

PLACEHOLDER SHEET

THIS PLACEHOLDER SHEET REPLACES THE FOLLOWING COMPLETE BILL OR ITS ATTACHMENTS:

BILL ID: \_\_\_\_\_

BILLED AMOUNT: \_\_\_\_\_

CASE NO.: \_\_\_\_\_

PROCEDURE/SERVICE: \_\_\_\_\_  
(USE CODES IF AVAILABLE)

MATERIAL REMOVED:

RECEIPTS (PROOF OF PAYMENT)

SUMMARY BILL (UB-82, ETC.) ONLY

ITEMIZED BILL ONLY

COMPLETE BILL

MATERIAL REMOVED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

FOR: \_\_\_\_\_