1	2	3a PAT. CNTL #	4 TYPE OF BILL
BEST MEDICAL ASSOCIATES LLC		ABC0002	
222 HEALTHY STREET SUITE 200		b. MED. REC. # 44444TH56	0111
HERNDON VA 201714444		5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM / THROUGH
7031234567 ext 123		123401234	031019 / 031119

8 PATIENT NAME	9 PATIENT ADDRESS
a	a 123 MAIN STREET
b DOE FRED J	b KANSAS CITY c MO d 64108 e

10 BIRTHDATE	11 SEX	ADMISSION 12 DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	CONDITION CODES 18	19	20	21	22	23	24	25	26	27	28	29 ACDT STATE	30
09102019	M	031019	14	3	7	13	01	03	04	12	20	22	26	28	39	41	71	73	DD	

	31 OCCURRENCE CODE	DATE	32 OCCURRENCE CODE	DATE	33 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	35 OCCURRENCE SPAN CODE	FROM	THROUGH	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a	40	010316	10	010118	11	101017	16	081017	71	010316	010816	72	010118	011018	a
b	18	121215	17	122417	36	100317	A3	040418	73	101017	101217	74	081017	081617	b

38 BEST PLAN SERVICE
3394 JACKSON DR SUITE 117
SPRINGFIELD VA 22309

	39 VALUE CODES CODE	AMOUNT	40 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a	01	73.42	17	1176.54	20	76.54
b	23	4400.35	24	1500.25	31	2255.85
c	47	876.54	55	6.99	62	76.54
d	66	500.54	70	16.54	B1	150.00

	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	0300	N400002143481GR1.01	81099 A1 05 02 01	031019	1	173.42	11.07	1
2	0730	N400093005105UN5	00842 14 28 34 08	031019	1	86.54	28.01	2
3	0305		85025	031119	1	3.00	1.00	3
4	0305		85025	031119	1	4.00	1.00	4
5	0305		85025	031119	1	5.00	1.00	5
6	0305		85025	031119	1	6.00	1.00	6
7	0305		85025	031119	1	7.00	1.00	7
8	0305		85025	031119	1	8.00	1.00	8
9	0305		85025	031119	1	9.00	1.00	9
10	0305		85025	031119	1	10.00	1.00	10
11	0305		85025	031119	1	11.00	1.00	11
12	0305		85025	031119	1	12.00	1.00	12
13	0305		85025	031119	1	13.00	1.00	13
14	0305		85025	031119	1	14.00	1.00	14
15	0305		85025	031119	1	15.00	1.00	15
16	0305		85025	031119	1	16.00	1.00	16
17	0305		85025	031119	1	17.00	1.00	17
18	0305		85025	031119	1	18.00	1.00	18
19	0305		85025	031119	1	19.00	1.00	19
20	0305		85025	031119	1	20.00	1.00	20
21	0305		85025	031119	1	21.00	1.00	21
22	0305		85025	031119	1	22.00	1.00	22
23		***PAGE 1 OF 2***	***CREATION DATE***		***TOTALS***			23

	50 PAYER NAME	51 HEALTH PLAN ID	52 REL. INFO		53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	0123456789
A	OTHER PAYER	12345	Y		Y	8852.72		57	12345
B	BEST PLAN SERVICE	PAYERID1234	Y		Y			OTHER	12345
C								PRV ID	

	58 INSURED'S NAME	59 P REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
A	DOE JANE A	18	123456789	Other Insured Group Name	GR00786
B	DOE JANE A	19	1008716534V004619	Other Insured Group Name	S2345
C					

	63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME
A		CLAIM014	
B	PA00000024	CLAIM04	
C			

66 DX	A	B	C	D	E	F	G	H	68
	M24562 N	E8359 N	A0102 Y	A0103 Y					
0	I	J	K	L	M	N	O	P	Q

69 ADMIT DX	70 PATIENT REASON DX	a	b	c	71 PPS CODE	72 ECI				73
H5988	H59369				025	V4312XA	Z970	b	Z9681	c

74 PRINCIPAL PROCEDURE CODE	DATE	a. OTHER PROCEDURE CODE	DATE	b. OTHER PROCEDURE CODE	DATE	75
009G0ZZ	100317	F01ZFEZ	100417	009G0ZZ	101317	

c. OTHER PROCEDURE CODE	DATE	d. OTHER PROCEDURE CODE	DATE	e. OTHER PROCEDURE CODE	DATE
009G0ZZ	102317	009K0ZZ	103017	009N0ZX	110317

80 REMARKS	81CC		
PATIENT ALLERGIC TO PENICILLIN; Billing Note	a	B3	207L00000X
	b		
	c		
	d		

76 ATTENDING	NPI 1699222100	QUAL LU	12345	
LAST JONES		FIRST ALEX A		
77 OPERATING	NPI OPRDOC1234	QUAL		
LAST BELL		FIRST RITA H		
78 OTHER	ZZ NPI OTHOPR1234	QUAL		
LAST JOHNSON		FIRST SALLY M		
79 OTHER	82 NPI 9995553336	QUAL		
LAST DAVIDSON		FIRST MICHELLE S		

1	2	3a PAT. CNTL #	4 TYPE OF BILL
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222 HEALTHY STREET SUITE 200		b. MED. REC. # 44444TH56	0111
HERNDON VA 201714444		5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM / THROUGH	7
7031234567 ext 123		123401234	031019 / 031119	

8 PATIENT NAME	9 PATIENT ADDRESS
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09102019	M	031019	14	3	7	13	01	03	04	12	20	22	26	28	39	41	71	73	DD	

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2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23	0001	***PAGE*** 2 ***OF*** 2	***CREATION DATE***		***TOTALS***	532.96	60.08	23

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B	BEST PLAN SERVICE	PAYERID1234	Y	Y			OTHER	12345
C							PRV ID	

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	63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME
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C			

66 DX	A	B	C	D	E	F	G	H	68
0	M24562 N	E8359 N	A0102 Y	A0103 Y					
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H5988	H59369				025	V4312XA	Z970	b	Z9681	c

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78 OTHER ZZ	NPI OTHOPR1234	QUAL	
LAST JOHNSON		FIRST SALLY M	
79 OTHER 82	NPI 9995553336	QUAL	
LAST DAVIDSON		FIRST MICHELLE S	