1 NORTHERN ILL MED CTR
4201 MEDICAL CENTER DR
MCHENRY IL 600508409
815-344-5000

2 NORTHERN ILL MED CTR
P O BOX 1570
MCHENRY IL 600511570
1982611281

3a PAT. CNTL # B1117900323
b MED. REC. # B0000109381
4 TYPE OF BILL 0131
5 FED TAX NO. 362338884
6 STATEMENT COVERS PERIOD FROM 062811 THROUGH 062811
7

8 PATIENT NAME
a
b DULBERG, PAUL R

9 PATIENT ADDRESS
a 4606 HAYDEN CT
b MCHENRY
c IL
d 600517918
e

10 BIRTHDATE	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT
03191970	M	062811	14	1	1	17	01

18 19 20 21 22 23 24 25 26 27 28 CONDITION CODES
29 ACDT STATE
30

31 OCCURRENCE CODE	31 OCCURRENCE DATE	32 OCCURRENCE CODE	32 OCCURRENCE DATE	33 OCCURRENCE CODE	33 OCCURRENCE DATE	34 OCCURRENCE CODE	34 OCCURRENCE DATE
04	062811	A1	031970				

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

38 PAUL DULBERG/ACCIDENT
4606 HAYDEN CT
JOHNSBURG IL 60051

	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	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		
2	0258	PHARMACY IV SOLUTIONS		062811	2	18400		
3	0272	STERILE SUPPLY		062811	1	12500		
4	0320	DX XRAY	73090	062811	1	22500		
5	0450	EMERG ROOM	99283	062811	1	31000		
6	0450	EMERG ROOM	12004	062811	1	27125		
7	0636	DRUGS REQUIRE DETAIL	90715	062811	1	15550		

0001	PAGE 1 OF 1	CREATION DATE	070511	TOTALS	132375

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

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
B				
C				

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

66 DX 88100
9
67
68

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

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

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

81 CC
a B3 282N00000X
b
c
d

UB-04 CMS-1450 APPROVED OMB NO. 0938-0997

NUBC

THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF