

# Box 17a

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.		
	17b.	NPI	

# Box 24

	24. A. DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)		E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. ERSOT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
	MM	DD	YY	MM	DD	YY			CPT/HCPCS	MODIFIER						
1															NPI	
2															NPI	
3															NPI	
4															NPI	
5															NPI	
6															NPI	

# Box 32 & 33

32. SERVICE FACILITY LOCATION INFORMATION		33. BILLING PROVIDER INFO & PH # ( )	
a. NPI	b.	a. NPI	b.