Sample Claim on the UB-04 Form for Private Duty Nursing Services Including Shifts Spanning Midnight

1 IM. BILLING PROVIDER
1 W. WILSON
ANYTOWN, WI 55555-5555
(444) 444-4444

2

3a PAT. CNTL. # JED 1234
b. MED. REC. # 03 7654321

4 TYPE OF BILL 332

5 FED. TAX NO. 01-23445678

6 STATEMENT COVERS PERIOD FROM THROUGH

7

8 PATIENT NAME
a
b MEMBER, IM A.

9 PATIENT ADDRESS
a ON FILE
b c d e

10 BIRTHDATE 07151955

11 SEX F

12 ADMISSION DATE 13 HR 14 TYPE 15 SRC

16 DHR

17 STAT

18 19 20 21 22 23 24 25 26 27 28 CONDITION CODES

29 ACDT STATE

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

38

39 VALUE CODES CODE AMOUNT
40 VALUE CODES CODE AMOUNT
41 VALUE CODES CODE 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
0550		S9123 UH	050210	1.7	XXX XX		
0550		S9123 UJ	050310	10.2	XXX XX		
	PAGE ____ OF ____	CREATION DATE		TOTALS	XXX XX		

50 PAYER NAME
XYZ INSURANCE
T19 MEDICAID

51 HEALTH PLAN ID

52 REL. INFO

53 ASG. BEN.

54 PRIOR PAYMENTS

55 EST. AMOUNT DUE

56 NPI 0111111110

57 OTHER PRV ID

58 INSURED'S NAME
SAME

59 P REL

60 INSURED'S UNIQUE ID 1234567890

61 GROUP NAME

62 INSURANCE GROUP NO.

63 TREATMENT AUTHORIZATION CODES
7707

64 DOCUMENT CONTROL NUMBER

65 EMPLOYER NAME

66 DX

67 A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

68

69 ADMIT DX

70 PATIENT REASON DX

71 PPS CODE

72 ECI

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 0222222220 QUAL
LAST ATTENDING PHYSICIAN FIRST I.M.

77 OPERATING NPI QUAL
LAST FIRST

78 OTHER NPI QUAL
LAST FIRST

79 OTHER NPI QUAL
LAST FIRST

80 REMARKS
M-7
OI-D

81CC
a B3 123456789X
b
c
d

UB-04 CMS-1450 APPROVED OMB NO. 0938-0997 UB04L NUBC TFP24394485 THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.