

## ATTACHMENT C UB-92 Claim Form Example

ST 1843-1PLY UB-92

1 County Hospital 551 West Street Anytown, IL 60066				2		3 PATIENT CONTROL NO. 7654321-001				4 TYPE OF BILL																					
						5 FED TAX NO. 37-7654123		6 STATEMENT COVERS PERIOD FROM 07-01-05 THROUGH 07-31-05		7 COV.D.	8 N.C.D.	9 C.I.D.	10 L.R.D.	11																	
12 PATIENT NAME Doe Child					13 PATIENT ADDRESS 1234 East Street, Anytown, IL 60066																										
14 BIRTHDATE 02-24-2004		15 SEX F	16 MS	17 DATE OF ADMISSION 18 HR 19 TYPE 20 SRC		21 D.H.R.		22 STAT		23 MEDICAL RECORD NO.		24		25		26		27		28		29		30		31					
32 OCCURRENCE DATE	33 CODE	34 OCCURRENCE DATE	35 CODE	36 OCCURRENCE DATE	37 CODE	38 OCCURRENCE FROM	39 OCCURRENCE THROUGH	40 A	41 B	42 C	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	
a	b	c	d	a	b	c	d	a	b	c	d	a	b	c	d	a	b	c	d	a	b	c	d	a	b	c	d	a	b	c	d
38	Doe Child 1234 East Street Anytown, IL 60066					39 CODE	40 VALUE CODES AMOUNT	41 CODE	42 VALUE CODES AMOUNT	43 CODE	44 VALUE CODES AMOUNT																				
42 REV. CD.	43 DESCRIPTION			44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES		48 NON-COVERED CHARGES		49																				
1	Physical Therapy			97110	071205	4	100. 00		.		.																				
2	Physical Therapy			97110	071405	4	100. 00		.		.																				
3	Physical Therapy			97110	072005	4	100. 00		.		.																				
4	Physical Therapy			97110	072205	4	100. 00		.		.																				
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21																															
22																															
23							400. 00																								
50 PAYER				51 PROVIDER NO.		52 REL INFO	53 ASG BEN	54 PRIOR PAYMENTS		55 EST. AMOUNT DUE		56																			
A										400. 00		POS - 11																			
B																															
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	Doe, Child					EI 155155																									
B																															
C																															
A	63 TREATMENT AUTHORIZATION CODES			64 ESC	65 EMPLOYER NAME			66 EMPLOYER LOCATION																							
B																															
C																															
79 PRIN. DIAG. CD.	80 CODE	81 CODE	70 CODE	71 CODE	72 CODE	73 CODE	74 CODE	75 CODE	76 ADM. DIAG. CD.	77 E-CODE	78																				
V571																															
79 P.C.	80 PRINCIPAL PROCEDURE CODE DATE		81 OTHER PROCEDURE CODE DATE		82 ATTENDING PHYS. ID																										
					83 OTHER PHYS. ID																										
					84 REMARKS																										
a	Therapist - Ann Therapist					85 PROVIDER REPRESENTATIVE	86 DATE																								
b	Associate Level Provider - Peggy Associate					X																									
c																															
d																															