Appendix 2c
UB-92 Claim Form Sample
Straight Wisconsin Medicaid Claim with Bedhold Days - Ancillaries

APPROVED OMB NO. 0938-0279

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

2

3 PATIENT CONTROL NO: 01234567890

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, Im A

13 PATIENT ADDRESS:

14 BIRTHDATE | 15 SEX | 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: 01 | 25 | 26 | 27 | 28 | 29 | 30 | 31

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

38 VALUE CODES CODE / AMOUNT: 84 / 643 81 | 39 | 40 | 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 - 071195	21		11	462 00		
	071295 - 072095	31		9	302 40		
	072195 - 073195	20		11	550 00		
	071195	N2		5	50 00		
001	TOTAL CHARGE				1,364 40		

50 PAYER: T19 - WI Medicaid | 51 PROVIDER NO: 11223344 | 52 REL. INFO | 53 ASG. BEN. | 54 PRIOR PAYMENTS | 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: 4280 | 68 CODE: 78052 | 69 CODE: 5640 | 70 CODE: 7806 | OTHER DIAG. CODES 71 CODE | 72 CODE | 73 CODE | 74 CODE | 75 ADM. DIAG. CD: 4280 | 76 E-CODE | 77

79 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

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