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| 34 PHS CIVIL #    |  | DOEJOS00    |  | 4 TYPE OF BILL                                       |  |
| 5 MED REC #       |  | X0123456789 |  | 0111   |  |
| 6 FED TAX NO.     |  | 12-3456789  |  | 7 STATEMENT COVERS PERIOD FROM 010114 THROUGH 010114 |  |
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# UB-04 Fillable PDF

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## User Highlights

- Displays just like the UB-04 claim on the computer screen.
- Helpful callout messages in each field assist the user.
- Save & re-use your templates over and over.
- Install on up to 2 computers such as home and office.
- Works with both Mac & Windows when using Adobe Reader.


## System Requirements

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**Important: Mac and Windows both have a default PDF viewer. Be sure to open in Adobe Reader first, rather than other programs, to ensure the ability to type, print and save.**

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| 1 COUNTY HOSPITAL<br>111 HOSPITAL LANE<br>ANYTOWN IL 60610<br>(444) 444 4444 |  |  |  |  |  |  |  |  |  | 2                                      |  |  |  |  |  |  |  |  |  | 3a PAT. CNTRL. #<br>b. MED. REC. #<br>5 FED. TAX NO. |  |  |  |  |  |  |  |  |  | DOEJOS00<br>X0123456789<br>12-3456789 |  |  |  |  |  |  |  |  |  | 4 TYPE OF BILL<br>0111          |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |
| 8 PATIENT NAME<br>a X0123456789  |  |  |  |  |  |  |  |  |  | 9 PATIENT ADDRESS<br>a 123 MAIN STREET |  |  |  |  |  |  |  |  |  | 6 STATEMENT COVERS PERIOD FROM<br>010114             |  |  |  |  |  |  |  |  |  | 7 THROUGH<br>010114                   |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |
| b DOE JR, JOHN, J  |  |  |  |  |  |  |  |  |  | b ANYTOWN                              |  |  |  |  |  |  |  |  |  | c IL   |  |  |  |  |  |  |  |  |  | d 60610                               |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |
| 10 BIRTHDATE<br>01011987   |  |  |  |  |  |  |  |  |  | 11 SEX<br>M                            |  |  |  |  |  |  |  |  |  | 12 DATE<br>12122022                                  |  |  |  |  |  |  |  |  |  | 13 HR<br>01                           |  |  |  |  |  |  |  |  |  | 14 TYPE<br>3                    |  |  |  |  |  |  |  |  |  | 15 SRC<br>1                     |  |  |  |  |  |  |  |  |  | 16 DHR<br>22                    |  |  |  |  |  |  |  |  |  | 17 STAT<br>01                   |  |  |  |  |  |  |  |  |  | 18<br>02                        |  |  |  |  |  |  |  |  |  | 19<br>02                        |  |  |  |  |  |  |  |  |  | 20<br>02                        |  |  |  |  |  |  |  |  |  | 21<br>02                        |  |  |  |  |  |  |  |  |  | 22<br>02                        |  |  |  |  |  |  |  |  |  | 23<br>02                        |  |  |  |  |  |  |  |  |  | 24<br>02                        |  |  |  |  |  |  |  |  |  | 25<br>02                        |  |  |  |  |  |  |  |  |  | 26<br>02                        |  |  |  |  |  |  |  |  |  | 27<br>02                        |  |  |  |  |  |  |  |  |  | 28<br>02                        |  |  |  |  |  |  |  |  |  | 29 ACCT STATE<br>IL |  |  |  |  |  |  |  |  |  | 30<br>02 |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |
| 31 OCCURRENCE DATE<br>01 010114  |  |  |  |  |  |  |  |  |  | 32 OCCURRENCE DATE<br>01 010114        |  |  |  |  |  |  |  |  |  | 33 OCCURRENCE DATE<br>01 010114                      |  |  |  |  |  |  |  |  |  | 34 OCCURRENCE DATE<br>01 010114       |  |  |  |  |  |  |  |  |  | 35 OCCURRENCE DATE<br>01 010114 |  |  |  |  |  |  |  |  |  | 36 OCCURRENCE DATE<br>01 010114 |  |  |  |  |  |  |  |  |  | 37 OCCURRENCE DATE<br>01 010114 |  |  |  |  |  |  |  |  |  | 38 OCCURRENCE DATE<br>01 010114 |  |  |  |  |  |  |  |  |  | 39 OCCURRENCE DATE<br>01 010114 |  |  |  |  |  |  |  |  |  | 40 OCCURRENCE DATE<br>01 010114 |  |  |  |  |  |  |  |  |  | 41 OCCURRENCE DATE<br>01 010114 |  |  |  |  |  |  |  |  |  | 42 OCCURRENCE DATE<br>01 010114 |  |  |  |  |  |  |  |  |  | 43 OCCURRENCE DATE<br>01 010114 |  |  |  |  |  |  |  |  |  | 44 OCCURRENCE DATE<br>01 010114 |  |  |  |  |  |  |  |  |  | 45 OCCURRENCE DATE<br>01 010114 |  |  |  |  |  |  |  |  |  | 46 OCCURRENCE DATE<br>01 010114 |  |  |  |  |  |  |  |  |  | 47 OCCURRENCE DATE<br>01 010114 |  |  |  |  |  |  |  |  |  | 48 OCCURRENCE DATE<br>01 010114 |  |  |  |  |  |  |  |  |  | 49 OCCURRENCE DATE<br>01 010114 |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |
| 38 DOE JR, JOHN, J<br>123 MAIN STREET<br>ANYTOWN, IL 60610                   |  |  |  |  |  |  |  |  |  | 39 CODE<br>A                           |  |  |  |  |  |  |  |  |  | 40 CODE<br>1024.00                                   |  |  |  |  |  |  |  |  |  | 41 CODE<br>1024.00                    |  |  |  |  |  |  |  |  |  | 42 CODE<br>1024.00              |  |  |  |  |  |  |  |  |  | 43 CODE<br>1024.00              |  |  |  |  |  |  |  |  |  | 44 CODE<br>1024.00              |  |  |  |  |  |  |  |  |  | 45 CODE<br>1024.00              |  |  |  |  |  |  |  |  |  | 46 CODE<br>1024.00              |  |  |  |  |  |  |  |  |  | 47 CODE<br>1024.00              |  |  |  |  |  |  |  |  |  | 48 CODE<br>1024.00              |  |  |  |  |  |  |  |  |  | 49 CODE<br>1024.00              |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |
| 42 REV. CD.<br>0110  |  |  |  |  |  |  |  |  |  | 43 DESCRIPTION<br>ROOM-BOARD/PVT       |  |  |  |  |  |  |  |  |  | 44<br>0300   |  |  |  |  |  |  |  |  |  | 45<br>LABORATORY                      |  |  |  |  |  |  |  |  |  | 46<br>0320                      |  |  |  |  |  |  |  |  |  | 47<br>X-RAY                     |  |  |  |  |  |  |  |  |  | 48<br>                          |  |  |  |  |  |  |  |  |  | 49<br>                          |  |  |  |  |  |  |  |  |  | 50<br>                          |  |  |  |  |  |  |  |  |  | 51<br>                          |  |  |  |  |  |  |  |  |  | 52<br>                          |  |  |  |  |  |  |  |  |  | 53<br>                          |  |  |  |  |  |  |  |  |  | 54<br>                          |  |  |  |  |  |  |  |  |  | 55<br>                          |  |  |  |  |  |  |  |  |  | 56<br>                          |  |  |  |  |  |  |  |  |  | 57<br>                          |  |  |  |  |  |  |  |  |  | 58<br>                          |  |  |  |  |  |  |  |  |  | 59<br>                          |  |  |  |  |  |  |  |  |  | 60<br>                          |  |  |  |  |  |  |  |  |  | 61<br>              |  |  |  |  |  |  |  |  |  | 62<br>   |  |  |  |  |  |  |  |  |  | 63<br> |  |  |  |  |  |  |  |  |  | 64<br> |  |  |  |  |  |  |  |  |  | 65<br> |  |  |  |  |  |  |  |  |  | 66<br> |  |  |  |  |  |  |  |  |  | 67<br> |  |  |  |  |  |  |  |  |  | 68<br> |  |  |  |  |  |  |  |  |  | 69<br> |  |  |  |  |  |  |  |  |  | 70<br> |  |  |  |  |  |  |  |  |  | 71<br> |  |  |  |  |  |  |  |  |  | 72<br> |  |  |  |  |  |  |  |  |  | 73<br> |  |  |  |  |  |  |  |  |  | 74<br> |  |  |  |  |  |  |  |  |  | 75<br> |  |  |  |  |  |  |  |  |  | 76<br> |  |  |  |  |  |  |  |  |  | 77<br> |  |  |  |  |  |  |  |  |  | 78<br> |  |  |  |  |  |  |  |  |  | 79<br> |  |  |  |  |  |  |  |  |  | 80<br> |  |  |  |  |  |  |  |  |  | 81<br> |  |  |  |  |  |  |  |  |  | 82<br> |  |  |  |  |  |  |  |  |  | 83<br> |  |  |  |  |  |  |  |  |  | 84<br> |  |  |  |  |  |  |  |  |  | 85<br> |  |  |  |  |  |  |  |  |  | 86<br> |  |  |  |  |  |  |  |  |  | 87<br> |  |  |  |  |  |  |  |  |  | 88<br> |  |  |  |  |  |  |  |  |  | 89<br> |  |  |  |  |  |  |  |  |  | 90<br> |  |  |  |  |  |  |  |  |  | 91<br> |  |  |  |  |  |  |  |  |  | 92<br> |  |  |  |  |  |  |  |  |  | 93<br> |  |  |  |  |  |  |  |  |  | 94<br> |  |  |  |  |  |  |  |  |  | 95<br> |  |  |  |  |  |  |  |  |  | 96<br> |  |  |  |  |  |  |  |  |  | 97<br> |  |  |  |  |  |  |  |  |  | 98<br> |  |  |  |  |  |  |  |  |  | 99<br> |  |  |  |  |  |  |  |  |  | 100<br> |  |  |  |  |  |  |  |  |  |

**The Uniform Bill (UB-04)**  
is the standardized billing  
form for institutional services.

 **Fiachra Forms**  
CHARTING SOLUTIONS

# Print Options

Once you have completed the claim, click on the pink button at the top or bottom of the UB-04 labeled "Save and Print Options" to open the drop-down menu.

Put a commercially printed UB-04 paper claim into the printer. Then choose to "print text only" from the menu on the screen.

UB-04 CMS-1450

|                                     |  |           |  |                                 |  |         |  |                                 |  |   |  |                |  |           |  |
|-------------------------------------|--|-----------|--|---------------------------------|--|---------|--|---------------------------------|--|---|--|----------------|--|-----------|--|
| 66<br>DX                            |  | DX12345 Y |  | A                               |  | B       |  | C                               |  | D |  | E              |  |           |  |
| 0                                   |  |           |  | J                               |  | K       |  | L                               |  | M |  | N              |  |           |  |
| 69 ADMIT<br>DX                      |  | DX12345   |  | 70 PATIENT<br>REASON DX         |  | DX12345 |  | b                               |  | c |  | 71 PPS<br>CODE |  | 72<br>ECI |  |
| 74 PRINCIPAL PROCEDURE<br>CODE DATE |  |           |  | a. OTHER PROCEDURE<br>CODE DATE |  |         |  | b. OTHER PROCEDURE<br>CODE DATE |  |   |  | 75             |  |           |  |
|                                     |  |           |  |                                 |  |         |  |                                 |  |   |  |                |  |           |  |
| c. OTHER PROCEDURE<br>CODE DATE     |  |           |  | d. OTHER PROCEDURE<br>CODE DATE |  |         |  | e. OTHER PROCEDURE<br>CODE DATE |  |   |  |                |  |           |  |
|                                     |  |           |  |                                 |  |         |  |                                 |  |   |  |                |  |           |  |
| 80 REMARKS                          |  |           |  |                                 |  |         |  | 81CC<br>a                       |  |   |  |                |  |           |  |
|                                     |  |           |  |                                 |  |         |  |                                 |  |   |  |                |  |           |  |
|                                     |  |           |  |                                 |  |         |  |                                 |  |   |  |                |  |           |  |
|                                     |  |           |  |                                 |  |         |  |                                 |  |   |  |                |  |           |  |

UB-04 CMS-1450

APPROVED OMB NO. 0938-09

Save and Print Options

- SAVE - Create a unique PDF file for this claim
- PRINT TEXT ONLY - Put pre-printed UB-04 in the printer
- CLEAR - Erase all the typed text within the form
- SUPPORT - Open the Fiachra Forms Community Forum

General Uniform  
Committee



# Save as PDF

To save the claim, click on the pink button labeled "Save and Print Options" to open the drop-down menu. Save each claim on your computer with a unique file name (example john-doe.pdf). Create your own pre-filled templates to save time and avoid payment errors.

- Purchaser can use the UB-04 PDF on up to two computers, such as home and office. Easily open, edit and re-save the template over and over.
- Keep Protected Health Information (PHI) safe by following your computer safeguards to meet HIPAA Security Rules.

The image shows a screenshot of a UB-04 CMS-1450 form. The form is partially filled with data. A pink button labeled "Save and Print Options" is visible at the bottom center. A dropdown menu is open from this button, showing the following options:

- SAVE - Create a unique PDF file for this claim
- PRINT TEXT ONLY - Put pre-printed UB-04 in the printer
- CLEAR - Erase all the typed text within the form
- SUPPORT - Open the Fiachra Forms Community Forum

The form fields visible include:

- 66 DX: DX12345 Y
- 69 ADMIT DX: DX12345
- 70 PATIENT REASON DX: DX12345
- 71 FPS CODE: b
- 72 ECI: c
- 74 PRINCIPAL PROCEDURE CODE: a
- 75 OTHER PROCEDURE CODE: b
- 76 OTHER PROCEDURE CODE: c
- 77 OTHER PROCEDURE CODE: d
- 78 OTHER PROCEDURE CODE: e
- 80 REMARKS: (empty)
- 81CC: a

The form is labeled "UB-04 CMS-1450" at the bottom left and "APPROVED OM" at the bottom center. The NUBC logo is visible at the bottom right.

# Forum and Support

Fiachra Forms offers individual support and service by phone, email, video tutorials, and a community forum for commonly asked questions.

## Live Support

Dedicated support agents are available to chat on the [website](#) Monday-Friday 10:00 a.m. to 4:00 p.m. Mountain Time.

## Phone Support

Phone support is available Monday through Friday, 10 – 4 PM.  
Call us at 602-999-1243

## Community Forum

[Free community forum](#) with the most frequently asked questions.

