Examples of Completed UB-92 Claim Forms

APPROVED OMB NO. 0938-0279

Woody's Family Care
Benson, NC

2 Example #1

3 PATIENT CONTROL NO. 893

5 FED. TAX NO.

6 STATEMENT COVERS PERIOD FROM 010100 THROUGH 013100

7 COV D. 8 N-C D. 9 C-I D. 10 L-R D. 11

12 PATIENT NAME Lightyear, Buzz

13 PATIENT ADDRESS

14 BIRTHDATE 01051962 15 SEX 16 MS 17 ADMISSION DATE 021595 18 HR 19 TYPE 20 SRC 21 D HR 22 STAT 30 23 MEDICAL RECORD NO.

24 25 26 27 28 29 30 CONDITION CODES 31

32 OCCURRENCE CODE DATE 33 OCCURRENCE CODE DATE 34 OCCURRENCE CODE DATE 35 OCCURRENCE CODE DATE 36 OCCURRENCE SPAN CODE FROM THROUGH 37

38

39 VALUE CODES CODE AMOUNT 40 VALUE CODES CODE AMOUNT 41 VALUE CODES CODE AMOUNT

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
599		W8251	010100	31			
229			010100	31			

Example of an entire month of Basic ACH/PC for a facility with 1-30 beds

50 PAYER 51 PROVIDER NO. 7801200 52 REL. INFO. 53 ASG. BEN. 54 PRIOR PAYMENTS 55 EST. AMOUNT DUE 56

57 DUE FROM PATIENT

58 INSURED'S NAME 59 P.REL 60 CERT. - SSN - HIC. - ID NO. 245456123T 61 GROUP NAME 62 INSURANCE GROUP NO.

63 TREATMENT AUTHORIZATION CODES 64 ESC 65 EMPLOYER NAME 66 EMPLOYER LOCATION

67 PRIN. DIAG. CD 68 CODE 69 CODE 70 CODE 71 CODE 72 CODE 73 CODE 74 CODE 75 CODE 76 ADM. DIAG. CD. 77 E-CODE 78

79 P.C. 80 PRINCIPAL PROCEDURE CODE DATE 81 OTHER PROCEDURE CODE DATE OTHER PROCEDURE CODE DATE 82 ATTENDING PHYS. ID

OTHER PROCEDURE CODE DATE OTHER PROCEDURE CODE DATE OTHER PROCEDURE CODE DATE 83 OTHER PHYS. ID

84 REMARKS OTHER PHYS. ID

85 PROVIDER REPRESENTATIVE X Woody Cowboy 86 DATE 02-01-00

UB-92 HCFA-1450 ORIGINAL

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

APPROVED OMB NO. 0938-0279

East Coast Family Care
Carolina Beach, NC

2 Example #2

3 PATIENT CONTROL NO. 893

5 FED. TAX NO.

6 STATEMENT COVERS PERIOD FROM 010100 THROUGH 013100

7 COV D. | 8 N-C D. | 9 C-I D. | 10 L-R D. | 11

12 PATIENT NAME: Smith, John

13 PATIENT ADDRESS

14 BIRTHDATE: 05061945 | 15 SEX | 16 MS | ADMISSION 17 DATE: 061585 | 18 HR | 19 TYPE | 20 SRC | 21 D HR | 22 STAT: 30 | 23 MEDICAL RECORD NO. | CONDITION CODES 24 25 26 27 28 29 30 | 31

32 OCCURRENCE CODE DATE | 33 OCCURRENCE CODE DATE | 34 OCCURRENCE CODE DATE | 35 OCCURRENCE CODE DATE | 36 OCCURRENCE SPAN CODE FROM THROUGH | 37 A B C

38 | 39 VALUE CODES CODE AMOUNT | 40 VALUE CODES CODE AMOUNT | 41 VALUE CODES CODE AMOUNT

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
599		W8258	010100	31			
229			010100	31			

Example of an entire month of Basic ACH/PC for a facility with 31 or more beds

50 PAYER | 51 PROVIDER NO.: 7801700 | 52 REL INFO | 53 ASG BEN | 54 PRIOR PAYMENTS | 55 EST. AMOUNT DUE | 56

57 DUE FROM PATIENT ▶

58 INSURED'S NAME | 59 P.REL | 60 CERT. - SSN - HIC. - ID NO.: 9456123P | 61 GROUP NAME | 62 INSURANCE GROUP NO.

63 TREATMENT AUTHORIZATION CODES | 64 ESC | 65 EMPLOYER NAME | 66 EMPLOYER LOCATION

67 PRIN. DIAG. CD. | OTHER DIAG. CODES 68 CODE | 69 CODE | 70 CODE | 71 CODE | 72 CODE | 73 CODE | 74 CODE | 75 CODE | 76 ADM. DIAG. CD. | 77 E-CODE | 78

79 P.C. | 80 PRINCIPAL PROCEDURE CODE DATE | 81 OTHER PROCEDURE CODE DATE | OTHER PROCEDURE CODE DATE | 82 ATTENDING PHYS. ID

OTHER PROCEDURE CODE DATE | OTHER PROCEDURE CODE DATE | OTHER PROCEDURE CODE DATE | 83 OTHER PHYS. ID

84 REMARKS | OTHER PHYS. ID

85 PROVIDER REPRESENTATIVE: X Sue Pilgrim | 86 DATE: 2-01-00

UB-92 HCFA-1450 ORIGINAL

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

APPROVED OMB NO. 0938-0279

Riverfront Manor
Fisheland, NC

2 Example #3

3 PATIENT CONTROL NO. 893

5 FED. TAX NO.

6 STATEMENT COVERS PERIOD FROM 010100 THROUGH 013100

7 COV. D. | 8 N-C D. | 9 C-I D. | 10 L-R D. | 11

12 PATIENT NAME: Livingston, John

13 PATIENT ADDRESS

14 BIRTHDATE: 12251965 | 15 SEX | 16 MS | 17 ADMISSION DATE: 021493 | 18 HR | 19 TYPE | 20 SRC | 21 D HR | 22 STAT: 30 | 23 MEDICAL RECORD NO. | 24–30 CONDITION CODES | 31

32 OCCURRENCE CODE / DATE | 33 OCCURRENCE CODE / DATE | 34 OCCURRENCE CODE / DATE | 35 OCCURRENCE CODE / DATE | 36 OCCURRENCE SPAN CODE / FROM / THROUGH | 37 A B C

38 | 39 VALUE CODES CODE / AMOUNT | 40 VALUE CODES CODE / AMOUNT | 41 VALUE CODES CODE / AMOUNT

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
599		W8251	010100	31			
599		W8256	010100	31			
229			010100	31			

Example of an entire month of Basic ACH/PC plus an authorized Enhanced Care code for eating for a facility with 1-30 beds

50 PAYER | 51 PROVIDER NO. 7802600 | 52 REL. INFO. | 53 ASG. BEN. | 54 PRIOR PAYMENTS | 55 EST. AMOUNT DUE | 56

57 DUE FROM PATIENT ▶

58 INSURED'S NAME | 59 P. REL | 60 CERT. - SSN - HIC. - ID NO. 901010101P | 61 GROUP NAME | 62 INSURANCE GROUP NO.

63 TREATMENT AUTHORIZATION CODES | 64 ESC | 65 EMPLOYER NAME | 66 EMPLOYER LOCATION

67 PRIN. DIAG. CD. | 68 CODE | 69 CODE | 70 CODE | 71 CODE | 72 CODE | 73 CODE | 74 CODE | 75 CODE | 76 ADM. DIAG. CD. | 77 E-CODE | 78

79 P.C. | 80 PRINCIPAL PROCEDURE CODE / DATE | 81 OTHER PROCEDURE CODE / DATE | OTHER PROCEDURE CODE / DATE | OTHER PROCEDURE CODE / DATE | OTHER PROCEDURE CODE / DATE | OTHER PROCEDURE CODE / DATE

82 ATTENDING PHYS. ID

83 OTHER PHYS. ID

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE x Bill Rivers | 86 DATE 2-1-00

UB-92 HCFA-1450 ORIGINAL

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

APPROVED OMB NO. 0938-0279

Taylor's Family Care
Mayberry, NC

2 Example #4

3 PATIENT CONTROL NO. 893

5 FED. TAX NO. | 6 STATEMENT COVERS PERIOD FROM 010100 THROUGH 013100 | 7 COV D. | 8 N-C D. | 9 C-I D. | 10 L-R D. | 11

12 PATIENT NAME: Fife, Bernard

13 PATIENT ADDRESS

14 BIRTHDATE: 04011940 | 15 SEX | 16 MS | 17 ADMISSION DATE: 010199 | 18 HR | 19 TYPE | 20 SRC | 21 D HR | 22 STAT: 30 | 23 MEDICAL RECORD NO. | CONDITION CODES 24 25 26 27 28 29 30 | 31

32 OCCURRENCE CODE DATE | 33 OCCURRENCE CODE DATE | 34 OCCURRENCE CODE DATE | 35 OCCURRENCE CODE DATE | 36 OCCURRENCE SPAN CODE FROM THROUGH | 37 A B C

38 | 39 VALUE CODES CODE AMOUNT | 40 VALUE CODES CODE AMOUNT | 41 VALUE CODES CODE AMOUNT

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	599		W8251	010100	31			
2								
3	599		W8256	010100	31			
4								
5	599		W8255	010100	31			
6								
7	229			010100	31			
8								
9								
10								
11								
12								
13								
14								

Example of an entire month of Basic ACH/PC plus an authorized Enhanced Care code for eating and an authorized Enhanced Care code for Ambulation/Location for a facility with 1-30 beds

50 PAYER | 51 PROVIDER NO. 7801500 | 52 REL. INFO. | 53 ASG. BEN. | 54 PRIOR PAYMENTS | 55 EST. AMOUNT DUE | 56

57 DUE FROM PATIENT ▶

58 INSURED'S NAME | 59 P. REL | 60 CERT. - SSN - HIC. - ID NO. 201050607P | 61 GROUP NAME | 62 INSURANCE GROUP NO.

63 TREATMENT AUTHORIZATION CODES | 64 ESC | 65 EMPLOYER NAME | 66 EMPLOYER LOCATION

67 PRIN. DIAG. CD. | OTHER DIAG. CODES 68 CODE 69 CODE 70 CODE 71 CODE 72 CODE 73 CODE 74 CODE 75 CODE | 76 ADM. DIAG. CD. | 77 E-CODE | 78

79 P.C. | 80 PRINCIPAL PROCEDURE CODE DATE | 81 OTHER PROCEDURE CODE DATE | OTHER PROCEDURE CODE DATE | 82 ATTENDING PHYS. ID

OTHER PROCEDURE CODE DATE | OTHER PROCEDURE CODE DATE | OTHER PROCEDURE CODE DATE | 83 OTHER PHYS. ID

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X Opie Taylor | 86 DATE 2-1-00

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

UB-92 HCFA-1450 ORIGINAL

APPROVED OMB NO. 0938-0279

Freeman's Family Care
Raleigh, NC

2 Example #5

3 PATIENT CONTROL NO. 893

5 FED. TAX NO.

6 STATEMENT COVERS PERIOD FROM 010100 THROUGH 013100

7 COV D. 8 N-C D. 9 C-I D. 10 L-R D. 11

12 PATIENT NAME: Atkins, Rachael

13 PATIENT ADDRESS

14 BIRTHDATE: 02251975 15 SEX 16 MS 17 ADMISSION DATE: 051799 18 HR 19 TYPE 20 SRC 21 D HR 22 STAT: 30 23 MEDICAL RECORD NO.

24 25 26 27 28 29 30 CONDITION CODES 31

32 OCCURRENCE CODE DATE 33 OCCURRENCE CODE DATE 34 OCCURRENCE CODE DATE 35 OCCURRENCE CODE DATE 36 OCCURRENCE SPAN CODE FROM THROUGH 37

38

39 VALUE CODES CODE AMOUNT 40 VALUE CODES CODE AMOUNT 41 VALUE CODES CODE AMOUNT

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
599		W8251	010100	14			
183		W8251	011500	17			
229			010100	31			

Example of an entire month of Basic ACH/PC and Therapeutic Leave for a facility with 1-30 beds

50 PAYER 51 PROVIDER NO. 7802415 54 PRIOR PAYMENTS 55 EST. AMOUNT DUE 56

57 DUE FROM PATIENT ▶

58 INSURED'S NAME 59 P.REL 60 CERT. - SSN - HIC. - ID NO. 900000001T 61 GROUP NAME 62 INSURANCE GROUP NO.

63 TREATMENT AUTHORIZATION CODES 64 ESC 65 EMPLOYER NAME 66 EMPLOYER LOCATION

67 PRIN. DIAG. CD. 68 CODE 69 CODE 70 CODE 71 CODE 72 CODE 73 CODE 74 CODE 75 CODE 76 ADM. DIAG. CD. 77 E-CODE 78

79 P.C. 80 PRINCIPAL PROCEDURE CODE DATE 81 OTHER PROCEDURE CODE DATE OTHER PROCEDURE CODE DATE 82 ATTENDING PHYS. ID

OTHER PROCEDURE CODE DATE OTHER PROCEDURE CODE DATE OTHER PROCEDURE CODE DATE 83 OTHER PHYS. ID

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X Bob Freeman 86 DATE 2-01-00

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

UB-92 HCFA-1450 ORIGINAL

APPROVED OMB NO. 0938-0279

Taylor's Family Care
Mayberry, NC

2 Example #6

3 PATIENT CONTROL NO. 893

5 FED. TAX NO.

6 STATEMENT COVERS PERIOD FROM 010100 THROUGH 013100

7 COV D. 8 N-C D. 9 C-I D. 10 L-R D. 11

12 PATIENT NAME Lou, Thelma

13 PATIENT ADDRESS

14 BIRTHDATE 01251942 15 SEX 16 MS 17 DATE 091599 ADMISSION 18 HR 19 TYPE 20 SRC 21 D HR 22 STAT 30 23 MEDICAL RECORD NO.

CONDITION CODES 24 25 26 27 28 29 30 31

32 OCCURRENCE CODE DATE 33 OCCURRENCE CODE DATE 34 OCCURRENCE CODE DATE 35 OCCURRENCE CODE DATE 36 OCCURRENCE SPAN CODE FROM THROUGH 37 A B C

38 VALUE CODES 39 CODE AMOUNT 40 CODE AMOUNT 41 CODE AMOUNT

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
599		W8251	010100	10			
599		W8259	010100	10			
183		W8251	010100	2			
599		W8251	011300	19			
599		W8259	011300	19			
229			010100	31			

Example of an entire month of Basic ACH/PC with an authorized Enhanced Care code for eating and toileting with Therapeutic Leave for a facility with 1-30 beds

50 PAYER 51 PROVIDER NO. 7801200 52 REL. INFO. 53 ASG. BEN. 54 PRIOR PAYMENTS 55 EST. AMOUNT DUE 56

57 DUE FROM PATIENT ▶

58 INSURED'S NAME 59 P. REL 60 CERT. - SSN - HIC. - ID NO. 502020202T 61 GROUP NAME 62 INSURANCE GROUP NO.

63 TREATMENT AUTHORIZATION CODES 64 ESC 65 EMPLOYER NAME 66 EMPLOYER LOCATION

67 PRIN. DIAG. CD. OTHER DIAG. CODES 68 CODE 69 CODE 70 CODE 71 CODE 72 CODE 73 CODE 74 CODE 75 CODE 76 ADM. DIAG. CD. 77 E-CODE 78

79 P.C. 80 PRINCIPAL PROCEDURE CODE DATE 81 OTHER PROCEDURE CODE DATE OTHER PROCEDURE CODE DATE OTHER PROCEDURE CODE DATE OTHER PROCEDURE CODE DATE OTHER PROCEDURE CODE DATE

82 ATTENDING PHYS. ID

83 OTHER PHYS. ID

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X Andy Taylor 86 DATE 2-01-00

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

UB-92 HCFA-1450 ORIGINAL

APPROVED OMB NO. 0938-0279

Freeman's Family Care
Raleigh, NC

2 Example #7

3 PATIENT CONTROL NO. 893

5 FED. TAX NO.

6 STATEMENT COVERS PERIOD FROM 010100 THROUGH 013100

7 COV D. | 8 N-C D. | 9 C-I D. | 10 L-R D. | 11

12 PATIENT NAME: Doe, Jane

13 PATIENT ADDRESS

14 BIRTHDATE: 01011907 | 15 SEX | 16 MS | 17 ADMISSION DATE: 061799 | 18 HR | 19 TYPE | 20 SRC | 21 D HR | 22 STAT: 30 | 23 MEDICAL RECORD NO. | 24 CONDITION CODES 25 26 27 28 29 30 | 31

32 OCCURRENCE CODE DATE | 33 OCCURRENCE CODE DATE | 34 OCCURRENCE CODE DATE | 35 OCCURRENCE CODE DATE | 36 OCCURRENCE SPAN CODE FROM THROUGH | 37 A B C

38 | 39 VALUE CODES CODE AMOUNT | 40 VALUE CODES CODE AMOUNT | 41 VALUE CODES CODE AMOUNT

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
599		W8251	010100	5			
599		W8259	010100	5			
599		W8255	010100	5			
183		W8251	010600	2			
599		W8251	010800	24			
599		W8259	010800	24			
599		W8255	010800	24			
229			010100	31			

Example of an entire month of Basic ACH/PC and an authorized Enhanced Care code for eating and toileting and an authorized Enhanced Care code for Ambulation/Location with Therapeutic Leave for a facility with 1-30 beds

50 PAYER | 51 PROVIDER NO.: 7802415 | 52 REL. INFO. | 53 ASG. BEN. | 54 PRIOR PAYMENTS | 55 EST. AMOUNT DUE | 56

57 DUE FROM PATIENT

58 INSURED'S NAME | 59 P.REL | 60 CERT. - SSN - HIC. - ID NO.: 001001001T | 61 GROUP NAME | 62 INSURANCE GROUP NO.

63 TREATMENT AUTHORIZATION CODES | 64 ESC | 65 EMPLOYER NAME | 66 EMPLOYER LOCATION

67 PRIN. DIAG. CD. | 68 CODE | 69 CODE | 70 CODE | 71 CODE | 72 CODE | 73 CODE | 74 CODE | 75 CODE | 76 ADM. DIAG. CD. | 77 E-CODE | 78

79 P.C. | 80 PRINCIPAL PROCEDURE CODE DATE | 81 OTHER PROCEDURE CODE DATE | OTHER PROCEDURE CODE DATE | 82 ATTENDING PHYS. ID

OTHER PROCEDURE CODE DATE | OTHER PROCEDURE CODE DATE | OTHER PROCEDURE CODE DATE | 83 OTHER PHYS. ID

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE: X Bob Freeman | 86 DATE: 2-01-00

UB-92 HCFA-1450 ORIGINAL

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

APPROVED OMB NO. 0938-0279

Brady's Family Care
Asheville, NC

2 Example #8

3 PATIENT CONTROL NO. 893

5 FED. TAX NO.

6 STATEMENT COVERS PERIOD FROM 010100 THROUGH 011200

7 COV D. 8 N-C D. 9 C-I D. 10 L-R D. 11

12 PATIENT NAME: Butcher, Sam

13 PATIENT ADDRESS

14 BIRTHDATE: 08051936 15 SEX 16 MS 17 DATE ADMISSION 18 HR 19 TYPE 20 SRC 21 D HR 22 STAT: 02 23 MEDICAL RECORD NO. CONDITION CODES 24 25 26 27 28 29 30 31

32 OCCURRENCE CODE DATE 33 OCCURRENCE CODE DATE 34 OCCURRENCE CODE DATE 35 OCCURRENCE CODE DATE 36 OCCURRENCE SPAN CODE FROM THROUGH 37

38 VALUE CODES CODE AMOUNT 39 VALUE CODES CODE AMOUNT 40 VALUE CODES CODE AMOUNT 41 VALUE CODES CODE AMOUNT

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
599		W8258	010100	11			
599		W8257	010100	11			
229			010100	11			

Example of an entire month of Basic ACH/PC and an authorized Enhanced Care code for toileting for a facility with 31 or more beds when the recipient is discharged to the hospital during the month

50 PAYER 51 PROVIDER NO. 7801999 52 REL. BEN. 53 ASG. BEN. 54 PRIOR PAYMENTS 55 EST. AMOUNT DUE 56

57 DUE FROM PATIENT ▶

58 INSURED'S NAME 59 P.REL 60 CERT. - SSN - HIC. - ID NO. 905000000R 61 GROUP NAME 62 INSURANCE GROUP NO.

63 TREATMENT AUTHORIZATION CODES 64 ESC 65 EMPLOYER NAME 66 EMPLOYER LOCATION

67 PRIN. DIAG. CD. OTHER DIAG. CODES 68 CODE 69 CODE 70 CODE 71 CODE 72 CODE 73 CODE 74 CODE 75 CODE 76 ADM. DIAG. CD. 77 E-CODE 78

79 P.C. 80 PRINCIPAL PROCEDURE CODE DATE 81 OTHER PROCEDURE CODE DATE OTHER PROCEDURE CODE DATE OTHER PROCEDURE CODE DATE OTHER PROCEDURE CODE DATE OTHER PROCEDURE CODE DATE

82 ATTENDING PHYS. ID

83 OTHER PHYS. ID

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X Dan Brady 86 DATE 2-01-00

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

UB-92 HCFA-1450 ORIGINAL

APPROVED OMB NO. 0938-0279

Brady's Family Care
Asheville, NC

2 Example #9

3 PATIENT CONTROL NO. 893

5 FED. TAX NO.

6 STATEMENT COVERS PERIOD FROM 012000 THROUGH 013100

7 COV D. 8 N-C D. 9 C-I D. 10 L-R D. 11

12 PATIENT NAME: Butcher, Sam

13 PATIENT ADDRESS

14 BIRTHDATE: 08051936 15 SEX 16 MS 17 DATE ADMISSION 18 HR 19 TYPE 20 SRC 21 D HR 22 STAT: 30 23 MEDICAL RECORD NO. 24 CONDITION CODES 25 26 27 28 29 30 31

32 OCCURRENCE CODE DATE 33 OCCURRENCE CODE DATE 34 OCCURRENCE CODE DATE 35 OCCURRENCE CODE DATE 36 OCCURRENCE SPAN CODE FROM THROUGH 37

38 39 VALUE CODES CODE AMOUNT 40 VALUE CODES CODE AMOUNT 41 VALUE CODES CODE AMOUNT

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	599		W8258	012000	12			
2								
3	599		W8257	012000	12			
4								
5	229			012000	12			
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								

Example of the same recipient from Example #8 that has returned to the ACH from the hospital

50 PAYER 51 PROVIDER NO. 7801999 52 REL. INFO 53 ASG. BEN. 54 PRIOR PAYMENTS 55 EST. AMOUNT DUE 56

57 DUE FROM PATIENT ▶

58 INSURED'S NAME 59 P.REL 60 CERT. - SSN - HIC. - ID NO. 905000000R 61 GROUP NAME 62 INSURANCE GROUP NO.

63 TREATMENT AUTHORIZATION CODES 64 ESC 65 EMPLOYER NAME 66 EMPLOYER LOCATION

67 PRIN. DIAG. CD. 68 CODE 69 CODE 70 CODE 71 CODE 72 CODE 73 CODE 74 CODE 75 CODE 76 ADM. DIAG. CD. 77 E-CODE 78

79 P.C. 80 PRINCIPAL PROCEDURE CODE DATE 81 OTHER PROCEDURE CODE DATE OTHER PROCEDURE CODE DATE 82 ATTENDING PHYS. ID

OTHER PROCEDURE CODE DATE OTHER PROCEDURE CODE DATE OTHER PROCEDURE CODE DATE 83 OTHER PHYS. ID

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X Jon Body 86 DATE 2-01-00

UB-92 HCFA-1450 ORIGINAL

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.