

PROLIS™
Billing

Version 4.0

Prolis Billing

Prolis Billing is an integral part of Prolis Basic application and is available to be used only to the authorized users. The laboratory controlling individual (Owner, Supervisor or the Director) who has the permission to the User Maintenance routine, can either perform the billing or authorize some one to the role. Prolis Billing can be used to bill the laboratory services to the responsible party, on specimens processed only through Prolis.

The Prolis billing covers 3 scenarios.

- A) Patient Billing - When the responsible party is the patient with no Insurance coverage.
- B) Client Billing - When the laboratory needs to bill the Client (Provider).
- C) Third Party Billing - When the patient is covered by an Insurance. In this case, Prolis bills the Insurance Company for the itemized services and to the patient for the co-payment.

The Prolis Billing is comprised of the following sub routines and the reports.

- **Pre-billing Integrity Report:** The report is used to point out the missing data like patient address, provider's NPI, provider's license, diagnosis code, medical necessity, CPT codes and zero pricing of services and more, prior to executing the invoicing process.
- **Billing Editor:** This multifunction routine is used to browse the Accession records, invoice the Accession records, Reverse Invoice the Accession records and edit any billing element for the unbilled Accession records before invoicing.
- **Batch Billing:** The routine is used to invoice multiple accessions at a time, using various criteria. Since this process is pretty automatic and hidden from the user, **it is recommended to use the 'Pre-billing Integrity Report' to point out and remove the causes of possible denials.**
- **Reverse Billing:** This routine is provided to cater the need of reverse the invoicing process for any reason. The possible reasons include but not limited to wrong pricing billed, wrong type billed, the patient billed but later discovered the Insurance instead etc.
- **Billing Output:** The routine is used to print all kinds (3) of invoices and to create the Electronic Claim File (ECF) to be submitted to either the Clearing House or the Insurance Company itself.
 1. **Client Invoice:** This document is produced by the Billing Output routine for the Accessions billed to a Client. The document usually presents multiple Accessions billed in a specific time period (monthly).
 2. **CMS-1500:** The CMS-1500 claim form (formerly known as HCFA-1500) is the Medicare approved claim form, accepted by the Medicare and other Insurance companies. There are a rare cases when some Agencies (Medicaid or Public Aid) in some US States, have their own claim form. Please [contact us](#) in such a case for a customized claim output.
 3. **Patient Invoice:** This document is produced by the Billing Output routine for the Accessions billed to a patient. The document presents only one instance of services provided.
- **Post Billing Report:** This report is printed usually after performing the billing through either the Billing Editor routine or the Batch Billing routine. The report requires only one parameter of the time period covered by the report. The report provides the details of the Client Billing, that of the Patient Billing and the same of the Third Party Billing. The statistics of this report must match to the AR Activity report of the Accounts Receivables. If both reports negate each other, that indicates the system's un-stability. Please [contact us](#) in such a case.

Report Interpretation

Various parts of the Integrity report are explained below;

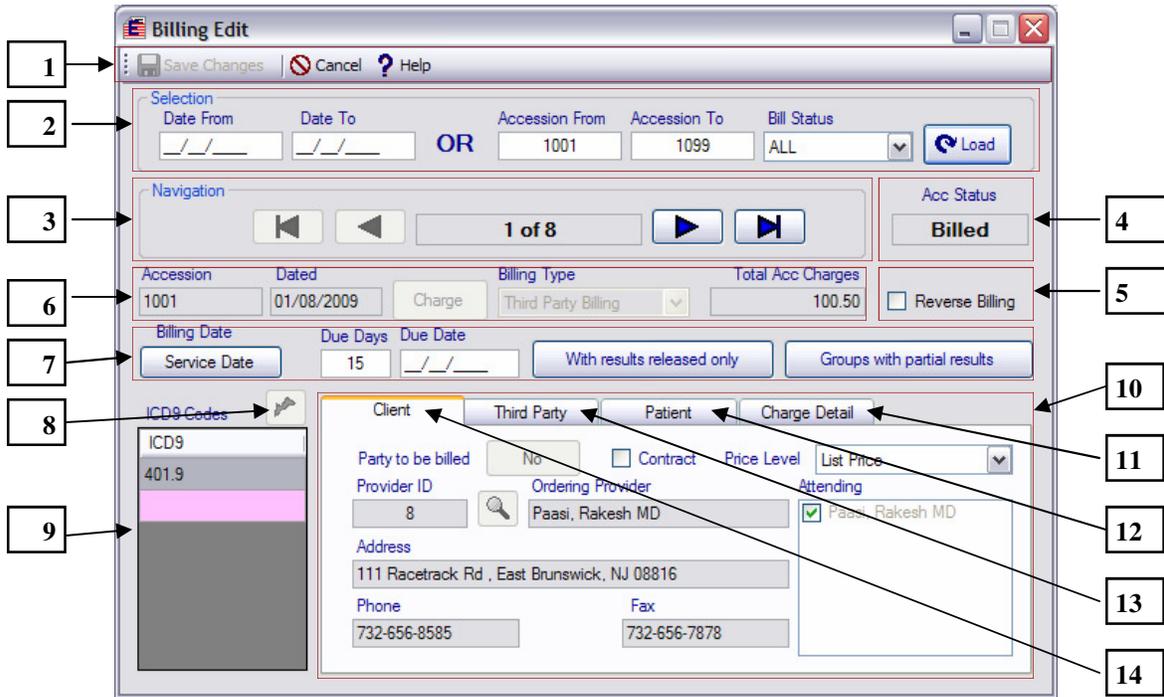
The upper left corner of the report is displayed with the Laboratory Name on first line and the accession date range of the report covered records (initially selected by the user) on the 2nd line.

The upper right corner of the report is displayed with the Report Name on first line and the accession numbers range of the report covered records (initially selected by the user) on the 2nd line.

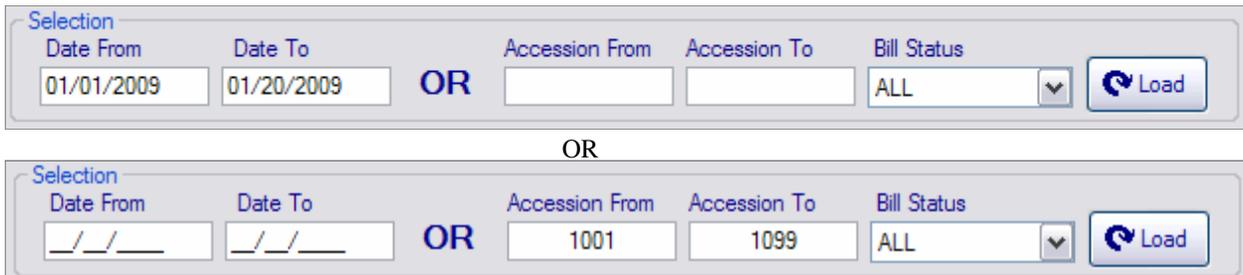
- 1. Accession Record (Full):** The accession record consists of a record identifier, missing billing elements (in red or black color) out of maximum 4, billing elements separator (which is a black colored dotted line), remaining billing elements (in red or black color) and the accession record delimiter.
- 2. Record Identifier:** A bar with light grey background and a dark colored border, containing the Accession Number, the billing type of the accession (Options are Client Billing, Third Party Billing and the Patient Billing) and the responsible party target of being billed for the laboratory services (Options are the Client name, the Insurance company name or the Patient name..)
- 3. INCOMPATIBLE NECESSITY Component ID: XXX** (Either in Red or Black color): The presence of this billing element dictates that there is no ICD9 code specified for the accession record if accompanied by # 4. If # 4 is missing that means that none of the ICD9 codes of the accession matched with the set of medically necessary ICD9 codes of the listed component ID. This element would list all of the ordered components if no ICD9 provided at the accession level. The black color of the element indicates a non critical state of the error or omission having no adverse effect on the billing but the red color is the indicative of a critical state and the subject element is a potential candidate of the claim denial (MUST BE CORRECTED BEFORE EXECUTING THE BILLING ROUTINE).
- 4. MISSING ICD9** (Either in Red or Black color): The presence of this billing element dictates that there is no ICD9 code specified for the accession record. The black color of the element indicates a non critical state of the error or omission having no adverse effect on the billing but the red color is the indicative of a critical state and the subject element is a potential candidate of the claim denial (MUST BE CORRECTED BEFORE EXECUTING THE BILLING ROUTINE).
- 5. CLIENT PREREQUISITS** (Either in Red or Black color): This element covers the address and the newly implemented 'Identifier' NPI. We recommend to treat this element as if it is of a critical status regardless of its color for a third party billing.
- 6. CURRENT OF TOTAL PAGES:** Use to ensure to have all the report pages.
- 7.** As depicted by the label, provides the print date and the time of the report.
- 8. ZERO PRICED COMPONENTS Component ID: XXX:** Since the report uses the same algorithm to compute the price as that of the billing routine, it is an indicative of the component being billed at zero price. Instead of billing with the zero price, we recommend to use the Charge/Gratis switch if the billing is not desired for any accession.
- 9. THIRD PARTY PREREQUISITS:** Treat this element as if it is of a critical status for a Third Party Billing.
- 10. PATIENT PREREQUISITS:** This element only covers the patient address. Handle accordingly.

Billing Editor

The Billing Editor is the most robust routine provided by Prolis which can be used to edit any and/or all billing elements, Invoice, Reverse Invoice and browse a range of accessions, one by one. The routine provides the user with a full billing control.

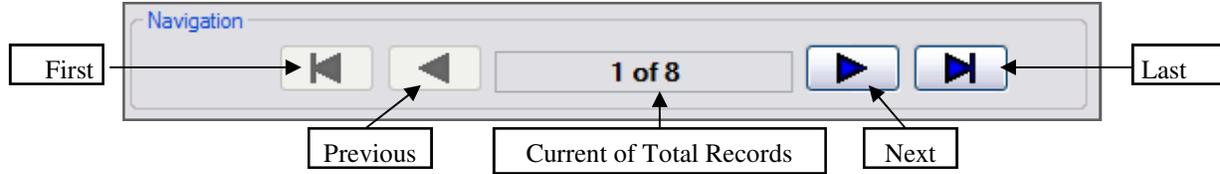


1. **Save Changes Button:** The 'Save Changes Button' is usually disabled until the user edits any billing element. Clicking this button saves the edits made by the user. The **Cancel Button** is used to exit the routine and the **Help Button** is used to access the help.
2. The fields in the **Selection Section**, are used to provide the initial input to fetch a set of accession records for the activities offered by this routine. Use a single date and/or a range of dates or a single



accession number and/or a range of accession numbers to fetch the set of records. You may choose any one option from the **Bill Status** field, to further filter your intended selection. Selecting 'ALL' has no effect but selecting 'Billed' will output only billed accessions and 'Unbilled' will select the accessions to be billed. After providing one or both dates or one or both accessions and selecting the desired option from Bill Status field, press the **Load** button.

- Navigation:** The buttons in the 'Navigation' can be used to go back and forth within the fetched set of records. Use the left most button to jump to the first accession within the set, the second to the left most button for the previous record, second to the right most button for the next accession and the right most button, for the last accession within the set of accessions.



- Accession Status:** It is either 'Billed' or 'Unbilled'. The whole detail of a billed accession record is displayed but locked. **Billed Accessions are not editable.** Of an unbilled accession, you may change any billing element.
- Action Switch:** Use this field to bill an unbilled accession or reverse bill a billed accession. The field label corresponds to the billing status of the accession. For a billed accession, it will invite the user to reverse the billing and for an unbilled accession, to 'Bill Now' action.
 - Reverse Billing
 - Bill Now
- Accession recognizing fields:** Use these five fields to recognize the accession

Accession	Dated	Charge	Billing Type	Total Acc Charges	Reverse Billing
1001	01/08/2009	Charge	Third Party Billing	100.50	<input type="checkbox"/>

properly. The Accession number, the accession date, a switch indicating if the accession is a charge or Gratis, the billing type of the accession and the charge amount. All five fields are un-accessible for a billed record. For an unbilled record, first 2 fields and the 5th field, are not accessible. The 'Charge/Gratis' switch can be used to indicate if the accession should be billed or is free service. All proficiencies may be marked 'Gratis' etc. The 'Billing Type' is used to select the desired billing type, Client, Third Party or the Patient. The 5th field is automatically updated with the charge detail change.

- Billing Characteristics:** These five billing characteristics fields are used to specify whether the Service date should be the billing date or the current system date and the number of due days. The due date is calculated automatically. Since this routine is 100 % under the user's control, the result filters are not used in this routine for now. We may decide to use them in the future.

Billing Status	Due Days	Due Date	With results released only	Groups with partial results
Service Date	15	__/__/__	<input type="checkbox"/>	<input type="checkbox"/>

- ICD0 Synchronization Button:** Clicking this button will create the association among accession level ICD9 codes and the medically necessary codes of the ordered components. The component codes can be overridden. The button should not be clicked after entering the component code manually, to preserve your choice.



- Accession Level ICD9 Codes:** The ICD9 codes entered during accessioning appear in this multi-line composite field. This field is editable for an unbilled accession. Existing codes can be removed from and new codes can be added to this field.

ICD9 Codes

- ICD9
- V70.0
- 401.9

Note: For the incompatibility among accession level ICD9 codes and the ordered components medically necessary codes, update Prolis with the medical necessity code list and/or inquire from the ordering provider, for the correct ICD9. Please DO NOT contact the Prolis support.

10. **Multi-Tab Display:** This section of the billing editor has 4 selectable Tabs, each representing the Client, the Insurance Company if applicable, the patient and the Charge Detail. Non of the tab is editable for a billed accession and all can be edited for an unbilled record.

11. **Charge Detail:** The tab contains a 9 column grid listing all the components ordered for the displayed accession. The columns with the header names are self explanatory. Use the eraser in the first column to remove the component and use the magnifying glass to add a new component in the grid. Prolis does not check the Source compatibility of the components added here. The results of the components removed here, are deleted without any warning. Please be cautious of any component edits.

ID	Name	CPT	Dx	Price	Unit	Extend
10	Comprehensive...	80053	401.9	65.00	1	65.00
51	CBC	85025		15.50	1	15.50
301	Pregnancy SU			20.00	1	20.00

12. **Patient Tab:** All fields in the Tab, are labeled and self explanatory. The party to be billed would say 'Yes' if the patient is being billed otherwise 'No'. To edit any patient information, use the magnifying glass to access the required patient after making the change in the 'Patient Management' routine. To bill a non-patient accession record, remove the patient in the Accession editing routine and change the specimen type to non-clinical.

13. **Third Party Tab:** The first field, Party to be billed says 'Yes' if the

13. Insurance is being billed for the services. A check mark in the 'Contract' field indicates that while pricing the charge detail tab, Prolis looks in to the contract with the Insurance company, if any, first and then

uses the component's price level indicated here if the component does not exist in the contract. The Insurance company name appears in the drop down field which can be changed to some other company. The button with a hammer and a screw driver, indicates that this button will lead you to the Payer Management routine if some corrections need to be made in the Insurance company record. All remaining fields are properly labeled and self explanatory.

14. **Client Tab:** In this tab, the 'Party to be billed' says 'Yes' the client is being billed otherwise 'No'. The pricing algorithm works exactly the same way as with the Insurance company except this time Prolis will look in to the con-

tract with the client, if any, instead, first and then use the components price level indicated here if the component is not found in the contract. The magnifying glass can be used to change the ordering provider as well as the attending provider.

Procedure Outlined

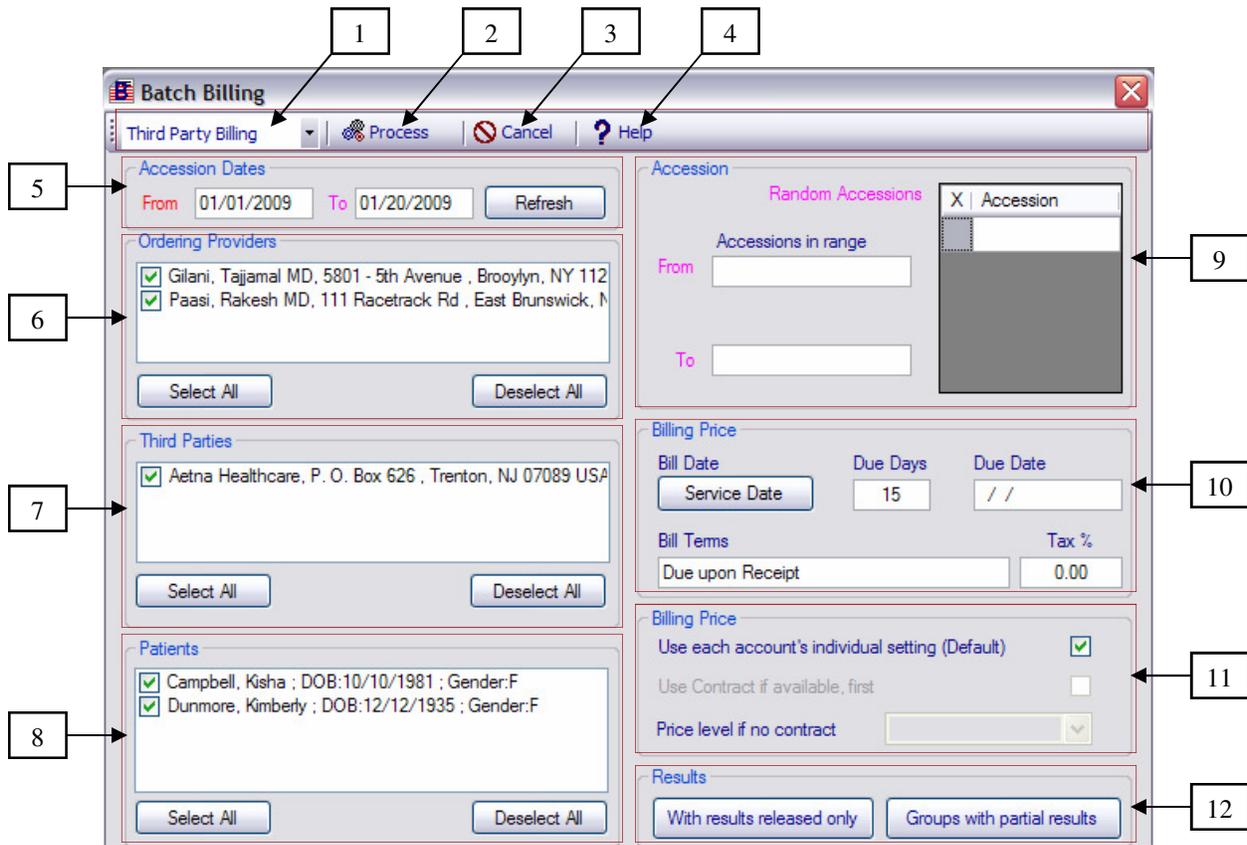
1. Provide a date or a date range or an accession number or a range of accession numbers, select the desired bill status option and click the 'Load' button.
2. Navigate to the desired accession record using the navigational buttons.
3. While the record is displayed, place the check mark in the Action Switch. (For a billed record, this is the only action you can perform but for an unbilled record this should be the last action after making all other edits).
4. Click the 'Save Changes' button to save changes and bill or reverse bill.

Batch Billing

Batch Billing is provided to handle the billing with a relatively large volume. The user is provided with various options to select and execute the process. In this billing the process is pretty automatic. As a result of which, the user is unable to have a full control from accession to accession.

It is strongly recommended to point out and fix the missing data using the Pre-Billing Integrity Report prior to executing this routine. By the way, the Billing Editor can be used to navigate through the billed accessions and fix the wrongly billed accessions. An any case this routine is a big time saver.

This routine differs from the Billing Editor with respect to the billing type. This routine can only handle one type of billing at a given time.



- 1. Billing Type Selector:** Use this field to choose the type of billing you want to perform. Available choices are Client Billing, Third Party Billing and Patient Billing. Choosing the billing type sets up the remaining routine.
- 2. Process Button:** This button is available only when the routine is ready to be executed. If this button is dimmed that indicates that some data or any required parameter is missing. When available click this button to start the process.
- 3. Cancel Button:** Use this button to exit the routine.
- 4. Help Button:** Use this button to access the help.

- 5. Accession Dates:** Use these fields to provide a date or a range of dates followed by a click of the 'Refresh' button. This button will populate other fields where you can narrow down your selection if needed.

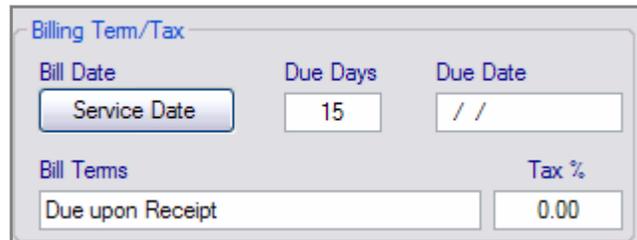
- 6. Ordering Providers:** Regardless of the billing type selected in the field# 1, you can limit the providers, whose patients billing will be performed. Providers having the check mark in front of their name will be included in the billing. Uncheck the provider desired to be excluded from the billing. You can place a check mark for all the providers in the list by clicking the 'Select All' button or uncheck all providers in the list by clicking 'Deselect All' button

- 7. Third Parties:** This list will be populated only if you have selected the billing type as the Third Party Billing and there are unbilled patients within the date range you provided. Exactly similar to the above list, you may exclude the Insurance company from billing process by simply un-checking the desired record or include in the billing process by placing a checking mark in front of the Insurance company. Click 'Select All' button for placing a check mark in the whole list and click the 'Deselect All' button to uncheck the whole list.

- 8. Patients:** This list will be populated regardless of the selected billing type but if there are unbilled patients within the date range you provided. Exactly similar to the above list, you may exclude the patients from billing process by simply un-checking the desired record or include in the billing process by placing a checking mark in front of the patient. Click 'Select All' button for placing a check mark in the whole list and click the 'Deselect All' button to uncheck the whole list.

- 9. Accession:** This section 'Accession and the section 'Accession Dates' are mutually exclusive to each other. That means you can either use the 'Accession Dates' or the 'Accession' section. Within the 'Accession' section, Accession in range fields (From and To) are mutually exclusive to the random accessions field. You may use either 'From' and/or 'To' or the random accessions field. Entries made in the random accessions, can be removed by clicking the opposite 'X'.

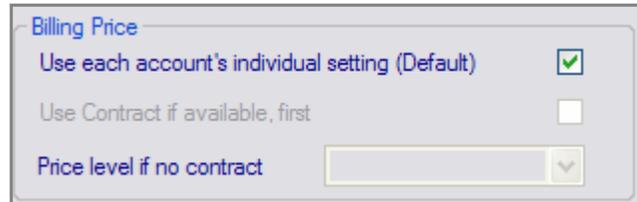
10. Billing Term/Tax: This section 'Billing Term/Tax' is used to specify the billing date. Whether the service date as the billing date or the current system date as the billing date. Number of due days and the due date which is calculated automatically. The invoice 'Term' and the Tax percentage is set in this section before executing the routine.



Billing Term/Tax

Bill Date	Due Days	Due Date
Service Date	15	//
Bill Terms	Tax %	
Due upon Receipt	0.00	

11. Billing Price: You set the pricing algorithm in this section. The default check mark indicates that the Prolis will look in to each account's specific setting to determine the price of the component to be billed. By un-checking the default, you have an option to instruct Prolis to use the contract price if the component is included in the contract. If the component is not found in the contract, use the price level you select here.



Billing Price

Use each account's individual setting (Default)

Use Contract if available, first

Price level if no contract

12. Results: Results is the last setting by which you instruct Prolis to bill the component only if the results of that component have been released (the default behavior). With the first button's default setting, the button's default behavior instructs Prolis to bill the Group component even if there is only one result (partial) released. The alternate behavior of the 2nd button is the instruction to Prolis that bill the Group component only if all the individual tests within a group have their results released. The alternate option of the first button is the instructions to Prolis to ignore the results. So the either of the second button's setting does not apply.



Results

With results released only Groups with partial results

Procedure Outlined

- Run the Pre-billing Integrity report, point out the missing data and incompatible ICD9 codes. Fix them.
- Provide a date or a date range and click the 'Refresh Button. Make the appropriate desired selection from the resulting output of Providers, Third Parties or Patients or alternatively provide a range of accession numbers or series of random accession numbers.
- Set up the desired Term and the Tax percentage.
- Set up the pricing algorithm.
- Set up the result options.
- Click the Process button to execute the process.

Reverse Billing

The routine of Reverse Billing is provided as a part of the Prolis Billing, to rectify the situation of having the billing done on a mass scale and the discovery of some potential errors in the billing. This routine deletes all the billed entries from the Accounts Receivables and restore all of the accessions in the selection criteria back to the state as unbilled.

Reverse Billing

Execute | Cancel | Help

Accession Dates

From: 01/01/2009 To: 01/20/2009

Accession

Accessions in range

From:

To:

Random Accessions

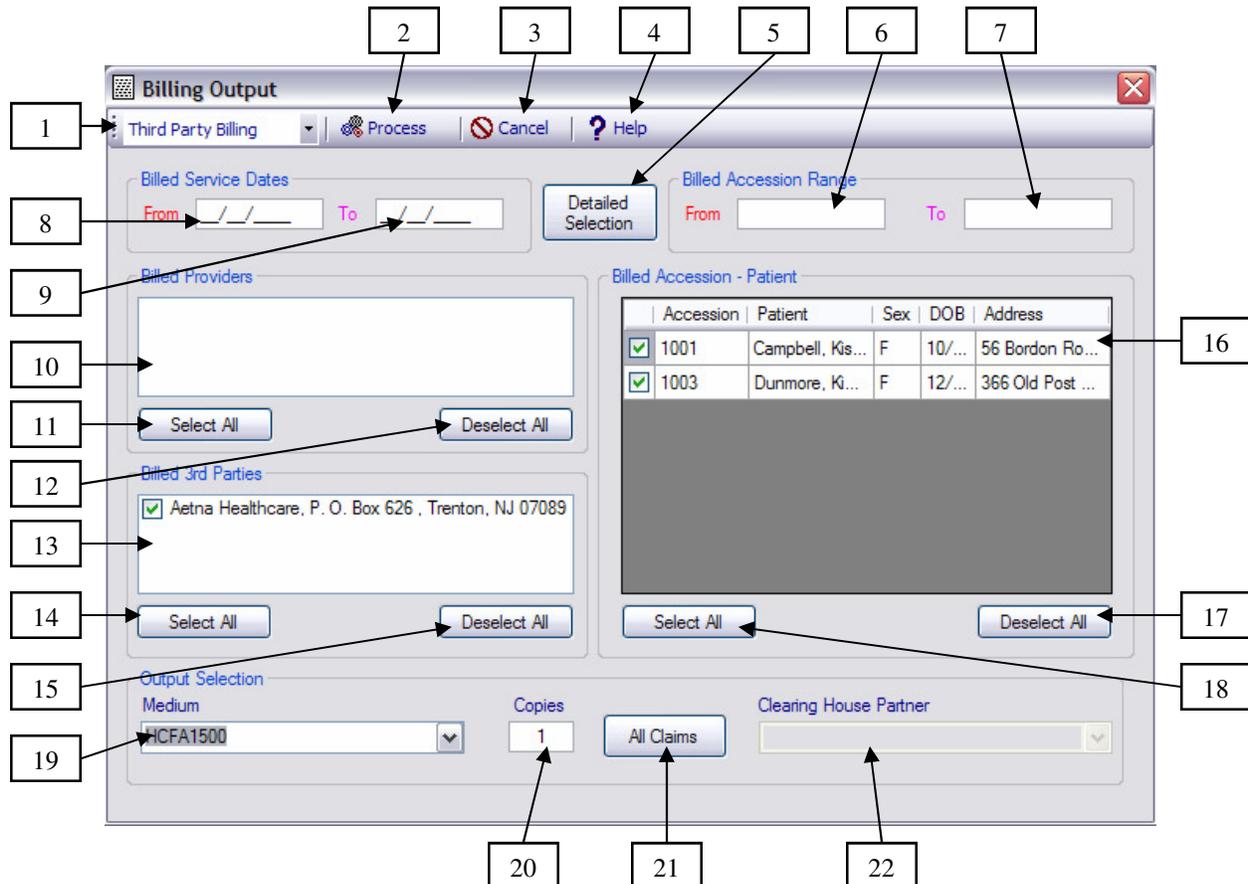
X	Accession
<input checked="" type="checkbox"/>	

Procedure Outlined

- Enter a date or a range of dates or an accession or a range of accessions, the billing of which is desired to be reversed.
- Click the Execute button.

Billing Output

Billing Output is the post billing process to either print the invoices or create the Electronic Claim File to submit to the Clearing House for the distribution or to submit to the Insurance Company directly. The routine works only if there are billed accessions in the system.



1. **Billing Type Selector:** Use this drop down to select the billing type among Client Billing, Third Party Billing or the Patient Billing.
2. **Process Button:** This command button is available only after the selection has been made. Click the button to start printing the invoices or creating the ECF.
3. **Cancel Button:** Use this button to exit the routine.
4. **Help Button:** Use this button to access the help.
5. **Detail Selection Button:** This button is functional only after making the initial selection of either range of dates or the range of accession numbers. Click the button to populate other choices of providers, Third Parties, patients and accessions randomly.
6. **Accession Number (Lower):** This is the field to enter the lowest number of the accession range.
7. **Accession Number (Higher):** This is the field to enter the highest number of the accession range.
8. **Accession Date (Lower):** Enter the lowest of the date range, here in this field.
9. **Accession Date (Higher):** Enter the highest of the date range, here in this field.

Note: Accession numbers and the accession ranges are exclusive to the accession dates and the date ranges.

10. **Providers Check List:** This list is populated with the providers who have been billed when the Client Billing is selected. You can select or deselect any or all providers from this list for printing their invoices.
11. **Select All Button:** Use this button to select all providers from the above # 10 list.
12. **Deselect All Button:** Use this button to deselect all providers from the above # 10 list.
13. **Third Parties List:** This list is populated with the billed Insurance companies when the Third Party Billing is selected in the field # 1. You can select or deselect any or all Insurances from this list for printing their CMS-1500 forms.
14. **Select All Button:** Use this button to select all Insurance companies from the above # 13 list.
15. **Deselect All Button:** Use this button to deselect all Insurance companies from the above # 13 list.
16. **Billed Accessions—Patients:** This check list is a combo list having the billed accessions along with the billed patients. You can select or deselect any or all accessions (or patients from this list for printing their invoices).
17. **Deselect All Button:** Use this button to deselect all accessions or patients from the above # 16 list.
18. **Select All Button:** Use this button to select all accessions or patients from the above # 16 list.
19. **Medium Drop Down:** Use this field to choose among invoice printing or the ECF creation process.
20. **Copies:** This field is available only if invoice printing is selected in the previous field # 19. Enter a number of desired copies here.
21. **All or Unprinted Switch:** Leave it at the default to print all invoices or click it to switch to the option of printing only the unprinted invoices.
22. **Clearing House Partner:** This field is only available if the file creation process is selected in the field # 19. Use this field to create the file for a Clearing House or for an individual Insurance Company.

Procedure Outlined

- Select the desired Billing Type in the field # 1
- Enter a single date in either field or a range of dates, providing the lower date in the from field or enter a single accession in either field or a range of accession, using the both accession fields.
- Click the 'Detail Selection Button.
- Make the desired detailed selection, depending on the billing type.
- Choose among printing the invoices or creating the ECF (only for the Third Party Billing).

Note: Client invoices and the patient invoices are printed on a plain paper but the Third Party Billing invoices are printed on the pre-printed CMS-1500 form.

- Enter the number of copies to print.
- Choose the desired Insurance Company or the Clearing House from the drop down # 22 if creating the file.
- Click the Process button # 2

1500

Aetna Healthcare
P. O. Box 626
Trenton, NJ 07089

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC)

1. MEDICARE (Medicare #) <input type="checkbox"/>	MEDICAID (Medicaid #) <input type="checkbox"/>	TRICARE CHAMPUS (Sponsor's SSN) <input type="checkbox"/>	DHAMPVA (Member ID) <input type="checkbox"/>	GROUP HEALTH PLAN (SSN or ID) <input type="checkbox"/>	FECA (FICA) (SSN) <input type="checkbox"/>	OTHER (ID) <input checked="" type="checkbox"/>	1a. INSURED'S I.D. NUMBER (For Program in Item 1) 236547895
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) Dunmore, Kimberly			3. PATIENT'S BIRTH DATE (MM/DO/YY) 12/12/1935		SEX: M <input type="checkbox"/> F <input checked="" type="checkbox"/>	4. INSURED'S NAME (Last Name, First Name, Middle Initial) Dunmore, Kimberly	
5. PATIENT'S ADDRESS (No. Street) 366 Old Post Road			6. PATIENT RELATIONSHIP TO INSURED: Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>		7. INSURED'S ADDRESS (No. Street) 366 Old Post Road,		
CITY Old Bridge		STATE NJ	8. PATIENT STATUS: Single <input type="checkbox"/> Married <input type="checkbox"/> Other <input checked="" type="checkbox"/>			CITY Old Bridge STATE NJ	
ZIP CODE 08857		TELEPHONE (Include Area Code) ()	9. EMPLOYED <input type="checkbox"/> Full-Time Student <input type="checkbox"/> Part-Time Student <input type="checkbox"/>			ZIP CODE 08857 TELEPHONE (Include Area Code) ()	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)			10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> b. AUTO ACCIDENT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> PLACE (State) _____ c. OTHER ACCIDENT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 10d. RESERVED FOR LOCAL USE			11. INSURED'S POLICY GROUP OR FECA NUMBER NONE	
a. OTHER INSURED'S POLICY OR GROUP NUMBER			b. AUTO ACCIDENT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> PLACE (State) _____			a. INSURED'S DATE OF BIRTH (MM/DO/YY) _____ SEX: M <input type="checkbox"/> F <input type="checkbox"/>	
b. OTHER INSURED'S DATE OF BIRTH (MM/DO/YY) _____ SEX: M <input type="checkbox"/> F <input type="checkbox"/>			c. OTHER ACCIDENT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			b. EMPLOYER'S NAME OR SCHOOL NAME	
c. EMPLOYER'S NAME OR SCHOOL NAME			10d. RESERVED FOR LOCAL USE			c. INSURANCE PLAN NAME OR PROGRAM NAME	
d. INSURANCE PLAN NAME OR PROGRAM NAME			10d. RESERVED FOR LOCAL USE			d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> # yes, refer to and complete item 9 a-d.	
<p>12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE (I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.)</p> <p>SIGNED: _____ DATE: 01/09/2009</p> <p>13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE (I authorize payment of medical benefits to the undersigned physician or supplier for services described below.)</p> <p>SIGNED: _____ DATE: _____</p>							
14. DATE OF CURRENT ILLNESS (First symptoms) OR INJURY (Accident or PREGNANCY/ILMP) (MM/DO/YY)				15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS GIVE FIRST DATE (MM/DO/YY)		16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION (MM/DO/YY)	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE Gilani, Tajamal MD				18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES (MM/DO/YY)		19. OUTSIDE LAB? \$ CHARGES	
19. RESERVED FOR LOCAL USE				20. OUTSIDE LAB? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. MEDICARE RESUBMISSION CODE ORIGINAL REF. NO.	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Please denote 1, B, 3 or 4 to Item 24E by Line)				22. PRIOR AUTHORIZATION NUMBER		23. PRIOR AUTHORIZATION NUMBER	
1. 485.9				2. _____		3. _____	
24. A. DATE(S) OF SERVICE (From To) (MM/DO/YY)		B. PLACE OF SERVICE	C. EMS	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CRT/NCPCS MODIFIER	E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DATE OF LIMITS
1. 01 09 09 01 09 09		81	80076	1	35.00	1.0	NPI
2. _____		_____	_____	_____	_____	_____	NPI
3. _____		_____	_____	_____	_____	_____	NPI
4. _____		_____	_____	_____	_____	_____	NPI
5. _____		_____	_____	_____	_____	_____	NPI
6. _____		_____	_____	_____	_____	_____	NPI
28. FEDERAL TAX I.D. NUMBER 12-3456789		SSN/EIN <input checked="" type="checkbox"/>	26. PATIENT'S ACCOUNT NO. 1003	27. ACCEPT ASSIGNMENT? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	28. TOTAL CHARGE \$ 35.00	29. AMOUNT PAID \$ 0.00	30. BALANCE DUE \$ 35.00
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREE(S) OR CREDENTIALS (If partly true, use statements on the reverse; apply to this bill and any made a part thereof.)			32. SERVICE FACILITY LOCATION INFORMATION Allied Example Laboratory 465 - 47 Street Brooklyn, NY 11220		33. BILLING PROVIDER INFO & PH # Allied Example Laboratory 465 - 47 Street Brooklyn, NY 11220		
SIGNED: _____ DATE: 01/29/2009			34. 9876543210		35. 9876543210		

NUCC Instruction Manual available at: www.nucc.org

PLEASE PRINT OR TYPE
Printed on Recycled Paper

APPROVED OMB-0938-0999 FORM CMS-1500 (08-05)

