

24. A. DATE(S) OF SERVICE						B.	C.	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)		E.	F.	G.	H.	I.	J.	
From		To				RACE OF SERVICE	EMG	CPT-4/ICPCS	MODIFIER	DIAGNOSIS POSTER	\$ CHARGES	DAYS TO UNITS	SPR C /R	Q ID QUAL	RENDERING PROVIDER ID #	
MM	DD	YY	MM	DD	YY											
1H408140001005 UR1																
10	01	05	10	01	05	11		90715	SE					N	Q2	12345678901
										23.28				N	Q1	0123456789