Happy Hospital Center	2	3a PAT CNTL 1234	TYPE OF BILL
123 First Street		b. MED REC. # 98765	0131
Anytown FL 33852		5 FED. TAX NO. 221234567	STATEMENT COVERS PERIOD FROM 01 10 25 THROUGH 01 10 25

8 PATIENT NAME	a	9 PATIENT ADDRESS	a 123 Main Street
b Smith, John		b Anytown	MN 55555

10 BIRTHDATE	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	18	19	20	21	22	23	28	29 ACI STAT	30
10 01 1980	M	01 10 25	15	3	2	12	01									

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 COD	FROM	THROUG	37

38	39 VALUE CODES CODE	AMOUNT	40 VALUE CODES CODE	AMOUNT	41 VALUE COD CODE	AMOUN

Revenue Code 0278 (FL42)

Enter # of DCB's used (FL46)

1	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
2	0481	Coronary Cath Lab	0913T	01 10 25	1	20000 00		
3	0278	AGENT Drug Coated Balloon	C9610	01 10 25	1	6000 00		
4	027X	Supplies		01 10 25	19	500 00		
5	030X	Laboratory		01 10 25	5	600 00		
6	037X	Anesthesia		01 10 25	5	2710 00		
7	0001	Total Charges						
8–23								
	001	PAGE OF	CREATION DATE	01 18 25	TOTALS	2710 00		

0913T for the AGENT procedure C9610 for the AGENT DCB Device (FL44)

50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASS BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NP
BCBS	333222111					

58 INSURED'S NAME	59 PREL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
John Smith	18	AZ555444777	Any Group	123456

63 TREATMENT AUTH	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME
AJ555	123456	

T82855A diagnosis for in-stent restenosis (FL67)

66 DX										68
	I25	T82855A	I5041							
10	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

74 PRINCIPAL PROCEDURE CODE	DATE	a. OTHER PROCEDURE CODE	DATE	b. OTHER PROCEDURE CODE	DATE	75	76 ATTENDING	NPI 1234567890	QU
							LAST		FIRST
c. OTHER PROCEDURE CODE	DATE	d. OTHER PROCEDURE CODE	DATE	e. OTHER PROCEDURE CODE	DATE		77 OPERATING	NPI 2345678900	QU
							LAST		FIRST

80 REMARKS	81CC			78 OTHER	NPI	QU
	a			LAST		FIRST
	b			79 OTHER	NPI	QU
	c			LAST		FIRST
	d					

UB-04 CMS-1450 APPROVED OMB NO.

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

NUBC National Uniform Billing Committee LIC9213257

IC-2044209-AA