APPROVED OMB NO. 0938-0279

ST11843 1PLY UB-92

1	2	3 PATIENT CONTROL NO.	4 TYPE OF BILL
SPRINGFIELD MEMORIAL HOSP 707 MAPLE STREET TUCSON AZ 85000 3038564533 3038567825 US		00003	111

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
000000000	122600	123100	005				M1 138

12 PATIENT NAME	13 PATIENT ADDRESS			
MCCLURE,TROY	PO BOX 1	SPRINGFIELD	OK	74136

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
03311928	M	M	122600	14	1	4	15	20	00590532								

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

38

	39 CODE	39 VALUE CODES AMOUNT	40 CODE	40 VALUE CODES AMOUNT	41 CODE	41 VALUE CODES AMOUNT
a						
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	110	ROOM - BOARD PVT	595.00		3	1785.00	150.00	
2	200	INTENSIVE CARE OR ICU	1900.00		2	3800.00		
3	251	DRUGS GENERIC			37	249.50		
4	252	DRUGS NONGENERI			23	132.20		
5	258	IV SOLUTIONS			8	409.50		
6	259	DRGS OTHER			6	12.85		
7	272	STERILE SUPPLY			25	32.00		
8	300	LABORATORY OR LAB			54	1906.00		
9	320	DXXRAY			5	7270.00		
10	350	CT SCAN			4	3908.00		
11	360	OR SERVICES			1	1468.00		
12	410	RESPIRATORY SVC			2	242.00		
13	480	CARDIOLOGY			3	883.00		
14	730	EKG/ECG			1	125.00		
15	740	EEG			1	332.00		
16	921	PERI VASCUL LAB			2	671.00		
17	001	TOTAL CHARGES				23226.05	150.00	
18								
19								
20								
21								
22								
23								

	50 PAYER	51 PROVIDER NO.	52 REL INFO	53 ASG BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
A	MEDICARE A B	370012	Y	Y	3167.23		
B	UNITED HEALTHCARE/PRUDENT		Y	Y		20058.82	
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	MCCLURE,TROY	01	A323456789		
B	MCCLURE,TROY	01	0005		
C					

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

67 PRIN. DIAG. CD.	OTHER DIAG. CODES 68 CODE	69 CODE	70 CODE	71 CODE	72 CODE	73 CODE	74 CODE	75 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
42781	4241	3970	51882	43311	4019	185	V4501	37430	7802		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE
9	8841	122800	A		B	
	OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE
	C		D		E	

82 ATTENDING PHYS. ID: E89811 NICK RIVIERA

	83 OTHER PHYS. ID	
a	C21882JULIUS HIBBARD	A
b		
a	OTHER PHYS. ID	
b		B

	84 REMARKS	85 PROVIDER REPRESENTATIVE	86 DATE
a	MEDICARE A B		
b			
c		X	01/10/01
d			

UB-92 HCFA-1450 OCR/ORIGINAL

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

277 Response

Payer Name	Provider Name	Provider ID	TOB
BC/BS OF TULSA	JONES, ROBERT	P123456	111

Effective Date	Imported date	Payer ICN	Voucher ID	Prescription No
02/24/2006	02/25/2006	AC34569877123	VID308403984029	RX20382903829

Patient Name	Sex	Birthdate	Patient Control	Med Rec No
SMITH, FRED J, SR	M	05/23/1952	1234568857	MR239482019

Claim- level Response

TOB	Service Dates	Billed Amt	Pmt Date	Pmt Meth	Pmt Number	Pmt Amt	Effective Date
131	02/06/2006-02/02/2006	333,3333.00	02/06/2006	EFT	1234567890	33,333.00	02/06/2006

Code set	Descriptions
A4:19:3R:**RX**	A1 (Acknowledgement/Receipt-The claim/encounter has been received. This does not mean that the claim has been accepted for adjudication. 19 (Entity acknowledges receipt of claim/encounter. This change effective 11/1/2010: Entity acknowledges receipt of claim/encounter. Note: This code requires the use of an Entity Code. 3R (Children's Other Specialty Facility) **RX (National Council for Prescription Drug Programs Reject/Payment Codes**
STC10:1:2:3	AP (Description for second Category code) 23 (Description for second Status code) PR (Description for second Entity code)
STC11:1:2:3	AP (Description for third Category code) 12 (Description for third Status code) PR (Description for third Entity code)

Service-Level Responses

Rev Code Code set	HCPCS	Mods (1, 2, 3, 4) Descriptions	Service Date	Units	Billed Amt	LCN	Effective Date
350	**9987**	**AG, AB, AB, AB**	**02/06/2006-02/02/2006**	**10**	**240.00**	**1234567890**	**02/06/2006**
A4:19:3R:**RX**		A1 (Acknowledgement/Receipt-The claim/encounter has been received. This does not mean that the claim has been accepted for adjudication. 19 (Entity acknowledges receipt of claim/encounter. This change effective 11/1/2010: Entity acknowledges receipt of claim/encounter. Note: This code requires the use of an Entity Code. 3R (Children's Other Specialty Facility) **RX (National Council for Prescription Drug Programs Reject/Payment Codes**					
STC10:1:2:3		AP (Description for second Category code) 23 (Description for second Status code) PR (Description for second Entity code)					
STC11:1:2:3		AP (Description for third Category code) 12 (Description for third Status code) PR (Description for third Entity code)					

Next service line.