1 Hospice Routine Home Care & Physician Services
123 Main St
Example, MI 48913

2

3a PAT. CNTL # 11111
b. MED. REC. # 11111

4 TYPE OF BILL 081X

5 FED. TAX NO. 99-9999999

6 STATEMENT COVERS PERIOD FROM 112508 THROUGH 113008

7

8 PATIENT NAME a Jane Doe
b

9 PATIENT ADDRESS a 111 Main St
b Lansing c MI d 48913 e

10 BIRTHDATE 01131947
11 SEX F
12 ADMISSION DATE 112508
13 HR
14 TYPE
15 SRC 1
16 DHR
17 STAT 30
18 19 20 21 22 23 24 25 26 27 28 CONDITION CODES
29 ACDT STATE
30

31 OCCURRENCE CODE DATE a 27 112508
32 OCCURRENCE CODE DATE
33 OCCURRENCE CODE DATE
34 OCCURRENCE CODE DATE
35 OCCURRENCE SPAN CODE FROM THROUGH
36 OCCURRENCE SPAN CODE FROM THROUGH
37

38

39 VALUE CODES CODE AMOUNT a 61 24340
40 VALUE CODES CODE AMOUNT
41 VALUE CODES CODE AMOUNT

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0651	Routine Home Care			6	828 06		
0657	Physician Services	99343	112708	1	71 26		
001	PAGE ____ OF ____	CREATION DATE	120308	TOTALS	899 32		

Hospice bills containing physician services MUST include the physicians procedure code

SAMPLE

50 PAYER NAME A Medicaid
51 HEALTH PLAN ID D00111
52 REL. INFO Y
53 ASG. BEN.
54 PRIOR PAYMENTS
55 EST. AMOUNT DUE
56 NPI 1234567890
57 OTHER PRV ID

58 INSURED'S NAME A Jane Doe
59 P. REL
60 INSURED'S UNIQUE ID 0012345678
61 GROUP NAME
62 INSURANCE GROUP NO.

63 TREATMENT AUTHORIZATION CODES
64 DOCUMENT CONTROL NUMBER
65 EMPLOYER NAME

66 DX 193
67 A B C D E F G H I J K L M N O P Q
68

69 ADMIT DX
70 PATIENT REASON DX a b c
71 PPS CODE
72 ECI a b c
73

74 PRINCIPAL PROCEDURE CODE DATE
a. OTHER PROCEDURE CODE DATE
b. OTHER PROCEDURE CODE DATE
c. OTHER PROCEDURE CODE DATE
d. OTHER PROCEDURE CODE DATE
e. OTHER PROCEDURE CODE DATE
75

76 ATTENDING NPI 1987654321 QUAL
LAST Doe FIRST John
77 OPERATING NPI QUAL
LAST FIRST
78 OTHER NPI QUAL
LAST FIRST
79 OTHER NPI QUAL
LAST FIRST

80 REMARKS
81CC a b c d

UB-04 CMS-1450 APPROVED OMB NO. 0938-0997