

1	2	39 PAT. CNTL. # B. MED. RES. #	4 TYPE OF BILL
5 PAT. TAX NO.	6 STATEMENT COVERS PERIOD FROM	7 THROUGH	
8 PATIENT NAME	9 PATIENT ADDRESS	a	
10 BIRTHDATE	11 SEX	12 DATE	13 ADMISSION HR
14 TYPE	15 SRC	16 DHR	17 STAT
18	19	20	21
22	23	24	25
26	27	28	29
30 ACOT STATE	31 OCCURRENCE CODE	32 OCCURRENCE DATE	33 OCCURRENCE CODE
34 OCCURRENCE DATE	35 OCCURRENCE CODE	36 OCCURRENCE DATE	37 OCCURRENCE CODE
38	39 VALUE CODES	40 VALUE CODES	41 VALUE CODES
a	b	c	d
42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / MPPS CODE	45 SERV. DATE
46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	2	3	4
5	6	7	8
9	10	11	12
13	14	15	16
17	18	19	20
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25	26	27	28
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65	66	67	68
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85	86	87	88
89	90	91	92
93	94	95	96
97	98	99	100

50 PAYER NAME      51 HEALTH PLAN ID      52 RFL UNCD      53 RFL SBL      54 PRIOR PAYMENTS      55 EST. AMOUNT DUE      56 NPI  
 57 OTHER PRV ID  
 58 INSURED'S NAME      59 P.REL      60 INSURED'S UNIQUE ID      61 GROUP NAME      62 INSURANCE GROUP NO.  
 63 TREATMENT AUTHORIZATION CODES      64 DOCUMENT CONTROL NUMBER      65 EMPLOYER NAME  
 66  
 67  
 68  
 69  
 70 ADMIT DK      71 PATIENT REASON DK      72 PPS CODE      73 ECI  
 74 PRINCIPAL PROCEDURE CODE      75 OTHER PROCEDURE CODE      76 OTHER PROCEDURE CODE      77 ATTENDING NFI      78 QUAL      79 FIRST  
 77 OPERATING NFI      78 QUAL      79 FIRST  
 78 OTHER NFI      79 QUAL      80 FIRST  
 79 OTHER NFI      80 QUAL      81 FIRST  
 80 REMARKS      81 CC      82 a      83 b      84 c      85 d  
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PAGE \_\_\_\_ OF \_\_\_\_      CREATION DATE      TOTALS

UB-04 CMS-1460      APPROVED OMB NO.      THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

