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

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 |

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

38		39 VALUE CODES CODE AMOUNT	40 VALUE CODES CODE AMOUNT	41 VALUE CODES CODE AMOUNT
	a			
	b			
	c			
	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								1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
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17								17
18								18
19								19
20								20
21								21
22								22
23	PAGE ____ OF ____	CREATION DATE		TOTALS ➡				23

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

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

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME	
A			A
B			B
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 DATE	a. OTHER PROCEDURE CODE DATE	b. OTHER PROCEDURE CODE DATE	75	76 ATTENDING NPI QUAL
				LAST FIRST
c. OTHER PROCEDURE CODE DATE	d. OTHER PROCEDURE CODE DATE	e. OTHER PROCEDURE CODE DATE		77 OPERATING NPI QUAL
				LAST FIRST

80 REMARKS	81CC a	78 OTHER NPI QUAL
	b	LAST FIRST
	c	79 OTHER NPI QUAL
	d	LAST FIRST

UB-04 CMS-1450   APPROVED OMB NO. 0938-0997   **NUBC**™ National Uniform Billing Committee   THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

UB04 Claim Form

Decision Point	Locator	Description	Comments
Membership Verification	8	Patient Name	Last name first.
	9	Patient Address	Street address.
	10	Patient Date of Birth	Used to verify the correct patient especially if members have the same names.
	11	Sex	M or F
	50	Payer Name	Name of the patient's health plan.
	51	Healthplan ID	Patient's health plan ID number.
	58a	Insured's Name	The name of the person who is the subscriber. May be the patient or the patient's spouse or parent.
	59a	Relationship Info	Code to indicate if the patient is the subscriber or a dependent (Spouse or Child).
	60a	Insured's Unique ID	ID number identifying the patient in the claims processing system.
	61a	Group Name	The name of the insured's group (usually an employer)
	62a	Insurance Group No	The ID number of the insured's group.
	65	Employer Name	Name of the insured's employer, if applicable.
Provider Verification	1	Facility Name	Name and address of the hospital or other facility submitting the claim.
	5	Federal Tax ID Number	The facility's US federal tax identification number.
	56	NPI	The facility's National Provider ID. Additional number that may be used to verify provider.
	57	Other Provider ID	Optional other identification number
Duplicate Checking	60	Insured's Unique ID	Although the duplicate checking logic varies in claims processing systems, most logic depends on analyzing the combination of member ID, provider ID, dates of service, and sometimes procedure code to ascertain if a specific charge is already on file in the system.
	5	Federal Tax ID Number	
	6	Date(s) of Service	
	42	Revenue Code	
	44	HCPCS/Rate/HIPPS Code	
Benefit Determination	5	Federal Tax ID Number	Benefits may be affected by the provider's participating status in the patient's health plan.
	6	Date(s) of Service	The specific date(s) when the service took place. Cannot be a future date.
	42, 43	Revenue Code/Description	A 3-digit code indicating a specific service.
	44	HCPCS/Rate/HIPPS Code	An optional 5-digit CPT4 or HCPCS code providing additional details about the specific procedure, service or supply. Usually is listed for radiology and pathology services only.
	45	Service Date	The specific date when the service took place. Cannot be a future date.
	66-68	Diagnosis Code(s)	IDC9-CM Diagnosis Code. At least one code must be listed. Must include at least 4 digits.
Authorizations/ Referrals	5	Federal Tax ID Number	Facility ID number must match the facility ID on the authorization record in the processing system.
	6	Dates of Service	The specific date(s) when the service took place must match the dates on the authorization on file in the processing system.
	63	Treatment Authorization Codes	If a prior authorization number is listed by the facility, it must be verified.
Provider Payment Terms	6	Dates of Service	The specific date(s) when the service took place. Cannot be a future date.
	66-68	Diagnosis Codes	May be used to determine a DRG payment, a flat fee

UB04 Claim Form

Decision Point	Locator	Description	Comments
			associated with a diagnostic rate group. Applies to inpatient admissions.
	42 44	Revenue Code HCPCS/Rate/HIPPS Code	Revenue codes or other procedure codes may be linked to specific fee schedules or may be paid at a percentage discount.
	24F	Charges	The amount the provider bills for the procedure.
	24G	Days or Units	The number of procedures, services, or supplies being billed.
Other Party Liability	31-34	Occurrence Code Date	Some occurrence codes are used to indicate an auto or work related accident.
	58b	Insured's Name	The name of the person who is the subscriber of the other health insurance. May be the patient or the patient's spouse or parent.
	59b	Relationship Info	Code to indicate if the patient is the subscriber or a dependent (Spouse or Child).
	60b	Insured's Unique ID	ID number of the party with the other health insurance.
	61b	Group Name	The group name of the party with the other health insurance (usually an employer)
	62b	Insurance Group No	The ID number of the insured's group.
	58c	Insured's Name	The name of the person who is the subscriber of the other health insurance. May be the patient or the patient's spouse or parent.
	59c	Relationship Info	Code to indicate if the patient is the subscriber or a dependent (Spouse or Child).
	60c	Insured's Unique ID	ID number of the party with the other health insurance.
	61c	Group Name	The group name of the party with the other health insurance (usually an employer)
	62c	Insurance Group No	The ID number of the insured's group.