

LEVI RAY & SHOUP, INC. 2401 WEST MONROE ST. SPRINGFIELD, IL 62704 217-793-3800		2		3 PATIENT CONTROL NO. 200000001		4 TYPE OF BILL 111																																			
5 FED. TAX NO. 24-0555555		6 STATEMENT COVERS PERIOD FROM 022445 THROUGH 056699		7 COV D 2		8 N-C.D.		9 C-I.D.		10 L-R.D.		11																													
12 PATIENT NAME PATIENT, JANE D.				13 PATIENT ADDRESS 1234 MAIN STREET, PITTSTON PA 18640																																					
14 BIRTHDATE 07231959		15 SEX F		16 MS S		17 DATE 052497		18 HR 15		19 TYPE 1		20 SRC 7		21 D HR 18		22 STAT 01		23 MEDICAL RECORD NO. 282828		24		25		26		27		28		29		30		31							
32 OCCURRENCE CODE DATE		33 OCCURRENCE CODE DATE		34 OCCURRENCE CODE DATE		35 OCCURRENCE CODE DATE		36 OCCURRENCE SPAN FROM THROUGH		37		38		39 VALUE CODES CODE AMOUNT		40 VALUE CODES CODE AMOUNT		41 VALUE CODES CODE AMOUNT		42		43		44		45		46		47		48		49							
a		b		c		d		e		f		g		h		i		j		k		l		m		n		o		p		q		r							
38 PATIENT, JANE D. 1234 MAIN STREET PITTSTON PA 18640										a A1		b 76000		c		d		e		f		g		h		i		j		k		l		m		n		o		p	
42 REV.CD		43 DESCRIPTION				44 HCPS / RATES		45 SERV. DATE		46 SERV. UNITS		47 TOTAL CHARGES		48 NON-COVERED CHARGES		49																									
1		214		CCU/INTERMEDIATE		490.00				2		98000																													
2		253		DRUGS/TAKEHOME						9		4340																													
3		257		DRUGS/NONPSRCT						8		2340																													
4		258		IV SOLUTIONS						1		2220																													
5		260		IV THERAPY						1		5600																													
6		270		MED-SUR SUPPLIES						3		8890																													
7		300		LABORATORY						17		89200																													
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23		001		TOTAL CHARGES								259490																													
50 PAYER A MEDICARE B BLUE CROSS 303 C				51 PROVIDER NO. 390137 390137				52 REL INFO Y Y Y Y		53 ASD BEN		54 PRIOR PAYMENTS		55 EST. AMOUNT DUE 183490 76000		56																									
57 DUE FROM PATIENT																																									
58 INSURED'S NAME A PATIENT, JANE D. B PATIENT, JANE D. C				59 P.REL 01 01		60 CERT. -SSN - HIC. - ID NO. 111777733A NYN112255667				61 GROUP NAME				62 INSURANCE GROUP NO.																											
63 TREATMENT AUTHORIZATION CODES				64 ESC		65 EMPLOYER NAME				66 EMPLOYER LOCATION																															
67 PRIN. DIAG. CD 41401		68 CODE 4111		69 CODE		70 CODE		71 CODE		72 CODE		73 CODE		74 CODE		75 CODE		76 ADM. DIAG. CD 4139		77 E-CODE		78																			
79 P.C.		80 PRINCIPLE PROCEDURE CODE DATE		81 OTHER PROCEDURE CODE DATE		OTHER PROCEDURE CODE DATE		OTHER PROCEDURE CODE DATE		82 ATTENDING PHYS. ID C99999 FEELGOOD, DARNE I. MD																															
a		b		c		d		e		83 OTHER PHYS. ID																															
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a		b		c		d		e		86 DATE 090997																															

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12 PATIENT NAME TAYLOR, ANDREW F						13 PATIENT ADDRESS 1234 MAIN STREET, PITTSTON PA 18640							
14 BIRTHDATE 07231959		15 SEX F		16 MS S		17 DATE 052497		18 HR 15		19 TYPE 1		20 SRC 7	
21 D HR 18		22 STAT 01		23 MEDICAL RECORD NO. 282828		24		25		26		27	
28		29		30		31		32		33		34	
32 OCCURRENCE CODE DATE		33 OCCURRENCE CODE DATE		34 OCCURRENCE CODE DATE		35 OCCURRENCE CODE DATE		36 OCCURRENCE SPAN CODE FROM THROUGH		37		38	
38 TAYLOR, ANDREW F 9999 MAIN STREET MAYBERRY, NC 90210		39 VALUE CODES CODE AMOUNT		40 VALUE CODES CODE AMOUNT		41 VALUE CODES CODE AMOUNT		42		43		44	
42 REV.CD		43 DESCRIPTION		44 HCPS / RATES		45 SERV. DATE		46 SERV. UNITS		47 TOTAL CHARGES		48 NON-COVERED CHARGES	
49		50		51		52		53		54		55	
50 PAYER A MEDICARE B BLUE CROSS 303 C		51 PROVIDER NO. 390137 390137		52 REL INFO Y Y		53 ASD BEN Y Y		54 PRIOR PAYMENTS		55 EST. AMOUNT DUE 183490 76000		56	
57 DUE FROM PATIENT													
58 INSURED'S NAME A PATIENT, ANDY T. B PATIENT, ANDY T. C		59 P.REL 01 01		60 CERT. -SSN - HIC. - ID NO. 111777733A NYN112255667		61 GROUP NAME		62 INSURANCE GROUP NO.					
63 TREATMENT AUTHORIZATION CODES		64 ESC		65 EMPLOYER NAME				66 EMPLOYER LOCATION					
67 PRIN. DIAG. CD 41401		68 CODE 4111		69 CODE		70 CODE		71 CODE		72 CODE		73 CODE	
74 CODE		75 CODE		76 ADM. DIAG. CD 4139		77 E-CODE		78					
79 P.C.		80 PRINCIPLE PROCEDURE CODE DATE		81 OTHER PROCEDURE CODE DATE		OTHER PROCEDURE CODE DATE		82 ATTENDING PHYS. ID C99999 FEELGOOD, DARNE I. MD					
83 OTHER PHYS. ID		OTHER PROCEDURE CODE DATE		OTHER PROCEDURE CODE DATE		OTHER PROCEDURE CODE DATE		84 REMARKS DRG = 132 PT = S FC = M					
85 PROVIDER REPRESENTATIVE X		86 DATE 090997		87		88		89					

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12 PATIENT NAME FIFE, BERNARD B.				13 PATIENT ADDRESS 1234 MAIN STREET, PITTSTON PA 18640																			
14 BIRTHDATE 07231959		15 SEX F		16 MS S		17 DATE 052497		18 HR 15		19 TYPE 1		20 SRC 7											
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38 FIFE, BERNARD B. 3333 GOOF LANE MAYBERRY NC 90210		39 VALUE CODES CODE AMOUNT A1 76000		40 VALUE CODES CODE AMOUNT		41 VALUE CODES CODE AMOUNT		42		43		44		45		46		47		48			
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12 PATIENT NAME PYLE, GOOMER T.				13 PATIENT ADDRESS 1234 MAIN STREET, PITTSTON PA 18640																															
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a										b		c		d		A		B		C															
b										a		b		c		d		a		b		c													
c										a		b		c		d		a		b		c													
d										a		b		c		d		a		b		c													
38 PYLE, GOOMER T. 2334 MAIN STREET MAYBERRY NC 90211										39 VALUE CODES CODE AMOUNT A1 76000		40 VALUE CODES CODE AMOUNT		41 VALUE CODES CODE AMOUNT																					
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