Sample - NIHB MS&E Claim Statement

PROVIDER NO: XXX-9-XXX XXXXXXXXXXXX-30-XXXXXXXXXXXXXX	NIHB M.S.& E. CLAIM STATEMENT	PAGE:9999 DATE: DD-MM-CCYY
DATE OF SERVICE RX NO. CLIENT ID NO PRESCRIBER APPROVAL NO. DIN/ITEM CO		D.O.B. BAND FAMILY DOC/INV NO. 3RD FARTY AMT CLAIMED NET AMT
DD-MM-CCYY XX-9-XX XXX-10-XXX XXXXX-10-XXXXXX XXX-10-XXX XX-8-XXX XXX XXX XXX XXX	XXXXXXX-20-XXXXXXXX XXXXXXX-20-XXXXXXX X-5-X 9999.99 9999.99 9999.99 9999.99	DD-MM-CCYY XXX XXXXX XXX-10-XXX 9999.99 99999.99 99999.99-
DD-MM-CCYY XX-9-XX XXX-10-XXX XXXXX-10-XXXXXX XXX-10-XXX XX-8-XXX XXX XXX XXX XXX	XXXXXXX-20-XXXXXXXX XXXXXX-20-XXXXXXX x-5-x 9999.99 9999.99 9999.99	DD-MM-CCYY XXX XXXXX XXX-10-XXX 9999.99 99999.99 99999.99
DD-MM-CCYY XX-9-XX XXX-10-XXX XXXXX-10-XXXXXX XXX-10-XXX XX-8-XXX XXX XXX XXX XXX	XXXXXXX-20-XXXXXXX XXXXXXX-20-XXXXXXX X-5-X 9999.99 9999.99 9999.99	DD-MM-CCYY XXX XXXXX XXX-10-XXX 9999.99 99999.99 99999.99
DD-MM-CCYY XX-9-XX XXX-10-XXX XXXXX-10-XXXXXX XXX-10-XXX XX-8-XXX XXX XXX XXX XXX	xxxxxxxx-20-xxxxxxx xxxxxxx-20-xxxxxxxx x-5-x 9999.99	DD-MM-CCYY XXX XXXXX XXX-10-XXX 9999.99 99999.99 99999.99-
	CREI	AL NET AMOUNT: 99999.99- DIT BALANCE FORWARD: 99999.99- RENT CREDIT BALANCE: 99999.99-
	PAID BY: CHEQUE 999999999 GRAM OR DIRECT DEPOSIT	ND TOTAL PAID: 99999.99-
XXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
$\begin{array}{l} \\ \times $		