

OFFICIAL

UB-04

Data Specifications Manual

2015

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ADOPTED BY:

NUBC[™]

National Uniform Billing Committee



**American Hospital
Association**

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Effective Date: March 1, 2007
Meeting Date:

Form Locator 01
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Data Element **Billing Provider Name, Address and Telephone Number**

Definition: The name and service location of the provider submitting the bill.

Reporting Name and Address
• UB-04: Required.
• 005010: Required.

Telephone
• UB-04: Required.
• 005010: Situational. Required when this information is different than that contained in the Submitter PER segment (Loop ID-1000A).

Country Code
• UB-04: Situational. Required when the address is outside the United States of America.
• 005010: Situational. Required when the address is outside the United States of America.

Field Attributes 1 Field
4 lines
25 Positions
Alphanumeric
Left-justified