UB92 Claim Form

Facility bill	ing name and a	2	2												3 PATIENT CONTROL NO. YPE F ILL										
													3 STATEMENT COVERS PER			OD -					1.0	1			
						5 FED	5 FED. TAX NO.				FROM CO			FERIOD 7 C		COV'D	8 N-C D	9	C-I D	10 L-R D	11				
12 PATIENT NAME									13 PATIE	ENT AD	DDRES	SS													
14 BIRTH	IDATE	15 SEX	SEX 6 MS 17 DATE			ADMISSION 8 HR) TYPE) SRC		21 DHR 22 S		STAT 23 MEDICA		AL RECORD NO.				24	24 25		CONDITIO 26 2	N CODES		30	31
2 0	CCURRENCE		OC	CURRENCE	4 000		CURRENC	URRENCE		OCCL	OCCURREN		NCE 3		OCCURRENCE S			SPAN		3	7				
CODE	DATE				DATI		CODE		DA ⁻			FROM			THROUGH			١							
																	c	:							
												9	VAL	LUE CO		0			ALUE CODE		11		VALUE CODES		
											а	CODE		AMOUNT		CODE			A,MOUNT		CODE	AM	OUNT		
													b												
													c d												
42 REV. C	D. 43 DESC	RIPTION						44 HCF	CS/RATE	S		45 SE	ERV. D	DATE	46 SEF	RV. UNI	ITS	47 TOTAL	CHA	RGES		48 NON-C	OVERED	CHARGES	49
50 PAYER							51 PRO	2 REL 3 ASG INFO BEN			54	54 PRIOR PAYMENTS			55 EST. AMOUNT DUE			5	56						
57							1																		
							59 P. RE	59 P. REL 60 CERT SSN - F					HIC - ID NO.				61 GRO	UP NAME				62 INSI	URANCE G	ROUP NO.	
.63 TREA	MENT AUTHO	RIZATION	CODES		64 ESC	65 EM	I IPLOYER I	NAME							6	66 EMP	LOYER LO	OCATION							
67 PRIN. DIAG. CD.							OTHER DIAG. C				DDES 72 CODE 73 CODE				74 CODE 75 CODE				76 ADM. DIAG, CI			D. 77 E-CODE		78	
68 CODE 69 CODE 70 C					70 CODE		71 COE	A CODE					/3 CODE		74 CO	74 CODE 75				304.00				-	
79 P.C.					CEDURE					HER PROCEDURE				2 ATTENDING PHYS. ID											
\vdash	CODE		DA	TE	COL	DE	D	ATE		CODE	E			DATE											
	OTHER PROCEDURE OTHER					R PROCE		OTHER PROCEDURE					3 OTHER PHYS. ID												
CODE DATE CODE					DE	D	ATE		E	DATE															
84 REMARKS						1								0.	THER PHY	YS. ID									
1																									