

# Home and Community Based Services - UB-04 Sample Claim

APPROVED OMB NO. 0938-0279

ST 11843 IPLY UB-04

1 City Home Care		2		3a PAT. CNTL#		AB1234567		4 TYPE OF BILL	
111 Main Street				b. MED. REC #				340	
Anytown, NY 11111-1111				5 FED. TAX NO.		6 STATEMENT COVERS PERIOD		7	
						FROM 04012007		THROUGH	

8 PATIENT NAME				a				9 PATIENT ADDRESS				a																													
b				SMITH, WILLIAM				b				c																													
10 BIRTHDATE		11 SEX		12 DATE		13 HR		14 TYPE		15 SRC		16 DHR		17 STAT		18		19		20		21		22		23		24		25		26		27		28		29 ACDT STATE		30	
04191940		M												30		A5																									
31 OCCURRENCE CODE		32 OCCURRENCE DATE		33 OCCURRENCE CODE		34 OCCURRENCE DATE		35 OCCURRENCE CODE		36 OCCURRENCE FROM		37 OCCURRENCE THROUGH		38		39		40		41		42		43		44		45		46		47		48		49					

38		39 VALUE CODES		40 VALUE CODES		41 VALUE CODES	
CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT
61	003	24	4413	A3	00.00		
	?		?		?		?
	?		?		?		?
	?		?		?		?

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	0001				80.00	?	1
2					?	?	2
3					?	?	3
4					?	?	4
5					?	?	5
6					?	?	6
7					?	?	7
8					?	?	8
9					?	?	9
10					?	?	10
11					?	?	11
12					?	?	12
13					?	?	13
14					?	?	14
15					?	?	15
16					?	?	16
17					?	?	17
18					?	?	18
19					?	?	19
20					?	?	20
21					?	?	21
22					?	?	22
23					?	?	23

PAGE ____ OF ____		CREATION DATE		TOTALS		→	
50 PAYER NAME		51 HEALTH PLAN ID		52 REL INFO		53 ASG BEN.	
Blue Cross							
Medicaid							
54 PRIOR PAYMENTS		55 EST. AMOUNT DUE		56 NPI		1234567890	
?		?		57 OTHER PRV ID		None	
?		?				00123456	

58 INSURED'S NAME		59 P.REL		60 INSURED'S UNIQUE ID		61 GROUP NAME		62 INSURANCE GROUP NO.	
				None					
				AB12345C					

63 TREATMENT AUTHORIZATION CODES			64 DOCUMENT CONTROL NUMBER			65 EMPLOYER NAME		

66 DX	318.0	A	B	C	D	E	F	G	H	68
	67	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				81 CC a										78 OTHER NPI		QUAL					
				b										LAST		FIRST					
				c										79 OTHER NPI		QUAL					
				d										LAST		FIRST					