APPROVED OMB NO. 0938-027

1	2	3 PATIENT CONTROL NUMBER				4 TYPE OF BILL
	5 FED TAX NO.	6 STATEMENT COVERS PERIOD FROM THROUGH	7 COV D.	8 N-C D.	9 C-1 D.	10L-R-D.	11

12 PATIENT NAME	13 PATIENT ADDRESS

14 BIRTHDATE	15 SEX	16 MS	ADMISSION						23 MEDICAL RECORD NO.	CONDITION CODES							
			17 DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT		24	25	26	27	28	29	30	31

32 CODE	OCCURRENCE DATE	33 CODE	OCCURRENCE DATE	34 CODE	OCCURRENCE DATE	35 CODE	OCCURRENCE DATE	36 CODE	OCCURRENCE SPAN FROM	OCCURRENCE SPAN THRU	37 A B C

38		39 CODE	VALUE CODES AMOUNT	40 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 CHGS	49

50 PAYER	51 PROVIDER NO.	52 REL INFO	53 A5G BEN		54 PRIOR PAYMENTS		55 EST. AMOUNT DUE	56

57	DUE FROM PATIENT		

58 INSURED NAME	59 P. REL	60 CERT. SSN-HIC.-ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.

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

67 PRIN.DIAG. CD.	68 CODE	69 CODE	70 CODE	71 CODE	72 CODE	73 CODE	74 CODE	75 CODE	76 ADM.DIAG. CD	77 E –CODE	78

79 PC	80 PRINCIPLE PROCEDURE CODE	80 PRINCIPLE PROCEDURE DATE	81 OTHER PROCEDURE CODE	81 OTHER PROCEDURE DATE	OTHER PROCEDURE CODE	OTHER PROCEDURE DATE	82 ATTENDING PHYS. ID

	OTHER PROCEDURE CODE	OTHER PROCEDURE DATE	OTHER PROCEDURE CODE	OTHER PROCEDURE DATE	OTHER PROCEDURE CODE	OTHER PROCEDURE DATE	83 OTHER PHYS. ID

84 REMARKS	OTHER PHYS. ID
	85 PROVIDER REPRESENTATIVE x / 86 DATE

UB92 HCFA-1450 I CERTIFY THAT THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF