

Reserved for Local Use

Diagnosis or Nature of Illness or Injury



*A. 3180 B. C. D.
E. F. G. H.
I. J. K. L.

Hospitalization Dates related to services from and to

Service Authorization #

XXXXXXXXXX

Outside Lab

Yes No

Total Submitted Charges:\$0.00

Add Service Line

Ln #	Service Dates		Procedure Code	Modifiers				Diag Pointers				Submitted Charges	Units
	Begin	End		1	2	3	4	1	2	3	4		

Add Line Item

Save | Reset

*Service Date Begin:
*Service Date End:
*Place of Service:
*Procedure Code:
Modifiers: 1. 2. 3. 4.
*Submitted Charges: \$
*Units:
*Rendering Provider NPI:
ID Qualifier:
Rendering Provider I.D. #:
Emergency Indicator:
EPSDT Indicator:
Family Planning Indicator:
Diagnosis Pointers: *1. 2. 3. 4.