# Sample UB-04 Claim Form for Inpatient Hospital Services

1 IM BILLING HOSPITAL
1 W. WILSON
ANYTOWN WI 55555-1234
(444) 444-4444

2

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

4 TYPE OF BILL 111

5 FED. TAX NO. 01-2345678

6 STATEMENT COVERS PERIOD FROM 110508 THROUGH 110908

7

8 PATIENT NAME
a
b MEMBER, IM A

9 PATIENT ADDRESS
a ON FILE
b
c
d
e

10 BIRTHDATE 09251975
11 SEX
12 ADMISSION DATE 110508
13 HR
14 TYPE X
15 SRC X
16 DHR
17 STAT 01
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
a 80 4.00
b 81 1.00
c
d

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 |
|---|---|---|---|---|---|---|---|
| 0120 | | | | 4.0 | XXXX XX | | |
| 0250 | | | | 19.0 | XXX XX | | |
| 0271 | | | | 19.0 | XX XX | | |
| 0272 | | | | 8.0 | XXX XX | | |
| 0300 | | | | 6.0 | XXX XX | | |
| 0305 | | | | 1.0 | XX XX | | |
| 0324 | | | | 1.0 | XXX XX | | |
| 0350 | | | | 1.0 | XXX XX | | |
| 0420 | | | | 5.0 | XXX XX | | |
| 0424 | | | | 1.0 | XXX XX | | |

PAGE 1 OF 1 CREATION DATE TOTALS XXXX XX

50 PAYER NAME
A T19 Medicaid
B
C

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
A SAME
B
C

59 P REL

60 INSURED'S UNIQUE ID 1234567890

61 GROUP NAME

62 INSURANCE GROUP NO.

63 TREATMENT AUTHORIZATION CODES

64 DOCUMENT CONTROL NUMBER

65 EMPLOYER NAME

66 DX 9661 78039 72989 7813 43820 43811

68

69 ADMIT DX 9661

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 FIRST
77 OPERATING NPI QUAL
LAST FIRST
78 OTHER NPI QUAL
LAST FIRST
79 OTHER NPI QUAL
LAST FIRST

80 REMARKS

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.