

UB 04 Claim Form

Information on Form Fields

***This information can also be located in the VSHP Provider Manual
online

Form Locators and Field Descriptions

- Field Locator 1 – Provider Name & Address
- Field Locator 3 – Patient Control Number
- Field Locator 4 – Type of Bill
- Field Locator 5 – Federal Tax Identification
- Field Locator 6 – Statement Cover Period
- Field Locator 8 – Patient Name
- Field Locator 9 – Patient Address
- Field Locator 10 – Date of Birth
- Field Locator 11 – Gender
- Field Locator 12 – Admission Date
- Field Locator 13 – Hour of Admission
- Field Locator 14 – Type of Admission
- Field Locator 15 – Source of Admission
- Field Locator 17 – Status
- Field Locator 31 – Occurrence 54 and Date
- Field Locator 38 – Patient Name and Address
- Field Locator 42 – Revenue Code
- Field Locator 43 – Description
- Field Locator 44 – Service Code / HCPCS Code
- Field Locator 45 – Service Date
- Field Locator 46 – Service Units
- Field Locator 47 – Total Charges
- Field Locator 50 – Payer Name – BCBS TN
- Field Locator 51 – Payer Code – 00890
- Field Locator 52 – Release of Information
- Field Locator 53 – Assignment of Benefits
- Field Locator 56 – Service Provider NPI (if applicable)
- Field Locator 57 – Service Provider Number
- Field Locator 58 – Patient Name
- Field Locator 59 – Patient Relationship
- Field Locator 60 – M#####
- Field Locator 66 – Dx Code
- Field Locator 76 – Attending Physician's NPI and Name (if applicable)
- Field Locator 81 – ZZ and Taxonomy Code

The image shows a complex medical billing form with multiple sections and fields. Key sections include:

- Header Section:** Contains fields for provider name, address, patient name, and address.
- Admission Section:** Includes admission date, time, and condition codes.
- Occurrence Section:** A grid for recording occurrences of services, with columns for occurrence code, date, and amount.
- Service Section:** A table with columns for description, HCPCS code, date, units, charges, and non-charged charges.
- Patient Information Section:** Fields for patient name, address, date of birth, and gender.
- Insurance Section:** Fields for insurance plan ID, group name, and policy number.
- Physician Section:** Fields for attending physician, operator, and other provider information.
- Remarks Section:** A section for additional notes or remarks.

The form is labeled 'PAGE OF' and 'CREATION DATE' at the bottom, and includes a 'TOTALS' section for summarizing charges.