APPROVED OMB NO. 0938-0279

IM BILLING PROVIDER 1 W. WILSON ANYTOWN, WI 55555 (555) 321-1234	2	3 PATIENT CONTROL NO. JED 1234	4 TYPE OF BILL 332

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, IM A.

13 PATIENT ADDRESS:

14 BIRTHDATE	15 SEX	16 MS	17 ADMISSION DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	24 CONDITION CODES	26	28	30	31
									03 7654321	01				

	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				
b				
c				
d				

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	0420	MMDDYY	97799 UF		1.0	XXX XX		
2								
3	0001	TOTAL CHARGES				XXX XX		
4								
5								
6								
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	50 PAYER	51 PROVIDER NO.	52 REL INFO	53 ASG BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
A	MEDICARE						
B	XYZ INSURANCE				XX XX		
C	T19 MEDICAID	87654321					
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					
C			1234567890		

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

67 PRIN. DIAG. CD.	68 CODE	70 CODE	OTHER DIAG. CODES 72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
436							

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

82 ATTENDING PHYS. ID: 12345678 I.M. ATTENDING

83 OTHER PHYS. ID

OTHER PHYS. ID

84 REMARKS

a M-7

b OI-P

c

d

85 PROVIDER REPRESENTATIVE: X *M B. Provider*

86 DATE: MMDDYY

UB-92 HCFA-1450

OCR / Original

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