APPROVED OMB NO. 0938-0279

	2	3 PATIENT CONTROL NO.	4 TYPE OF BILL

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	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

39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	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 CHARGES	49
1							
2							
3							
4							
5							
6							
7							
8							
9							
0							
1							
2							
3							
4							
5							
16							
17							
8							
9							
0							
1							
2							
3							

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

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
A			
B			
C			

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

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE		82 ATTENDING PHYS. ID
	OTHER PROCEDURE CODE	DATE			OTHER PROCEDURE CODE	DATE	83 OTHER PHYS. ID
a	84 REMARKS					OTHER PHYS. ID
b						
c						85 PROVIDER REPRESENTATIVE 86 DATE
d						X

3926/3 BRIGGS, Des Moines, IA 50306 (800) 247-2343 **OCR/ORIGINAL** UB-92 HCFA-1450 I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.