APPROVED OMB NO. 0938-0279

Wellness Hospital
100 Asheville Lane
Raleigh, NC 27601

2

3 PATIENT CONTROL NO.

4 TYPE OF BILL

5 FED. TAX NO.

6 STATEMENT COVERS PERIOD FROM 020400 THROUGH 020500

7 COV D. | 8 N-C D. | 9 C-I D. | 10 L-R D. | 11

12 PATIENT NAME: Mary Lamb

13 PATIENT ADDRESS: 102 School Street, Fleecewood, NC 25346

14 BIRTHDATE: 110158 | 15 SEX: F | 16 MS | 17 ADMISSION DATE: 020400 | 18 HR: 20 | 19 TYPE: 1 | 20 SRC: 1 | 21 D HR: 19 | 22 STAT: 01 | 23 MEDICAL RECORD NO.: 123456

24 25 26 27 28 29 30 CONDITION CODES | 31

32 OCCURRENCE CODE DATE | 33 OCCURRENCE CODE DATE | 34 OCCURRENCE CODE DATE | 35 OCCURRENCE CODE DATE | 36 OCCURRENCE SPAN CODE FROM THROUGH | 37 A B C

38

39 VALUE CODES CODE AMOUNT | 40 VALUE CODES CODE AMOUNT | 41 VALUE CODES CODE AMOUNT

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
490	Ambul Surg					400 00	

50 PAYER: Medicaid

51 PROVIDER NO.: 3490000

52 REL. INFO | 53 ASG. BEN

54 PRIOR PAYMENTS

55 EST. AMOUNT DUE

56

57 DUE FROM PATIENT ▶

58 INSURED'S NAME: Mary Lamb

59 P. REL

60 CERT. - SSN - HIC. - ID NO.: 900000000q

61 GROUP NAME

62 INSURANCE GROUP NO.

63 TREATMENT AUTHORIZATION CODES

64 ESC

65 EMPLOYER NAME

66 EMPLOYER LOCATION

67 PRIN. DIAG. CD.: V252

OTHER DIAG. CODES 68 CODE 69 CODE 70 CODE 71 CODE 72 CODE 73 CODE 74 CODE 75 CODE

76 ADM. DIAG. CD. | 77 E-CODE | 78

79 P.C. | 80 PRINCIPAL PROCEDURE CODE DATE

81 OTHER PROCEDURE CODE DATE: 6639 020400

OTHER PROCEDURE CODE DATE | OTHER PROCEDURE CODE DATE | OTHER PROCEDURE CODE DATE | OTHER PROCEDURE CODE DATE | OTHER PROCEDURE CODE DATE

82 ATTENDING PHYS. ID

83 OTHER PHYS. ID

OTHER PHYS. ID

84 REMARKS: non-covered charges are for sterilization

85 PROVIDER REPRESENTATIVE: X

86 DATE

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

UB-92 HCFA-1450

ORIGINAL