Appendix 2a
UB-92 Claim Form Sample
Straight Wisconsin Medicaid with Medicare Coinsurance Days Claim

APPROVED OMB NO. 0938-0279

IM Billling Nursing Home
1 W. Williams Street
Anytown, WI 55555
(XXX) XXX-XXXX

2

3 PATIENT CONTROL NO: 12345

212

5 FED TAX NO

6 STATEMENT COVERS PERIOD FROM: 070195 THROUGH: 073195

7 COV D: 31

8 N-C D | 9 C-I D | 10 L-R D | 11

12 PATIENT NAME: Recipient, Ima A

13 PATIENT ADDRESS: 1 W. Williams Anytown, WI 55555

14 BIRTHDATE: MMDDYY | 15 SEX: F | 16 MS | 17 ADMISSION DATE: 062195 | 18 HR | 19 TYPE: 4 | 20 SRC | 21 D HR | 22 STAT: 30 | 23 MEDICAL RECORD NO: 99876

24 CONDITION CODES | 31

32 OCCURRENCE CODE | OCCURRENCE DATE | 33 | 34 OCCURRENCE CODE | OCCURRENCE DATE | 35 | 36 OCCURRENCE SPAN CODE | FROM | THROUGH | 37

38 VALUE CODES CODE | AMOUNT | 39 VALUE CODES CODE | AMOUNT | 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
	070195 - 072495	09		24	0 00		
	072595 - 073195	20		7	350 00		
001	TOTAL CHARGE				350 00		

Do not attach a Medicare Remittance Advice.

50 PAYER: Med - Medicare / T19 - WI Medicaid

51 PROVIDER NO: 11223344

54 PRIOR PAYMENTS: 0 00

55 EST. AMOUNT DUE

56

57 **DUE FROM PATIENT**

58 INSURED'S NAME | 59 P.REL | 60 CERT. - SSN - HIC - ID NO: 9876543210 | 61 GROUP NAME | 62 INSURANCE GROUP NO

63 TREATMENT AUTHORIZATION CODES | 64 ESC | 65 EMPLOYER NAME | 66 EMPLOYER LOCATION

67 PRIN. DIAG. CD: 1508 | 68 CODE: 2800 | 69 CODE: 2765 | 70 CODE | 71 CODE | 72 CODE | 73 CODE | 74 CODE | 75 ADM. DIAG. CD: 1508 | 76 E-CODE | 77

78 P.C. | 80 PRINCIPAL PROCEDURE CODE | DATE | 81 OTHER PROCEDURE CODE | DATE | OTHER PROCEDURE CODE | DATE | OTHER PROCEDURE CODE | DATE | OTHER PROCEDURE CODE | DATE

82 ATTENDING PHYS. ID: 87654321
IM Attending Physician

83 OTHER PHYS. ID

OTHER PHYS. ID

84 REMARKS: M-7

85 PROVIDER REPRESENTATIVE: X IM Authorized

86 DATE: MMDDYY

UB-92 HCFA-1450

OCR/Original

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