1	2	3a PAT. CNTL #	4 TYPE OF BILL
ACME MEDICAL CENTER	ACME MEDICAL CENTER	10U01234	0131
555 BRITTINGSLEY WAY	P O BOX 7890	b. MED. REC. #	
TWINSBURG OH 44087	TWINSBURG OH 44087	5 FED. TAX NO. / 6 STATEMENT COVERS PERIOD FROM / THROUGH / 7	
8666555500 8666555414		44-5556666	011708 011708

8 PATIENT NAME	9 PATIENT ADDRESS
a	a 456 RIDGE WOOD COURT
b ZEE, WYAND	b TWINSBURG c OH d 44087 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
12101951	M	011708	14	1	4	15	20													

	31 OCCURRENCE CODE	31 OCCURRENCE DATE	32 OCCURRENCE CODE	32 OCCURRENCE DATE	33 OCCURRENCE CODE	33 OCCURRENCE DATE	34 OCCURRENCE CODE	34 OCCURRENCE DATE	35 OCCURRENCE SPAN CODE	35 OCCURRENCE SPAN FROM	35 OCCURRENCE SPAN THROUGH	36 OCCURRENCE SPAN CODE	36 OCCURRENCE SPAN FROM	36 OCCURRENCE SPAN THROUGH	37	
a																a
b																b

38		39 CODE	39 VALUE CODES AMOUNT	40 CODE	40 VALUE CODES AMOUNT	41 CODE	41 VALUE CODES AMOUNT
	a						
	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	0300	LABORATORY OR LAB			3	600 00			1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23	0001	*PAGE* 001 *OF* 001	*CREATION DATE*	012708	TOTALS	600 00			23

	50 PAYER NAME	51 HEALTH PLAN ID	52 REL. INFO	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	6009876544	
A	DEMOCARE			1			57 OTHER PRV ID	6009876544	A
B									B
C									C

	58 INSURED'S NAME	59 P REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.	
A	ZEE, ADA	18	11111		22222	A
B						B
C						C

	63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME	
A				A
B				B
C				C

66 DX	67	A	B	C	D	E	F	G	H	68
	I	J	K	L	M	N	O	P	Q	

69 ADMIT DX		70 PATIENT REASON DX	a	b	c	71 PPS CODE		72 ECI	a	b	c	73

74 PRINCIPAL PROCEDURE CODE	DATE	a. OTHER PROCEDURE CODE	DATE	b. OTHER PROCEDURE CODE	DATE	75

c. OTHER PROCEDURE CODE	DATE	d. OTHER PROCEDURE CODE	DATE	e. OTHER PROCEDURE CODE	DATE

80 REMARKS	DEMOCARE			
		81CC a		B 282N00000X
		b		
		c		
		d		

76 ATTENDING	NPI	QUAL	
LAST		FIRST	
77 OPERATING	NPI	QUAL	
LAST		FIRST	
78 OTHER	NPI	QUAL	
LAST		FIRST	
79 OTHER	NPI	QUAL	
LAST		FIRST	

Eligibility Request/Response

ELIGIBILITY STATUS

BENEFIT INFORMATION	DESCRIPTION	RESPONSE DATE
1	Active Coverage (1)	1/27/2008

PROVIDER ID	PROVIDER NPI	PAYER NAME
8645688774	6009876544	DemoCare

REJECT CODE: _____ DESC: _____

ACTION CODE: _____ DESC: _____

ELIGIBILITY REQUEST

INSURED NAME		SEX	BIRTHDATE	SSN	INS CERT NO	GROUP NO	PLAN NO
Zee, Ada		F	10/23/1948	123-45-6789	11111	22222	33333

PATIENT NAME	REL TO INS	SEX	BIRTHDATE	SSN	PAT CERT NO	SERVICE FROM	SERVICE THRU
Zee, Wyand	18	M	12/10/1951	987-65-4321	44444	1/17/2008	1/17/2008

ELIGIBILITY RESPONSE

INSURED NAME		SEX	BIRTHDATE	SSN	INS CERT NO	GROUP NO	POLICY NO
Zee, Ada		F	10/23/1948	123-45-6789	11111	22222	55555

ADDRESS 1	ADDRESS 2	CITY	ST	ZIP	SERVICE FROM	SERVICE THRU	PLAN NO
123 Shady Meadow Lane		Twinsburg	OH	44087	1/17/2008	1/17/2008	33333

PATIENT NAME	REL TO INS	SEX	BIRTHDATE	SSN	PAT CERT NO
Zee, Wyand	18	M	12/10/1951	987-65-4321	44444

ADDRESS 1	ADDRESS 2	CITY	ST	ZIP
123 Shady Meadow Lane		Twinsburg	OH	44087

BENEFITS DETAILS

FIELD NAME	FIELD VALUE	DESCRIPTION
----------Begin Detail Segment 1----------		
EBCode	1	Active Coverage
Coverage	IND	Individual
Service Type	30	Used Durable Medical Equipment
InsType	PS	Point of Service (POS)
EligibilityDateFrom	1/27/2008	
EligibilityDateThru	1/27/2008	
BenefitDateFrom	1/27/2008	
BenefitDateThru	1/27/2008	
----------Begin Detail Segment 2----------		
EBCode	A	Co-Insurance
Coverage	FAM	Family
Service Type	48	Hospital - Inpatient
InsType	PR	Preferred Provider Organization (PPO)
TimeQC	22	Service Year
Amount	500.00	
Percent	0.75	
QuantityQC	DY	
Quantity	4	
EligibilityDateFrom	1/27/2008	
EligibilityDateThru	1/27/2008	
BenefitDateFrom	1/27/2008	
BenefitDateThru	1/27/2008	
Authorization Indicator	U	
Network Indicator	Y	
----------Begin Detail Segment 3----------		
EBCode	A	Co-Insurance
Coverage	IND	Individual
Service Type	30	Used Durable Medical Equipment
Percent	1	
EligibilityDateFrom	1/27/2008	
EligibilityDateThru	1/27/2008	