1	2	3a PAT. CNTL #		4 TYPE OF BILL
		b. MED. REC. #		
		5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH 7

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

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	29 ACDT STATE	30

	31 OCCURRENCE CODE	DATE	32 OCCURRENCE CODE	DATE	33 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	35 CODE	OCCURRENCE SPAN FROM	THROUGH	36 CODE	OCCURRENCE SPAN FROM	THROUGH	37	
a																a
b																b

	39 CODE	VALUE CODES AMOUNT	40 CODE	VALUE CODES AMOUNT	41 CODE	VALUE CODES AMOUNT
a						
b						
c						
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	
1	0300		S3620		1				1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23	0001	PAGE 001 OF 001	CREATION DATE		TOTALS				23

A	50 PAYER NAME	51 HEALTH PLAN ID	52 REL. INFO	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI		A
A	UNITED HEALTHCARE		Y	Y			57		A
B							OTHER		B
C							PRV ID		C

A	58 INSURED'S NAME	59 P REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.	A
A		19				A
B						B
C						C

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

66 DX	A	B	C	D	E	F	G	H	68
9	I	J	K	L	M	N	O	P	Q	

69 ADMIT DX	V773	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
c. OTHER PROCEDURE CODE	DATE	d. OTHER PROCEDURE CODE	DATE	e. OTHER PROCEDURE CODE	DATE	

80 REMARKS	UNITED HEALTHCARE	81CC		
		a		
		b		
		c		
		d		

76 ATTENDING	NPI	QUAL	
LAST		FIRST	
77 OPERATING	NPI	QUAL	
LAST		FIRST	
78 OTHER	NPI	QUAL	
LAST		FIRST	
79 OTHER	NPI	QUAL	
LAST		FIRST	

UB-04 CMS-1450 APPROVED OMB NO. NUBC National Uniform Billing Committee LIC9213257 THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

Payer Name	Provider Name	Provider ID	TOB
UNITED HEALTHCARE	PROVNAME	PROVNPI	

Effective Date	Imported Date	Payer ICN	Voucher ID	Prescription No
12/04/2015	12/04/2015			

Patient Name	Sex	Birthdate	Patient Control	Med Rec No

Claim-level Response

Service Dates	Billed Amt	Pmt Date	Pmt Meth	Pmt Number	Pmt Amt	Effective Date

Code Set	Descriptions
D44	D44 (THE DISCOUNT SHOWN IS YOUR SAVINGS. YOUR NETWORK PHYSICIAN OR HEALTH CARE PROVIDER H...

Service-Level Responses

Rev Code	HCPCS	Mods (1, 2, 3, 4)	Service Date	Units	Billed Amt	LCN Code	Effective Date
7777							

Code Set	Descriptions
Y22	Y22 (THE DISCOUNT SHOWN IS YOUR SAVINGS. YOUR NETWORK PHYSICIAN OR HEALTH CARE PROVIDER H...