1	2	3a PAT. CNTL #	4 TYPE OF BILL
NORTHERN ILL MED CTR 4201 MEDICAL CENTER DR MCHENRY IL 600508409 815-344-5000	NORTHERN ILL MED CTR P O BOX 1570 MCHENRY IL 600511570 1982611281	B1117900323	0131
		b. MED. REC. # B0000109381	

5 FED TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7
362338884	062811	062811	

8 PATIENT NAME	9 PATIENT ADDRESS
a	a 4606 HAYDEN CT
b DULBERG,PAUL R	b MCHENRY c IL d 600517918 e

10 BIRTHDATE	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	18	19	20	21	22	23	24	25	26	27	28	29 ACDT STATE	30
03191970	M	062811	14	1		1	17	01												

31 CODE	31 OCCURRENCE DATE	32 CODE	32 OCCURRENCE DATE	33 CODE	33 OCCURRENCE DATE	34 CODE	34 OCCURRENCE DATE	35 CODE	35 OCCURRENCE SPAN FROM	THROUGH	36 CODE	36 OCCURRENCE SPAN FROM	THROUGH	37
a 04	062811	A1	031970											a
b														b

38 PAUL DULBERG/ACCIDENT
4606 HAYDEN CT
JOHNSBURG IL 60051

COPY

	39 CODE	39 VALUE CODES AMOUNT	40 CODE	40 VALUE CODES AMOUNT	41 CODE	41 VALUE CODES AMOUNT
a	45	1400				
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	0250	PHARMACY		062811	3	5300		1
2	0258	PHARMACY IV SOLUTIONS		062811	2	18400		2
3	0272	STERILE SUPPLY		062811	1	12500		3
4	0320	DX XRAY	73090	062811	1	22500		4
5	0450	EMERG ROOM	99283	062811	1	31000		5
6	0450	EMERG ROOM	12004	062811	1	27125		6
7	0636	DRUGS REQUIRE DETAIL	90715	062811	1	15550		7
8								8
9								9
10								10
11								11
12								12
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14								14
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18								18
19								19
20								20
21								21
22								22
23	0001	PAGE 1 OF 1		CREATION DATE 070511	TOTALS	132375		23

50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	1982611281
A PAUL DULBERG/ACCIDENT		Y	Y			57 OTHER PRV ID	362338884

58 INSURED'S NAME	59 P REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
A DULBERG,PAUL	18	999999999	ACCIDENT	99999

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME
		SHARP PRINTING

	66 DX										69
A	88100										
9											

67 ADMIT DX	68 PATIENT REASON DX	70 PPS CODE	71 PPS CODE	72 ECI	73
9593	9593			E9201	

74 PRINCIPAL PROCEDURE CODE	DATE	a. OTHER PROCEDURE CODE	DATE	b. OTHER PROCEDURE CODE	DATE	75
8659	062811					
c. OTHER PROCEDURE CODE	DATE	d. OTHER PROCEDURE CODE	DATE	e. OTHER PROCEDURE CODE	DATE	

76 ATTENDING	NPI 1053319822	QUAL
LAST FORD		FIRST APIWAT
77 OPERATING	NPI 1053319822	QUAL
LAST FORD		FIRST APIWAT
78 OTHER	NPI	QUAL
LAST		FIRST
79 OTHER	NPI	QUAL
LAST		FIRST

80 REMARKS	81CC	
	a	B3 282N00000X
	b	
	c	
	d	