1 PITTSBURGH TRAUMA MEDICAL 3400 FORBES AVE PITTSBURG, PA 15213	2 PITTSBURGH TRAUMA MEDICAL 3400 FORBES AVE PITTSBURG, PA 15213	3a PAT. CNTL # BM-905-ED b. MED. REC. # 8675309	4 TYPE OF BILL 0131
		5 FED. TAX NO. 25-0000000	6 STATEMENT COVERS PERIOD FROM 090525 THROUGH 090525

8 PATIENT NAME	9 PATIENT ADDRESS
a MILTON, BENNET	a 4217 FORBES AVE
b PITTSBURGH	b c PA d 15213 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
06121963	M	09052025	07	1	1	08	20	81												

	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 FROM	35 THROUGH	36 OCCURRENCE SPAN CODE	36 FROM	36 THROUGH	37
a															
b															

38		39 VALUE CODES CODE	39 VALUE CODES AMOUNT	40 VALUE CODES CODE	40 VALUE CODES AMOUNT	41 VALUE CODES 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	0450	EMERGENCY ROOM	99291	09052025	1	2500.00		1
2	0450	EMERGENCY ROOM	92950	09052025	1	1200.00		2
3	0450	EMERGENCY ROOM	31500	09052025	1	800.00		3
4	0636	N400409492134ML30	J0165	09052025	30	150.00		4
5	0270	SUPPLIES		09052025	1	300.00		5
6	0480	CARDIOLOGY	93308	09052025	1	600.00		6
7	0402	ULTRASOUND	76705	09052025	1	400.00		7
8	0305	HEMATOLOGY	85025	09052025	1	100.00		8
9	0301	CHEMISTRY	80053	09052025	1	150.00		9
10	0301	CHEMISTRY	84484	09052025	1	150.00		10
11	0301	CHEMISTRY	83690	09052025	1	100.00		11
12	0730	EKG/ECG	93005	09052025	1	418.00		12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23		***PAGE ____ OF ____***	***CREATION DATE***	10/1/2025	***TOTALS***	6868.00		23

50 PAYER NAME	51 HEALTH PLAN ID	52 REL. INFO	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	1234567890
A MEDICARE PART A	808400					57 OTHER	
B						PRV ID	
C							

58 INSURED'S NAME	59 P.REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
A MILTON, BENNET	18	1A23B45CD67		
B				
C				

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

66 DX	A	B	C	D	E	F	G	H	68
0	I25.110	I46.2	I10						
	I	J	K	L	M	N	O	P	Q

69 ADMIT DX	70 PATIENT REASON DX		71 PPS CODE	72 ECI			73
	R10.13	b	c		a	b	c	

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	

76 ATTENDING	NPI 1987654321	QUAL	
LAST ROBINAVITCH		FIRST MICHAEL	
77 OPERATING	NPI	QUAL	
LAST		FIRST	
78 OTHER	NPI	QUAL	
LAST		FIRST	
79 OTHER	NPI	QUAL	
LAST		FIRST	

80 REMARKS	81CC		
	a		
	b		
	c		
	d		