

1 ABC HOSPITAL 123 ANY STREET ANY CITY, ST 99999-9999 (123) 456-7890	2		3 PATIENT CONTROL NO 456789				TYPE OF BILL 111						
5 FED. TAX NO. 99-9999999		6 STATEMENT COVERS PERIOD FROM 01062003 THROUGH 01072003		7 COV D 1	8 N-C D	9 C-1 D	10 L-R D	11					
12 PATIENT NAME SMITH, JOHN J.			13 PATIENT ADDRESS 1234 FIRST STREET ANY CITY, ST 99999										
14 BIRTHDATE 07021935	15 SEX M	16 MS M	7 DATE 18 HR 19 TYPE 20 SEC 07 3 1			21 D HR 10	22 STAT 01	23 MEDICAL RECORD NO. 111222333	CONDITION CODES 4 5 6 7 8 9 30				31
32 OCCURRENCE CODE A	33 OCCURRENCE DATE	34 OCCURRENCE CODE	35 OCCURRENCE DATE	36 OCCURRENCE CODE	37 OCCURRENCE DATE	38 OCCURRENCE FROM	39 OCCURRENCE THROUGH	37 A	37 B	37 C			
38 JOHN J SMITH 1234 FIRST STREET ANY CITY ST 99999				39 VALUE CODES CODE AMOUNT		40 VALUE CODES CODE AMOUNT		41 VALUE CODES CODE AMOUNT					
42 REV. CD.	43 DESCRIPTION			44 HCPCS/RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES		48 NON-COVERED CHARGES	49			
120	ROOM-BOARD/SEMI			0000.00		1	0 00						
250	PHARMACY					0	0 00						
258	IV SOLUTIONS					0	0 00						
270	MED-SUR SUPPLIES					0	0 00						
272	STERILE SUPPLY					0	0 00						
278	SUPPLY/IMPLANTS					0	0 00						
300	LABORATORY					0	0 00						
320	DX X-RAY					0	0 00						
360	OR SERVICES					0	0 00						
370	ANESTHESIA					0	0 00						
710	RECOVERY ROOM					0	0 00						
730	EKG					0	0 00						
001	TOTAL						00000 00						
50 PAYER A MEDICARE B MEDIGAP C			51 PROVIDER NO. 887766		REL INFO Y	3 AS BE Y	54 PRIOR PAYMENTS		55 EST. AMOUNT DUE 00000 00		56		
57			DUE FROM PATIENT →										
58 INSURED'S NAME A SMITH, JOHN J. B C			59 P REL 01	60 CERT. - SSN - HIC - ID NO 123456789A		61 GROUP NAME		62 INSURANCE GROUP NO.					
63 TREATMENT AUTHORIZATION CODES A B C			54 ESC 5	65 EMPLOYER NAME			66 EMPLOYER LOCATION						
67 PRIN DIAG 72142	80 PRIN PROCEDURE CODE 8106	69 CODE 010603	70 CODE 8451	71 CODE 010603	72 CODE 8452	73 CODE 010603	74 CODE	75 CODE	76 ADM. DIAG. CD. 72142	77 E-CODE	78		
79 P.C. 9	80 PRIN PROCEDURE DATE 8106 010603	81 OTHER PROCEDURE CODE 8451	82 OTHER PROCEDURE DATE 010603	83 OTHER PROCEDURE CODE 8452	84 OTHER PROCEDURE DATE 010603	85 OTHER PROCEDURE CODE 8162	86 OTHER PROCEDURE DATE 010603	87 OTHER PROCEDURE CODE	88 OTHER PROCEDURE DATE	89 OTHER PROCEDURE CODE	90 OTHER PROCEDURE DATE		
84 REMARKS Fusion of 2-3 vertebrae			Insertion of interbody spinal fusion device			Insertion of recombinant human bone morphogenetic protein (rhBMP)			85 PROVIDER REPRESENTATIVE x BILLING OFFICE			86 DATE 01152003	

UB-92 CMS 1500