# Residential Health – UB-04 Sample Claim

APPROVED OMB NO. 0938-0279

ST 11843 1PLY UB-04

| 1 Anytown Residence | 2 | 3a PAT. CNTL# | AB1234567 | 4 TYPE OF BILL |
|---|---|---|---|---|
| 1 Maple Avenue | | b. MED. REC # | | 250 |
| Anytown, NY 11111 | | 5 FED. TAX NO. | 6 STATEMENT COVERS PERIOD FROM 04012007 THROUGH 04302007 | 7 |

| 8 PATIENT NAME | 9 PATIENT ADDRESS |
|---|---|
| a | a |
| b SMITH, WILLIAM | b |
| | c |
| | d |
| | e |

| 10 BIRTHDATE | 11 SEX | ADMISSION 12 DATE | 13 HR | 14 TYPE | 15 SRC | 16 DHR | 17 STAT | CONDITION CODES 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 ACDT STATE | 30 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 04191940 | M | | | | | | 30 | | | | | | | | | | | | | |

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

38

| | 39 CODE | VALUE CODES AMOUNT | 40 CODE | VALUE CODES AMOUNT | 41 CODE | VALUE CODES AMOUNT |
|---|---|---|---|---|---|---|
| a | 61 | 003. | 24 | 3810. | 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 | |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0001 | | | | | 3000.00 | . | | 1 |
| 2 | | | | | | . | . | | 2 |
| 3 | | | | | | . | . | | 3 |
| 4 | | | | | | . | . | | 4 |
| 5 | | | | | | . | . | | 5 |
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| 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 | 1234567890 | |
|---|---|---|---|---|---|---|---|---|---|---|
| A | Blue Cross | | | | | . | . | 57 OTHER PRV ID | | A |
| B | Medicaid | | | | | . | . | | | B |
| C | | | | | | . | . | | | C |

| | 58 INSURED'S NAME | 59 P.REL | 60 INSURED'S UNIQUE ID | 61 GROUP NAME | 62 INSURANCE GROUP NO. | |
|---|---|---|---|---|---|---|
| A | | | None | | | A |
| B | | | AB12345C | | | 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 |
|---|---|---|---|---|---|---|
| c OTHER PROCEDURE CODE | DATE | d OTHER PROCEDURE CODE | DATE | e OTHER PROCEDURE CODE | DATE | |

| 76 ATTENDING | NPI | QUAL | |
|---|---|---|---|
| LAST | | FIRST | |
| 77 OPERATING | NPI | QUAL | |
| LAST | | FIRST | |
| 78 OTHER | DN | NPI 1234567890 | QUAL |
| LAST SMITH | | FIRST SMITH | |
| 79 OTHER | | NPI | QUAL |
| LAST | | FIRST | |

| 80 REMARKS | 81 CC | | |
|---|---|---|---|
| | a | | |
| | b | | |
| | c | | |
| | d | | |



@ 2005 NUBC

THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.