APPROVED OMB NO. 0938-0279

1 IM PROVIDER 987 N ELM ST ANYTOWN, WI 55555 (555) 321-1234	2	3 PATIENT CONTROL NO.	4 TYPE OF BILL 333
5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM / THROUGH	7 COV D. / 8 N-C D. / 9 C-I D. / 10 L-R D.	11
12 PATIENT NAME RECIPIENT, IMA H.	13 PATIENT ADDRESS 1234 OAK ST ANYTOWN, WI 55555		
14 BIRTHDATE 092775	15 SEX F	16 MS / 17 ADMISSION DATE / 18 HR / 19 TYPE / 20 SRC	21 D HR / 22 STAT
23 MEDICAL RECORD NO. 03 7654321	24 / CONDITION CODES 26 / 28 / 30	31	

32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a							A
b							B
							C

38

39 VALUE CODES CODE	AMOUNT			41 VALUE CODES CODE	AMOUNT	
a						a
b						b
c						c
d						d

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	0550	070105	S9123 UH		4.0	XXX XX		1
2	0550	070205	S9123 UJ UH		8.0	XXX XX		2
3	0550	070305	S9123 UJ		4.0	XXX XX		3
4								4
5	0001	TOTAL CHARGES				XXXX XX		5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23

	50 PAYER	51 PROVIDER NO.	52 REL. INFO	53 ASG. BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
A	XYZ INSURANCE				XXX XX		
B	T19 MEDICAID	87654321					
C							
	57	DUE FROM PATIENT ▶					

	58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
A					
B			1234567890		
C					

	63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
A				
B	1234567			
C				

67 PRIN. DIAG. CD.	68 CODE	70 CODE	OTHER DIAG. CODES 72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
344.00							

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

	84 REMARKS
a	
b	OI-P
c	
d	

	82 ATTENDING PHYS. ID
a	
b	IM PRESCRIBING X12345
	83 OTHER PHYS. ID
a	
b	
	OTHER PHYS. ID
a	
b	

85 PROVIDER REPRESENTATIVE	86 DATE
X I.M. Provider	080105

UB-92 HCFA-1450 OCR / Original

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