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| 1 | | | | | | | | | | 2 | | | | | | | | | | 3a PAT. CNTRL # | | b. MED. REC. # | | 5 FED. TAX NO. | | | | | | | | | | 6 STATEMENT COVERS PERIOD FROM THROUGH | | | | | | | | | | 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 PATIENT NAME a | | | | | | | | | | Doe. John | | | | | | | | | | 9 PATIENT ADDRESS a | | | | | | | | | | b | | | | | | | | | | c | | | | | | | | | | d | | | | | | | | | | e | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 BIRTHDATE | | | | | | | | | | 11 SEX | | | | | | | | | | 12 DATE | | | | | | | | | | ADMISSION 13 HR 14 TYPE 15 SRC 16 DHR 17 STAT | | | | | | | | | | 18 | | | | | | | | | | 19 | | | | | | | | | | 20 | | | | | | | | | | 21 | | | | | | | | | | CONDITION CODES 22 23 24 25 26 27 28 | | | | | | | | | | 29 ACDT STATE | | | | | | | | | | 30 | | | | | | | | | |
| 31 OCCURRENCE DATE | | | | | | | | | | 33 OCCURRENCE DATE | | | | | | | | | | 35 OCCURRENCE SPAN FROM THROUGH | | | | | | | | | | 36 OCCURRENCE SPAN FROM THROUGH | | | | | | | | | | 37 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 38 | | | | | | | | | | 39 VALUE CODES CODE AMOUNT | | | | | | | | | | 41 VALUE CODES CODE AMOUNT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 42 REV. CD. | | | | | | | | | | 43 DESCRIPTION | | | | | | | | | | 44 HCPCS / RATE / HIPPS CODE | | | | | | | | | | 45 SERV. DATE | | | | | | | | | | 46 SERV. UNITS | | | | | | | | | | 47 TOTAL CHARGES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | | | | | | | | | | 0363 Surgery | | | | | | | | | | 66984RT/LT | | | | | | | | | | 05-05-07 | | | | | | | | | | 1 | | | | | | | | | | X,XXX XX | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | 025X Pharmacy | | | | | | | | | | | | | | | | | | | | 05-05-07 | | | | | | | | | | 1 | | | | | | | | | | XXX XX | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | 0276 IOL | | | | | | | | | | V2632 | | | | | | | | | | 05-05-07 | | | | | | | | | | 1 | | | | | | | | | | 001 00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | 037X Anesthesia | | | | | | | | | | 00142 | | | | | | | | | | 05-05-07 | | | | | | | | | | 1 | | | | | | | | | | XXX XX | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | 027X Supplies | | | | | | | | | | | | | | | | | | | | 05-05-07 | | | | | | | | | | 1 | | | | | | | | | | XXX XX | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | | | | | | | | | | 0276 Astigmatism correcting function | | | | | | | | | | V2787 | | | | | | | | | | 05-05-07 | | | | | | | | | | 1 | | | | | | | | | | XXX XX | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 23 | | | | | | | | | | PAGE OF | | | | | | | | | | CREATION DATE | | | | | | | | | | | | | | | | | | | | \$ X,XXX .XX | | | | | | | | | | \$ XXX .XX | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A | | | | | | | | | | 50 PAYER NAME | | | | | | | | | | 51 HEALTH PLAN ID | | | | | | | | | | 52 REL. INFO | | | | | | | | | | 53 ASG. BEN. | | | | | | | | | | 54 PRIOR PAYMENTS | | | | | | | | | | 55 EST. AMOUNT DUE | | | | | | | | | | 56 NPI | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| A | | | | | | | | | | 58 INSURED'S NAME | | | | | | | | | | 59 P. REL. | | | | | | | | | | 60 INSURED'S UNIQUE ID | | | | | | | | | | 61 GROUP NAME | | | | | | | | | | 62 INSURANCE GROUP NO. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| A | | | | | | | | | | 63 TREATMENT AUTHORIZATION CODES | | | | | | | | | | 64 DOCUMENT CONTROL NUMBER | | | | | | | | | | 65 EMPLOYER NAME | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 66 DX | | | | | | | | | | 67 | | | | | | | | | | A | | | | | | | | | | B | | | | | | | | | | C | | | | | | | | | | D | | | | | | | | | | E | | | | | | | | | | F | | | | | | | | | | G | | | | | | | | | | H | | | | | | | | | | 68 | | | | | | | | | |
| 69 ADMIT DX | | | | | | | | | | 70 PATIENT REASON DX | | | | | | | | | | 366.xx | | | | | | | | | | 367.2 | | | | | | | | | | 71 PPS CODE | | | | | | | | | | 72 ECI | | | | | | | | | | 73 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 74 | | | | | | | | | | PRINCIPAL PROCEDURE CODE | | | | | | | | | | DATE | | | | | | | | | | b. | | | | | | | | | | OTHER PROCEDURE CODE | | | | | | | | | | DATE | | | | | | | | | | 75 | | | | | | | | | | 76 ATTENDING NPI | | | | | | | | | | QUAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 80 REMARKS | | | | | | | | | | 81CC a | | | | | | | | | | b | | | | | | | | | | c | | | | | | | | | | d | | | | | | | | | | 78 OTHER NPI | | | | | | | | | | QUAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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List charge for cataract surgery (which includes STANDARD monofocal IOL).

Non-covered charges - Facility charge for surgery with Toric IOL MINUS facility charge for surgery with conventional IOL EQUALS patient payment.

The items listed on this claim form are not intended to be comprehensive of all services and supplies provided.