

# UB04 Institutional Form

1		2		3a PAT. CNTRL # b. MED. REC. #		4 TYPE OF BILL	
5 PATIENT NAME				9 PATIENT ADDRESS			
10 BIRTHDATE		11 SEX		12 DATE		13 ADMISSION	
31 OCCURRENCE DATE		32 OCCURRENCE DATE		33 OCCURRENCE DATE		34 OCCURRENCE DATE	
35 OCCURRENCE DATE		36 OCCURRENCE DATE		37 OCCURRENCE DATE		38 OCCURRENCE DATE	
39 VALUE CODES		40 VALUE CODES		41 VALUE CODES		42 VALUE CODES	
43 REV. CD.		44 DESCRIPTION		45 HCPCS / RATE / ICD9 CODE		46 SERV. DATE	
47 SERV. UNITS		48 TOTAL CHARGES		49 NON-COVERED CHARGES		50	
51		52		53		54	
55		56		57		58	
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99		100		101		102	

SAMPLE