Comprehensive Medicaid Case Management Services – Sample Claim

ST 11843 1PLY UB-92

APPROVED OMB NO. 0938-0279

City Home Care 111 Main Street Anytown, NY 11111	2	3 PATIENT CONTROL NO. AB1234567	4 TYPE OF BILL 340	
5 FED TAX NO.	6 STATEMENT COVERS PERIOD FROM 06012005	THROUGH	7 COV D.	8 N-CD.	9 C-ID.	10 L-RD.	11

12 PATIENT NAME	13 PATIENT ADDRESS
Smith, William	

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	25	26	27	28	29	30	31
04191940	M							30		A5							

	32 OCCURRENCE CODE	DATE	33 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	35 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a												A
b												B
												C

38

	39 VALUE CODES CODE	AMOUNT	40 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a	61	003.	24	5220.	A3	00.00
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	0001					80.00	.		1
2	0240				4	80.00	.		2
3						.	.		3
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23						.	.		23

	50 PAYER	51 PROVIDER NO.	52 REL INFO	53 ASC BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56	
A	Blue Cross	None						A
B	Medicaid	00123456						B
C								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			None			A
B			AB12345C			B
C						C

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

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 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE	82 ATTENDING PHYS. ID
			A		B		
	OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE	83 OTHER PHYS. ID
	C		D		E		A
							OTHER PHYS. ID
							B

	84 REMARKS	85 PROVIDER REPRESENTATIVE	86 DATE
a			
b			
c			
d		X **James Strong**	07/01/05

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.