

HCBS/TBI Waiver - 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 FROM 04012007 THROUGH 04302007		7

8 PATIENT NAME a SMITH, WILLIAM			9 PATIENT ADDRESS b			c		d		e	
10 BIRTHDATE 04191940	11 SEX M	12 DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	18	19	20	21
31 OCCURRENCE CODE 04191940						32 OCCURRENCE DATE	33 OCCURRENCE DATE	34 OCCURRENCE DATE	35 OCCURRENCE DATE	36 OCCURRENCE SPAN FROM	37 OCCURRENCE SPAN THROUGH
38						39 CODE 61	40 VALUE CODES AMOUNT 003.	41 CODE 24	42 VALUE CODES AMOUNT 9858.	43 CODE A3	44 VALUE CODES AMOUNT 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				180.00	.	1
2	0240		04022007	4	40.00	.	2
3	0240		04062007	4	40.00	.	3
4	0240		04092007	6	60.00	.	4
5	0240		04132007	4	40.00	.	5
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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
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	854.05	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	
						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