

1	2	3a PAT. CNTL #	4 TYPE OF BILL
		b. MED. REC. #	
		5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM
			7 THROUGH
8 PATIENT NAME	a	9 PATIENT ADDRESS	a
b		c	d
10 BIRTHDATE	11 SEX	12 DATE	13 HR
14 TYPE	15 SRC	16 DHR	17 STAT
18	19	20	21
22	23	24	25
26	27	28	29 ACDT STATE
30			
31 OCCURRENCE DATE	32 OCCURRENCE DATE	33 OCCURRENCE DATE	34 OCCURRENCE DATE
35 CODE	36 OCCURRENCE SPAN FROM	37 THROUGH	38
39 CODE	40 VALUE CODES AMOUNT	41 CODE	42 VALUE CODES AMOUNT
a		b	
c		d	
43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS
47 TOTAL CHARGES	48 NON-COVERED CHARGES	49	
1			
2			
3			
4			
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23	PAGE OF	CREATION DATE	TOTALS
50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG BEN.
54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	57 OTHER PRV ID
58 INSURED'S NAME	59 P.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 DX	67 A	68 B	69 C
70 D	71 E	72 F	73 G
74 H	75 I	76 J	77 K
78 L	79 M	80 N	81 O
82 P	83 Q	84 R	85 S
86 T	87 U	88 V	89 W
90 X	91 Y	92 Z	93 AA
94 AB	95 AC	96 AD	97 AE
98 AF	99 AG	100 AH	101 AI
102 AJ	103 AK	104 AL	105 AM
106 AN	107 AO	108 AP	109 AQ
110 AR	111 AS	112 AT	113 AU
114 AV	115 AW	116 AX	117 AY
118 AZ	119 BA	120 BB	121 BC
122 BD	123 BE	124 BF	125 BG
126 BH	127 BI	128 BJ	129 BK
130 BL	131 BM	132 BN	133 BO
134 BP	135 BQ	136 BR	137 BS
138 BT	139 BU	140 BV	141 BW
142 BX	143 BY	144 BZ	145 CA
146 CB	147 CC	148 CD	149 CE
150 CF	151 CG	152 CH	153 CI
154 CJ	155 CK	156 CL	157 CM
158 CN	159 CO	160 CP	161 CQ
162 CR	163 CS	164 CT	165 CU
166 CV	167 CW	168 CX	169 CY
170 CZ	171 DA	172 DB	173 DC
174 DD	175 DE	176 DF	177 DG
178 DH	179 DI	180 DJ	181 DK
182 DL	183 DM	184 DN	185 DO
186 DP	187 DQ	188 DR	189 DS
190 DT	191 DU	192 DV	193 DW
194 DX	195 DY	196 DZ	197 EA
198 EB	199 EC	200 ED	201 EE
202 EF	203 EG	204 EH	205 EI
206 EJ	207 EK	208 EL	209 EM
210 EN	211 EO	212 EP	213 EQ
214 ER	215 ES	216 ET	217 EU
218 EV	219 EW	220 EX	221 EY
222 EZ	223 FA	224 FB	225 FC
226 FD	227 FE	228 FF	229 FG
230 FH	231 FI	232 FJ	233 FK
234 FL	235 FM	236 FN	237 FO
238 FP	239 FQ	240 FR	241 FS
242 FT	243 FU	244 FV	245 FW
246 FX	247 FY	248 FZ	249 GA
250 GB	251 GC	252 GD	253 GE
254 GF	255 GG	256 GH	257 GI
258 GJ	259 GK	260 GL	261 GM
262 GN	263 GO	264 GP	265 GQ
266 GR	267 GS	268 GT	269 GU
270 GV	271 GW	272 GX	273 GY
274 GZ	275 HA	276 HB	277 HC
278 HD	279 HE	280 HF	281 HG
282 HH	283 HI	284 HJ	285 HK
286 HL	287 HM	288 HN	289 HO
290 HP	291 HQ	292 HR	293 HS
294 HT	295 HU	296 HV	297 HW
298 HX	299 HY	300 HZ	301 IA
302 IB	303 IC	304 ID	305 IE
306 IF	307 IG	308 IH	309 II
310 IJ	311 IK	312 IL	313 IM
314 IN	315 IO	316 IP	317 IQ
318 IR	319 IS	320 IT	321 IU
322 IV	323 IW	324 IX	325 IY
326 IZ	327 JA	328 JB	329 JC
330 JD	331 JE	332 JF	333 JG
334 JH	335 JI	336 JJ	337 JK
338 JL	339 JM	340 JN	341 JO
342 JP	343 JQ	344 JR	345 JS
346 JT	347 JU	348 JV	349 JW
350 JX	351 JY	352 JZ	353 KA
354 KB	355 KC	356 KD	357 KE
358 KF	359 KG	360 KH	361 KI
362 KJ	363 KK	364 KL	365 KM
366 KN	367 KO	368 KP	369 KQ
370 KR	371 KS	372 KT	373 KU
374 KV	375 KW	376 KX	377 KY
378 KZ	379 LA	380 LB	381 LC
382 LD	383 LE	384 LF	385 LG
386 LH	387 LI	388 LJ	389 LK
390 LL	391 LM	392 LN	393 LO
394 LP	395 LP	396 LQ	397 LR
398 LS	399 LT	400 LU	401 LV
402 LW	403 LX	404 LY	405 LZ
406 MA	407 MB	408 MC	409 MD
410 ME	411 MF	412 MG	413 MH
414 MI	415 MJ	416 MK	417 ML
418 MN	419 MO	420 MP	421 MQ
422 MR	423 MS	424 MT	425 MU
426 MV	427 MW	428 MX	429 MY
430 MZ	431 NA	432 NB	433 NC
434 ND	435 NE	436 NF	437 NG
438 NH	439 NI	440 NJ	441 NK
442 NL	443 NM	444 NN	445 NO
446 NP	447 NQ	448 NR	449 NS
450 NT	451 NU	452 NV	453 NW
454 NX	455 NY	456 NZ	457 OA
458 OB	459 OC	460 OD	461 OE
462 OF	463 OG	464 OH	465 OI
466 OJ	467 OK	468 OL	469 OM
470 ON	471 OO	472 OP	473 OQ
474 OR	475 OS	476 OT	477 OU
478 OV	479 OW	480 OX	481 OY
482 OZ	483 PA	484 PB	485 PC
486 PD	487 PE	488 PF	489 PG
490 PH	491 PI	492 PJ	493 PK
494 PL	495 PM	496 PN	497 PO
498 PP	499 PQ	500 PR	501 PS
502 PT	503 PU	504 PV	505 PW
506 PX	507 PY	508 PZ	509 QA
510 QB	511 QC	512 QD	513 QE
514 QF	515 QG	516 QH	517 QI
518 QJ	519 QK	520 QL	521 QM
522 QN	523 QO	524 QP	525 QQ
526 QR	527 QS	528 QT	529 QU
530 QV	531 QW	532 QX	533 QY
534 QZ	535 RA	536 RB	537 RC
538 RD	539 RE	540 RF	541 RG
542 RH	543 RI	544 RJ	545 RK
546 RL	547 RM	548 RN	549 RO
550 RP	551 RQ	552 RR	553 RS
554 RT	555 RU	556 RV	557 RW
558 RX	559 RY	560 RZ	561 SA
562 SB	563 SC	564 SD	565 SE
566 SF	567 SG	568 SH	569 SI
570 SJ	571 SK	572 SL	573 SM
574 SN	575 SO	576 SP	577 SQ
578 SR	579 SS	580 ST	581 SU
582 SV	583 SW	584 SX	585 SY
586 SZ	587 TA	588 TB	589 TC
590 TD	591 TE	592 TF	593 TG
594 TH	595 TI	596 TJ	597 TK
598 TL	599 TM	600 TN	601 TO
602 TP	603 TQ	604 TR	605 TS
606 TT	607 TU	608 TV	609 TW
610 TX	611 TY	612 TZ	613 UA
614 UB	615 UC	616 UD	617 UE
618 UF	619 UG	620 UH	621 UI
622 UJ	623 UK	624 UL	625 UM
626 UN	627 UO	628 UP	629 UQ
630 UR	631 US	632 UT	633 UY
634 UV	635 UW	636 UX	637 UY
638 UZ	639 VA	640 VB	641 VC
642 VD	643 VE	644 VF	645 VG
646 VH	647 VI	648 VJ	649 VK
650 VL	651 VM	652 VN	653 VO
654 VP	655 VQ	656 VR	657 VS
658 VT	659 VU	660 VV	661 VW
662 VX	663 VY	664 VZ	665 WA
666 WB	667 WC	668 WD	669 WE
670 WF	671 WG	672 WH	673 WI
674 WJ	675 WK	676 WL	677 WM
678 WN	679 WO	680 WP	681 WQ
682 WR	683 WS	684 WT	685 WY
686 WV	687 WZ	688 XA	689 XB
690 XC	691 XD	692 XE	693 XF
694 XG	695 XH	696 XI	697 XJ
698 XK	699 XL	700 XM	701 XN
702 XO	703 XP	704 XQ	705 XR
706 XS	707 XT	708 XU	709 XV
710 XW	711 XY	712 XZ	713 YA
714 YB	715 YC	716 YD	717 YE
718 YF	719 YG	720 YH	721 YI
722 YJ	723 YK	724 YL	725 YM
726 YN	727 YO	728 YP	729 YQ
730 YR	731 YS	732 YT	733 YU
734 YV	735 YW	736 YX	737 YY
738 YZ	739 ZA	740 ZB	741 ZC
742 ZD	743 ZE	744 ZF	74

UB-04 NOTICE: THE SUBMITTER OF THIS FORM UNDERSTANDS THAT MISREPRESENTATION OR FALSIFICATION OF ESSENTIAL INFORMATION AS REQUESTED BY THIS FORM, MAY SERVE AS THE BASIS FOR CIVIL MONETARY PENALTIES AND ASSESSMENTS AND MAY UPON CONVICTION INCLUDE FINES AND/OR IMPRISONMENT UNDER FEDERAL AND/OR STATE LAW(S).

Submission of this claim constitutes certification that the billing information as shown on the face hereof is true, accurate and complete. That the submitter did not knowingly or recklessly disregard or misrepresent or conceal material facts. The following certifications or verifications apply where pertinent to this Bill:

1. If third party benefits are indicated, the appropriate assignments by the insured /beneficiary and signature of the patient or parent or a legal guardian covering authorization to release information are on file. Determinations as to the release of medical and financial information should be guided by the patient or the patient's legal representative.
2. If patient occupied a private room or required private nursing for medical necessity, any required certifications are on file.
3. Physician's certifications and re-certifications, if required by contract or Federal regulations, are on file.
4. For Religious Non-Medical facilities, verifications and if necessary re-certifications of the patient's need for services are on file.
5. Signature of patient or his representative on certifications, authorization to release information, and payment request, as required by Federal Law and Regulations (42 USC 1935f, 42 CFR 424.36, 10 USC 1071 through 1086, 32 CFR 199) and any other applicable contract regulations, is on file.
6. The provider of care submitter acknowledges that the bill is in conformance with the Civil Rights Act of 1964 as amended. Records adequately describing services will be maintained and necessary information will be furnished to such governmental agencies as required by applicable law.
7. For Medicare Purposes: If the patient has indicated that other health insurance or a state medical assistance agency will pay part of his/her medical expenses and he/she wants information about his/her claim released to them upon request, necessary authorization is on file. The patient's signature on the provider's request to bill Medicare medical and non-medical information, including employment status, and whether the person has employer group health insurance which is responsible to pay for the services for which this Medicare claim is made.
8. For Medicaid purposes: The submitter understands that because payment and satisfaction of this claim will be from Federal and State funds, any false statements, documents, or concealment of a material fact are subject to prosecution under applicable Federal or State Laws.
9. For TRICARE Purposes:
 - (a) The information on the face of this claim is true, accurate and complete to the best of the submitter's knowledge and belief, and services were medically necessary and appropriate for the health of the patient;
 - (b) The patient has represented that by a reported residential address outside a military medical treatment facility catchment area he or she does not live within the catchment area of a U.S. military medical treatment facility, or if the patient resides within a catchment area of such a facility, a copy of Non-Availability Statement (DD Form 1251) is on file, or the physician has certified to a medical emergency in any instance where a copy of a Non-Availability Statement is not on file;
 - (c) The patient or the patient's parent or guardian has responded directly to the provider's request to identify all health insurance coverage, and that all such coverage is identified on the face of the claim except that coverage which is exclusively supplemental payments to TRICARE-determined benefits;
 - (d) The amount billed to TRICARE has been billed after all such coverage have been billed and paid excluding Medicaid, and the amount billed to TRICARE is that remaining claimed against TRICARE benefits;
 - (e) The beneficiary's cost share has not been waived by consent or failure to exercise generally accepted billing and collection efforts; and,
 - (f) Any hospital-based physician under contract, the cost of whose services are allocated in the charges included in this bill, is not an employee or member of the Uniformed Services. For purposes of this certification, an employee of the Uniformed Services is an employee, appointed in civil service (refer to 5 USC 2105), including part-time or intermittent employees, but excluding contract surgeons or other personal service contracts. Similarly, member of the Uniformed Services does not apply to reserve members of the Uniformed Services not on active duty.
 - (g) Based on 42 United States Code 1395cc(a)(1)(j) all providers participating in Medicare must also participate in TRICARE for inpatient hospital services provided pursuant to admissions to hospitals occurring on or after January 1, 1987; and
 - (h) If TRICARE benefits are to be paid in a participating status, the submitter of this claim agrees to submit this claim to the appropriate TRICARE claims processor. The provider of care submitter also agrees to accept the TRICARE determined reasonable charge as the total charge for the medical services or supplies listed on the claim form. The provider of care will accept the TRICARE-determined reasonable charge even if it is less than the billed amount, and also agrees to accept the amount paid by TRICARE combined with the cost-share amount and deductible amount, if any, paid by or on behalf of the patient as full payment for the listed medical services or supplies. The provider of care submitter will not attempt to collect from the patient (or his or her parent or guardian) amounts over the TRICARE determined reasonable charge. TRICARE will make any benefits payable directly to the provider of care, if the provider of care is a participating provider.