

UB 04 Claim Submission Sample

1 Billing Provider's Name, Address, State & Zip matching vendor information on contract										2 Pay to: Name, Address, State & Zip if different from field 1										3a PAT. CNTL. #		4 TYPE OF BILL											
																				b. MED. REC. #													
																				5 FED. TAX NO.		6 STATEMENT COVERS PERIOD FROM		7 THROUGH									
8 PATIENT NAME										9 PATIENT ADDRESS																							
b										b																							
10 BIRTHDATE		11 SEX		12 DATE		ADMISSION 13 HR		14 TYPE		15 SRC		16 DHR		17 STAT		18		19		20		21		CONDITION 22		27		28		29 ACCT STATE		30	
31 OCCURRENCE DATE		32 OCCURRENCE DATE		33 OCCURRENCE DATE		34 OCCURRENCE DATE		35 OCCURRENCE DATE		36 OCCURRENCE SPAN FROM		37 OCCURRENCE SPAN THROUGH		38		39 VALUE CODES AMOUNT		40 VALUE CODES AMOUNT		41 VALUE CODES AMOUNT													
a		b		c		d		e		f		g		h		i		j		k		l		m		n		o		p			
42 REV. CD.		43 DESCRIPTION										44 HCPCS / RATE / HIPPS CODE										45 SERV. DATE		46 SERV. UNITS		47 TOTAL CHARGES		48 NON-COVERED CHARGES		49			
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23		PAGE OF										CREATION DATE										TOTALS											
50 PAYER NAME										51 HEALTH PLAN ID										82 REL. INFO		83 ASG. BEN.		54 PRIOR PAYMENTS		55 EST. AMOUNT DUE		56 NPI		57 OTHER PRV ID			
A																																	
B																																	
C																																	
58 INSURED'S NAME										59 PPEL		60 INSURED'S UNIQUE ID										61 GROUP NAME		62 INSURANCE GROUP NO.									
A																																	
B																																	
C																																	
63 TREATMENT AUTHORIZATION CODES										64 DOCUMENT CONTROL NUMBER										65 EMPLOYER NAME													
A																																	
B																																	
C																																	
66 DX		67		A		B		C		D		E		F		G		H		68													
69 ADMIT DX		70 PATIENT REASON DX		a		b		c		71 PPS CODE		72 ECI		73		74		75															
74 PRINCIPAL PROCEDURE CODE		OTHER PROCEDURE DATE		a		b		c		75		76 ATTENDING		NPI		QUAL		LAST		FIRST													
77 OPERATING		OTHER PROCEDURE DATE		d		e		f		78 OTHER		NPI		QUAL		LAST		FIRST															
79 OTHER		OTHER PROCEDURE DATE		g		h		i		80 REMARKS		NPI		QUAL		LAST		FIRST															
81CC a		b		c		d																											

MUST include TAX ID Number

56 NPI Required – Billing Provider NPI

Include NPI for all providers