

1 Provider Name Provider Address City, State Zip Code	2 Pay-To Provider Name Pay-To Provider Address City, State Zip Code	3a PAT. CNTL # Text b. MED. REC. #	4 TYPE OF BILL XXXX	
		5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM THROUGH	7
		Federal Tax ID	DOS From - Through	

8 PATIENT NAME	a	9 PATIENT ADDRESS	a	Patient Address								
b	Patient's Name (Last, First, Middle Initial)			b	City	c	State	d	Zip Code	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
MMDDYYYY	M/F	MMDDYY	XX X X		XX XX						XX	
31 OCCURRENCE CODE DATE	32 OCCURRENCE CODE DATE	33 OCCURRENCE CODE DATE	34 OCCURRENCE CODE DATE	35 CODE	OCCURRENCE SPAN FROM THROUGH	36 CODE	OCCURRENCE SPAN FROM THROUGH	37				

38 Responsible Party's Name (last, First, Middle Initial) Responsible Party's Address City, State Zip Code	a	39 VALUE CODES CODE AMOUNT	40 CODE	VALUE CODES AMOUNT	41 CODE	VALUE CODES AMOUNT
	b					
	c					
	d					

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 XXXX	Description, NDC	HCPCS/Raate/HIPPS Code	MMDDYY	XX	XXX XX		
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23	PAGE X OF X	CREATION DATE			XXX XX		

50 PAYER NAME San Francisco Health Plan Patient's Medical Group	51 HEALTH PLAN ID	52 REL INFO	53 ASG BEN	54 PRIOR PAYMENTS XXX XX	55 EST. AMOUNT DUE	56 NPI NPI Required	57 OTHER PRV ID
58 INSURED'S NAME Patient's Name (Last, First, Middle Initial)		59 P REL	60 INSURED'S UNIQUE ID SFHP ID (XXXXXXXXXXXX)	61 GROUP NAME	62 INSURANCE GROUP NO.		

63 TREATMENT AUTHORIZATION CODES Authorization Code	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME

66 DX XXXXX	A	B	C	D	E	F	G	H	68	XXXXX	
69 ADMIT DX XXXXX	70 PATIENT REASON DX a	b	c	71 PPS CODE	72 EQ	a	b	c	73		
74 PRINCIPAL PROCEDURE CODE XXXXX	DATE MMDDYY	a. OTHER PROCEDURE CODE XXXXX	DATE MMDDYY	b. OTHER PROCEDURE CODE XXXXX	DATE MMDDYY	75	76 ATTENDING NPI NPI Required	QUAL XX	XXXXXX	Attending's Last Name	Attending's First Name
c. OTHER PROCEDURE CODE	DATE	d. OTHER PROCEDURE CODE	DATE	e. OTHER PROCEDURE CODE	DATE		77 OPERATING NPI NPI	QUAL XX	XXXXXX	Operating's Last Name	Operating's First Name
80 REMARKS Remarks	81CC a	b	c	d			78 OTHER NPI NPI	QUAL XX	XXXXXX	Other's Last Name	Other's First Name
							79 OTHER NPI NPI	QUAL XX	XXXXXX	Other's Last Name	Other's First Name