APPROVED OMB NO. 0938-0279

1

2

3 PATIENT CONTROL NO.

4 TYPE OF BILL

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

13 PATIENT ADDRESS

14 BIRTHDATE

15 SEX

16 MS

ADMISSION 17 DATE 18 HR 19 TYPE 20 SRC

21 D HR

22 STAT

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 a b c d

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							
2							
3							
4							
5							
6							
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23							

50 PAYER A B C

51 PROVIDER NO.

52 REL. INFO.

53 ASG. BEN.

54 PRIOR PAYMENTS

55 EST. AMOUNT DUE

56

57

DUE FROM PATIENT ▶

58 INSURED'S NAME A B C

59 P.REL.

60 CERT. - SSN - HIC. - ID NO.

61 GROUP NAME

62 INSURANCE GROUP NO. A B C

63 TREATMENT AUTHORIZATION CODES A B C

64 ESC

65 EMPLOYER NAME

66 EMPLOYER LOCATION A B C

67 PRIN. DIAG. CD.

68 OTHER DIAG. CODES 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 A

OTHER PROCEDURE CODE DATE B

OTHER PROCEDURE CODE DATE C

OTHER PROCEDURE CODE DATE D

OTHER PROCEDURE CODE DATE E

82 ATTENDING PHYS. ID a b

83 OTHER PHYS. ID a b A

OTHER PHYS. ID a b B

84 REMARKS a b c d

85 PROVIDER REPRESENTATIVE X

86 DATE

UB-92 HCFA-1450

OCR/ORIGINAL

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