

Hospital Outpatient Fact Sheet

Sample UB-04 Paper Claim Form



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| 1 Anytown 20 Hospital Drive Anytown, USA | | 2 | | 3a PAT CNTL # b. MED RESC # | | 4 TYPE OF BILL | |
| 8 PATIENT NAME | | | | 9 PATIENT ADDRESS | | | |
| 10 BIRTHDATE | | 11 SEX | | 12 DATE | | 13 ADMISSION | |
| 14 TYPE | | 15 SRC | | 16 DHR | | 17 STAT | |
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