

ST-11843, 1E-V, UB-92	1	2	3 PATIENT CONTROL NO.	4 TYPE OF BILL																		
		5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	7 COVD.	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	17 DATE	ADMISSION 18 HR	19 TYPE	20 SRC	21 D HR	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	OCCURRENCE SPAN FROM	38 THROUGH	39 CODE	40 VALUE CODES AMOUNT	41 CODE	42 VALUE CODES AMOUNT	43 CODE	44 VALUE CODES AMOUNT	45	46	47	48	49				
a	b	c	d	a	b	c	d	a	b	c	d	a	b	c	d	a	b	c	d			
36	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	10	11	12	13	14	15	16	17	18	19	20	21	22	23
A	B	C	A	B	C	A	B	C														
50 PAYER	51 PROVIDER NO.	52 REL INFO	53 ASC BEN	54 PRIOR P AYMENTS	55 EST. AMOUNT DUE	56																
57	DUE FROM PATIENT ▶	58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC - ID NO.	61 GR OUP NAME	62 INSURANCE GROUP NO.																
A	B	C	A	B	C	A	B	C														
63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION																			
A	B	C	A	B	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	81 OTHER PROCEDURE CODE	82 ATTENDING PHYS. ID																			
a	b	c	d																			
84 REMARKS	85 PROVIDER REPRESENTATIVE	86 DATE																				