ATTACHMENT 3
Sample UB-92 claim for hospice services

APPROVED OMB NO. 0938-0279

1 IM BILLING HOSPICE
321 HOSPICE RD
ANYTOWN, WI 55555
(555) 321-1234

2

3 PATIENT CONTROL NO.

4 TYPE OF BILL: 811

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, IMA H.

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. | CONDITION CODES 24 26 28 30 | 31

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

38 | 39 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
0169	020104 0202 0203 0204			4.0	XXX XX		
	0205 0206 0207 0208			4.0	XXX XX		
	0209 0210 0211 0212			4.0	XXX XX		
	0213 0214 0215 0216			4.0	XXX XX		
	0217 0218 0219 0220			4.0	XXX XX		
	0221 0222 0223 0224			4.0	XXX XX		
0651	022504 0226 0227 0228			4.0	XXX XX		
	0229			1.0	XX XX		
0001	TOTAL CHARGES				XXXX XX		

50 PAYER | 51 PROVIDER NO. | 52 REL INFO | 53 ASG BEN | 54 PRIOR PAYMENTS | 55 EST. AMOUNT DUE | 56

A 45009 BLUE CROSS — BC111 — XXXX XX
B T19 MEDICAID — 87654321
C PATIENT LIABILITY — XX XX

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

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

0420 | 486 | 7070 | 4280

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: N24680 I.M. Physician

83 OTHER PHYS. ID

OTHER PHYS. ID

84 REMARKS: OI-P

85 PROVIDER REPRESENTATIVE: X *Ima H. Provider* — 86 DATE: 030104

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

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