Prior to NPI Implementation Example (with Medicaid provider#)

	24. A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1	N400026064871 UN2		N400026064872		UN3						1D	890XXXX
	01 01 08	01 01 08	11		J1563			500 00	20	N	NPI	0123456789