ATTACHMENT 2
UB-92 Claim Form sample
Medicare Part A coinsurance days claim

APPROVED OMB NO. 0938-0279

BILLING NURSING HOME 327 NURSING HOME ROAD ANYTOWN, WI 55555 (555) 327-5555	2	3 PATIENT CONTROL NO. 12345	4 TYPE OF BILL 214
5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM 060100 THROUGH 060900	7 COV D 9	8 N-C D 9 C-I D. 10 L-R D. 11
12 PATIENT NAME RECIPIENT, IMA	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
11/30/18	F		04/07/00			4		30	XXXXX			

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

38

39 CODE	VALUE CODES AMOUNT	41 CODE	VALUE CODES 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	160	Room and Board			9	1719 00		
2								
3								
4	001	TOTAL CHARGES				1719 00		
5								
6								
7								
8								
9								
10								
11								
12		*- Attach a Medicare Remittance Advice to this claim. -*						
13								
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23								

	50 PAYER	51 PROVIDER NO.	52 REL INFO	53 ASG BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
A	Med - Medicare	11-2233			846 00		
B	T19 - WI Medicaid	11223344				873 00	
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			123456789A		
B			1234567890		
C					

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

67 PRIN. DIAG. CD.	68 CODE	69	70 CODE	OTHER DIAG. CODES 71	72 CODE	73	74 CODE	75	76 ADM. DIAG. CD.	77 E-CODE	78
428.0	250.01		9952	821.20					428.0		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE		82 ATTENDING PHYS. ID 87654321
						IM Attending Physician
	OTHER PROCEDURE CODE	DATE			OTHER PROCEDURE CODE / DATE	83 OTHER PHYS. ID
						OTHER PHYS. ID

	84 REMARKS	85 PROVIDER REPRESENTATIVE	86 DATE
a		X IM Authorized	MMDDYY
b			
c			
d			

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

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