

1		2		3a PAT. CNTL. #		4 TYPE OF BILL	
				b. MED. REC. #			
				5 FED. TAX NO.		6 STATEMENT COVERS PERIOD FROM	
						7 THROUGH	

8 PATIENT NAME a				9 PATIENT ADDRESS a			
b				b			
				c			
				d			
				e			

10 BIRTHDATE		11 SEX		12 DATE			ADMISSION 13 HR 14 TYPE 15 SRC		16 DHR		17 STAT		18		19		20		21		CONDITION CODES 22 23 24 25 26 27 28		29 ACDT STATE		30	
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31 OCCURRENCE DATE		32 OCCURRENCE DATE		33 OCCURRENCE DATE		34 OCCURRENCE DATE		35 OCCURRENCE SPAN FROM THROUGH		36 OCCURRENCE SPAN FROM THROUGH		37	
a		a		a		a		a		a		a	
b		b		b		b		b		b		b	

38				39 VALUE CODES AMOUNT				40 VALUE CODES AMOUNT				41 VALUE CODES AMOUNT			
a				a				a				a			
b				b				b				b			
c				c				c				c			
d				d				d				d			

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1							
2							
3							
4							
5							
6							
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23							

UB-04 CLAIM FORM SAMPLE

PAGE ____ OF ____ CREATION DATE TOTALS

50 PAYER NAME		51 HEALTH PLAN ID		52 REL. INFO		53 ASG. BEN.		54 PRIOR PAYMENTS		55 EST. AMOUNT DUE		56 NPI	
A		A		A		A		A		A		A	
B		B		B		B		B		B		B	
C		C		C		C		C		C		C	

58 INSURED'S NAME		59 P.REL.		60 INSURED'S UNIQUE ID		61 GROUP NAME		62 INSURANCE GROUP NO.	
A		A		A		A		A	
B		B		B		B		B	
C		C		C		C		C	

63 TREATMENT AUTHORIZATION CODES			64 DOCUMENT CONTROL NUMBER			65 EMPLOYER NAME		
A			A			A		
B			B			B		
C			C			C		

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

69 ADMIT DX		70 PATIENT REASON DX		a		b		c		71 PPS CODE		72 ECI		a		b		c		73	
74 PRINCIPAL PROCEDURE CODE		a. OTHER PROCEDURE CODE		b. OTHER PROCEDURE CODE		c. OTHER PROCEDURE CODE		75		76 ATTENDING NPI		QUAL		LAST		FIRST					
c. OTHER PROCEDURE CODE		d. OTHER PROCEDURE CODE		e. OTHER PROCEDURE CODE						77 OPERATING NPI		QUAL		LAST		FIRST					

80 REMARKS			81CC a			b			c			d			78 OTHER NPI			QUAL			LAST			FIRST		