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Note: This information is only for viewing. It cannot be used instead of a claim.

**UB-04 Claim Image**

Account: [REDACTED]

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1 JERSEY SHORE UNIV MED CTR 1945 RT 33 NEPTUNE NJ 077534859										2 JERSEY SHORE UNIV MED CTR PO BOX 48027 NEWARK NJ 071014827										3a Pat Cntl # [REDACTED] 3b Med Rec # [REDACTED] 5 Fed Tax No. 221487576				4 Bill Type 0111																																																																																																																																																																																	
8 Patient Name a [REDACTED]										9 Patient Address a [REDACTED]										6 Stmt. From 032520		7 Stmt. To 042720																																																																																																																																																																																			
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10 Birthdate [REDACTED]										11 Sex M										12 Date 032520										13 Hour 19										14 Type 1										15 Src 1										16 Dhr 14										17 Stat 63										18 [REDACTED]										19 [REDACTED]										20 [REDACTED]										21 [REDACTED]										22 [REDACTED]										23 [REDACTED]										24 [REDACTED]										25 [REDACTED]										26 [REDACTED]										27 [REDACTED]										28 [REDACTED]										29 Acct State										30	
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38 INTERNATIONAL PATIENT NON-SCHEDULED										39 Value Codes Code 01										39 Value Codes Amount 627600										40 Value Codes Code										40 Value Codes Amount										41 Value Codes Code										41 Value Codes Amount																																																																																																																																													
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74 Prin. Procedure Code 0B110F4										74 Prin. Procedure Date 042220										a. Other Procedure Code 5A1955Z										a. Other Procedure Date 032620										b. Other Procedure Code 0DJ08ZZ										b. Other Procedure Date 042220										75																																																																																																																																													
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