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 Locator15 – 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