1 FACILITY NAME	2	3a PAT. CNTL #	4 TYPE OF BILL
ADDRESS		b. MED. REC. #	TYPE OF BILL
CITY STATE ZIP CODE		5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM THROUGH / 7

8 PATIENT NAME	a PATIENT NAME	9 PATIENT ADDRESS	a
b		b	c d e

10 BIRTHDATE	11 SEX	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
DOB	SEX			TYPE				CONDITION CODES		

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
a	OCCURRENCE CODES AND DATES					DELAY REASON
b						

38	39 VALUE CODES CODE AMOUNT	40 VALUE CODES CODE AMOUNT	41 VALUE CODES CODE AMOUNT
	a	VALUE CODES AND AMOUNTS	
	b	(SHARE OF COST SECTION)	
	c	ENTER THE APPLICABLE ACCOMODATION CODE PER THE INSTRUCTIONS PROVIDED	
	d		

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
REV	DESCRIPTION OF SERVICES	HIPPS CODE	SERVICE DATE	SERVICE UNITS	SERVICE CHARGE		
CODES							
	REC CODES: LONG TERM CARE (LTC)						
160	LTC (CUSTODIAL CARE)						
	SKILLED CARE						
191	LEVEL 1						
192	LEVEL 2						
193	LEVEL 3						
194	LEVEL 4						
	SUB-ACUTE FACILITY CARE:						
199	SUB-ACUTE LEVEL 4A						
199	SUB-ACUTE LEVEL 4B						
	SPECIAL REIMBURSEMENT PROVISIONS:						
185	BED HOLD						
180	LEAVE OF ABSENCE						
889	DIALYSIS DAY						
169	BARIATRIC						
119	ISOLATION SURCHARGE						
	PAGE ____ OF ____	CREATION DATE		TOTALS	TOTAL CHARGE		

50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	NPI
A PAYER NAME				OTHER COVERAGE PAYMENT	NET AMOUNT BILLED	57 OTHER PRV ID	ATYPICAL PROVIDER ID
B							
C							

58 INSURED'S NAME	59 P REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
A INSURED NAME				
B				
C				

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME
A AUTHORIZATION NUMBER		
B		
C		

66 DX	A	B	C	D	E	F	G	H	66
	PRIMARY DIAGNOSIS CODE	SECONDARY DIAGNOSIS CODE	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
c. OTHER PROCEDURE CODE DATE	d. OTHER PROCEDURE CODE DATE	e. OTHER PROCEDURE CODE DATE		77 OPERATING NPI QUAL	
				LAST	FIRST

80 REMARKS	81CC			78 OTHER NPI QUAL	
	a			LAST	FIRST
	b			79 OTHER NPI QUAL	
	c			LAST	FIRST
	d				

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