITS	H. EP/DT Family Plan	I. ID. QUAL	J. RENDERING PROVIDER ID. #		
From		To																	
MM	DD	YY	MM	DD	YY														
1	01	01	15	01	01	15	11		97001	GP			1	100	00	1		NPI	
2									G8987	GP	CK		1		01	1		NPI	
3									G8988	GP	CI		1		01	1		NPI	
4									G8420				1		01	1		NPI	
5									G8427				1		01	1		NPI	
6									G8730				1		01	1		NPI	
25. FEDERAL TAX I.D. NUMBER						SSN EIN		26. PATIENT'S ACCOUNT NO.			27. ACCEPT ASSIGNMENT? (For govt. claims, see back)		28. TOTAL CHARGE		29. AMOUNT PAID		30. Rsvd for NUCC Use		
						<input type="checkbox"/> <input type="checkbox"/>					<input type="checkbox"/> YES <input type="checkbox"/> NO		\$ 100 05		\$				
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)						32. SERVICE FACILITY LOCATION INFORMATION						33. BILLING PROVIDER INFO & PH # ()							
SIGNED						DATE						a. NPI		b.		a. NPI		b.	

PHYSICIAN OR SUPPLIER INFORMATION