

COMPLETING THE UB-92 HOSPITAL CLAIM FORM

1. Facility, enter name and address of facility rendering service.
3. Patient Control No., enter patient/facility account number.
5. Federal Tax No., enter facilities federal tax number, this is your 10 digit number starting with 84.
6. Statement covers period, enter the from date and through date.
12. Patient name, enter last, first.
13. Patients address.
14. Birthdate, enter patient's date of birth.
15. Sex; enter patient's sex (F or M).
17. Admission Date, (MM, DD, YY).
38. Mailing address of Patient.
42. Revenue codes, internal codes of facility.
43. Description of service billed.
44. HCPC/rates, enter room and board rate, op Cpt-4 codes.
46. Service units; enter amount of units per service here.
47. Total charges, enter total amount of charges per service.
50. Payer, enter all payers here.
54. Prior payments, list primary payment here and include copy of Explanation of Benefits.
58. Insured's name, list the insured name on policy and any other name that has patient on coverage.
60. Cert-SSN-Hic-Id No., enter patient's ID number.
67. Prin. Diag. Cd., enter the primary Diagnosis code here.