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Form locator 1: Billing provider name, street address, city, state, zip, telephone, fax, and country code; Form locator 2: Billing provider's pay-to name, address, city, state, zip, and ID if it's different from field 1; Form locator 3: Patient control number and the medical record number for your facility; Form locator 4: Type of bill (TOB). This is a four-digit code beginning with zero ...

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