

Completing UB04(CMS-1450)

1										2										35 PNT, CONTL #		4 TYPE OF BL															
																				5 AX NO.		6		7		4											
8B - 9D										c		d		e																							
10 BIRTHDATE										11 SEX		12 DATE		13 HR		14 TYPE		15 SRC		16 DHR		17 STA		CONDITION CODES										28 ACCT STATE		30	
10, 11										30 OCCURRENCE CODE		30 OCCURRENCE DATE		34 OCCURRENCE CODE		34 OCCURRENCE DATE		35 CODE		35 OCCURRENCE SPAN FROM		36 CODE		36 OCCURRENCE SPAN THROUGH		37											
38										39 VALUE CODES AMOUNT		40 CODE		40 VALUE CODES AMOUNT		41 CODE		41 VALUE CODES AMOUNT																			
42										44										46		47															
43 REL CD										43 DESCRIPTION										44 HCPCS / RATE / HPPS CODE		45 SERV DATE		46 SERV UNITS		47 TOTAL CHARGES		48 NON-COVERED CHARGES		49							
PAGE										OF										CREATION DATE		TOTALS															
50										51 HEALTH PLAN ID		52 REF ID		53 SERV		54 PRIOR PAYMENTS		55 EST. AMOUNT DUE		56 NPI		57 OTHER		58													
58										59 REL		60 INSURED'S UNIQUE ID		61 GROUP NAME		62 INSURANCE GROUP NO.																					
63 TREATMENT AUTHORIZATION CODES										64 DOCUMENT CONTROL NUMBER										65 EMPLOYER NAME																	
66 enter all Dx										B		C		D		E		F		G		H		68													
69 ADM CODE										70 PRINCIPAL PROCEDURE CODE		71 REASON DX		72 PPS CODE		73		74 ATTENDING NPI		75 QUAL		76															
74										74 OTHER PROCEDURE CODE		74 OTHER PROCEDURE DATE		75		76 LAST		77 FIRST		78																	
74										74 OTHER PROCEDURE CODE		74 OTHER PROCEDURE DATE		75		76 LAST		77 FIRST		78																	
80 REMARKS										81 CC		82		83		76 LAST		77 FIRST		78																	
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