

24.	A. DATE(S) OF SERVICE					B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES		E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL	J. RENDERING PROVIDER ID. #
	From	To			CPT/HCCPS			MODIFIER							
MM	DD	YY	MM	DD	YY										
1	NDC	00173-0695	Rx012345	QTY 90							Copay/Ded/Co-Ins				
	01	03	18	01	03	18					150.00	30		NPI	1234567890
2														NPI	

ER INFORMATION