Appendix 11
Sample UB-92 Claim Form — Outpatient Services

APPROVED OMB NO. 0938-0279

IM BILLING HOSPITAL 327 HOSPITAL RD ANYTOWN WI 55555 (555) 327-5555	2	3 PATIENT CONTROL NO. 55555ABCD	4 TYPE OF BILL 131
5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM 032101 THROUGH 032101	7 COV D. 1	8 N-C D. 9 C-I D. 10 L-R D. 11
12 PATIENT NAME RECIPIENT IMA D.	13 PATIENT ADDRESS		
14 BIRTHDATE 032762	15 SEX 16 MS 17 DATE 18 HR 19 TYPE 3 20 SRC 1	21 D HR 22 STAT	23 MEDICAL RECORD NO. 11-598-99RZ
24 CONDITION CODES 26 28 30	31		
32 OCCURRENCE CODE DATE a b	34 OCCURRENCE CODE DATE	36 OCCURRENCE SPAN CODE FROM THROUGH	37 A B C
38	39 VALUE CODES CODE AMOUNT a b c d	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	300	LABORATORY	81000		1	23 00		
2	306	LAB/BACT-MICRO	89050		1	46 00		
3	450	EMERG ROOM			1	39 00		
4								
5	001	TOTAL				108 00		
6–23								

50 PAYER	51 PROVIDER NO.	52 REL INFO	53 ASG BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE
A 45009 — Blue Cross	BC111			25 00	
B T19 — WI Medicaid	88008800				83 00
C					
56	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		1234567890		
B				
C				

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

67 PRIN. DIAG. CD. V288	68 CODE	OTHER DIAG. CODES 70 CODE	72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE / 78

79 P.C	80 PRINCIPAL PROCEDURE CODE DATE	81 OTHER PROCEDURE CODE DATE		82 ATTENDING PHYS. ID
	OTHER PROCEDURE CODE DATE		OTHER PROCEDURE CODE DATE	83 OTHER PHYS. ID A12345 I.M. Referring, M.D.
				OTHER PHYS. ID
84 REMARKS OI-P				85 PROVIDER REPRESENTATIVE X Ima Provider 86 DATE 060301

UB-92 HCFA-1450 **OCR / Original**

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

Appendix