

Sample CMS-1450 (UB-04) Claim Form

UDENYCA® (pegfilgrastim-cbqv) Autoinjector and Prefilled Syringe



- CMS-1450 (UB-04) Claim Form -

1 Any Hospital 123 Main Street Any City, CA 99999		2		3a PAT. CNTL. # b. MED. REC. #		4 TYPE OF BILL	
5 FED. TAX NO.		6 STATEMENT COVERS PERIOD FROM		7 THROUGH			
8 PATIENT NAME a Doe, John				9 PATIENT ADDRESS a 123 Any Street Any City, CA 99999			
10 BIRTHDATE		11 SEX		12 DATE		13 HR 14 TYPE 15 SRC 16 DHR 17 STAT	
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26		27		28		29 ACDT STATE 30	
31 OCCURRENCE CODE		32 OCCURRENCE DATE		33 OCCURRENCE CODE		34 OCCURRENCE DATE	
35 OCCURRENCE SPAN FROM		36 OCCURRENCE SPAN THROUGH		37			
38		39 VALUE CODES AMOUNT		40 VALUE CODES AMOUNT		41 VALUE CODES AMOUNT	
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 0636 Injection, UDENYCA (pegfilgrastim-cbqv)		Q5111		MMDDYY 12		XXX.XX	
2 0510 Clinic visit		96372		MMDDYY 1		XXX.XX	
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23		PAGE OF		CREATION DATE		TOTALS	
50 PAYER NAME		51 HEALTH PLAN ID		52 REL. INFO		53 ASS. 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		68			
69 ADMIT DX		70 PATIENT REASON DX		71 PPS CODE		72 ECI	
73		74 PRINCIPAL PROCEDURE CODE		75 OTHER PROCEDURE CODE		76 ATTENDING NPI	
77		78 OTHER PROCEDURE CODE		79 OTHER PROCEDURE CODE		80 OTHER PROCEDURE CODE	
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