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: __________________________