

Sample UB-04 Claim Form for Outpatient Hospitals



DISCLAIMER: This is NOT inclusive of all applicable codes that may be reported on a UB-04 claim form. Providers should document and code appropriately at all times.

1 Anywhere Medical Center 111 ABC St Anywhere, CA 00001		2		3a PAT. CNTL #	4 TYPE OF BILL 13X	
8 PATIENT NAME a DOE, JOHN W		9 PATIENT ADDRESS a 123 MAIN ST		5 FED. TAX NO.		7
b		b ANYWHERE		c CA	d 00001	
10 BIRTHDATE		11 SEX		12 DATE		ADMISSION 13 HR 14 TYPE 15 SRC
16 DHR		17 STAT		18		19 20 21
31 OCCURRENCE DATE		32 OCCURRENCE DATE		33 OCCURRENCE DATE		34
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Bill type 13X for "Hospital outpatient"

Revenue code 0260 for "IV therapy"

CPT®1 code 36593 for "Dec clotting by thrombolytic agent of implanted vascular access device or catheter"

Revenue code 0636 for "Drugs requiring specific information"

HCPCS code J2997 for "Injection, alteplase recombinant, 1 mg"

Input number of units of Cathflo administered (1 mg = 1 unit)

SAMPLE