

ICF/DD - UB-04 Sample Claim

APPROVED OMB NO. 0938-0279

1 Anytown ICF/DD	2	3a PAT. CNTL#	AB1234567	4 TYPE OF BILL
1 Maple Avenue		b. MED. REC #		650
Anytown, NY 11111-1111		5 FED. TAX NO.	6 STATEMENT COVERS PERIOD	7
			FROM 04012007	THROUGH 04302007

8 PATIENT NAME	a SMITH, WILLIAM	9 PATIENT ADDRESS	a
10 BIRTHDATE	11 SEX	ADMISSION DATE	12 DATE
04191965	M	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
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31 OCCURRENCE CODE	32 OCCURRENCE DATE	33 OCCURRENCE CODE	34 OCCURRENCE DATE	35 OCCURRENCE SPAN CODE	36 OCCURRENCE SPAN FROM	37 OCCURRENCE SPAN THROUGH

38		39 CODE	VALUE AMOUNT	40 CODE	VALUE AMOUNT	41 CODE	VALUE AMOUNT
a	61	003.	24	3822.	23	400.00	
b	A3	00.00	80	30.		.	
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
0001					3000.00	.	1
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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	1234567890
Blue Cross				.	.	57 OTHER PRV ID	None
Medicaid				.	.		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	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	

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