

1		2		3a PAT. CNTL #		4 TYPE OF BILL							
				b. MED. REC. #									
				5 FED. TAX NO.		6 STATEMENT COVERS PERIOD FROM _____ THROUGH _____							
8 PATIENT NAME		a		9 PATIENT ADDRESS		a							
b			b			c	d						
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 DATE	OCCURRENCE SPAN FROM _____ THROUGH _____				36 OCCURRENCE SPAN FROM _____ THROUGH _____	37		
a	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		
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UB-04 CLAIM FORM SAMPLE

50 PAYER NAME		51 HEALTH PLAN ID			52 REL INFO	53 ASG BEN.	54 PRIOR PAYMENTS		55 EST. AMOUNT DUE		56 NPI		
A											57		
B											OTHER		
C											PRV ID		
58 INSURED'S NAME			59 P.REL	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	I	J	68	
69 ADMIT DX	70 PATIENT REASON DX	a	b	c	71 PPS CODE	72 ECI	a	b	c	d	e	73	
74 PRINCIPAL PROCEDURE CODE	PRINCIPAL PROCEDURE DATE	a.	OTHER PROCEDURE CODE	DATE	b.	OTHER PROCEDURE CODE	DATE	75	76 ATTENDING	NPI	QUAL		
									LAST		FIRST		
c.	OTHER PROCEDURE CODE	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		