

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										3 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																																																																																																																																	
10 BIRTHDATE										11 SEX										12 DATE										13 HR										14 TYPE										15 SRC										16 DHR										17 STAT										18										19										20										21										CONDITION										22									
31 OCCURRENCE DATE										32 OCCURRENCE DATE										33 OCCURRENCE DATE										34 OCCURRENCE DATE										35 CODE										OCCURRENCE FROM										THROUGH										36 CODE										OCCURRENCE FROM										THROUGH										37																																							
39 CODE										VALUE CODES AMOUNT										40 CODE										VALUE CODES AMOUNT										41 CODE										VALUE CODES 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																																																																					
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										57										OTHER										PRV ID																																																	
58 INSURED'S NAME										59 P.FEL.										60 INSURED'S UNIQUE ID										61 GROUP NAME										62 INSURANCE GROUP NO.																																																																																																			
63 TREATMENT AUTHORIZATION CODES										64 DOCUM.										65																																																																																																																							
66 DX										67										68																																																																																																																							
69 ADMIT. DX.										70 PATIENT REASON DX.										71 PPS CODE										72 ECI										73																																																																																																			
74 PRINCIPAL PROCEDURE CODE										75 OTHER PROCEDURE CODE										76 OTHER PROCEDURE CODE										77 ATTENDING										78 QUAL										79																																																																																									
74 OTHER PROCEDURE CODE										75 OTHER PROCEDURE CODE										76 OTHER PROCEDURE CODE										77 OPERATING										78 QUAL										79																																																																																									
81 CC										a										b										c										d																																																																																																			

MUST include TAX ID Number

56 NPI Billing Provider NPI
 57 Billing Provider Medicaid/Medicare ID
 OTHER Billing Provider NPI Taxonomy
 PRV ID Billing Provider WellCare ID

71 PPS Code
 Enter DRG Code

76-79 QUAL **MUST** include Qualifiers
 1D (Medicaid), 1C (Medicare),
 G2 (WellCare ID), 0B (State License),
 SY (Social Security), 24 (TIN),
 ZZ (Taxonomy)

Be sure to use the correct form

81 CC Taxonomy Codes
 corresponding to fields 76-79

Include IDs related to Qualifiers
 1D (Medicaid), 1C (Medicare),
 G2 (WellCare ID), 0B (State License #),
 SY (Social Security), 24 (TIN),
 or ZZ (Taxonomy)

Include NPI for all providers (when available)