UB04 Box 2 - How Do I Use an Alternative Pay to Address on an institutional claim?

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If you want to add an alternative pay-to-address or lockbox (P.O. Box) address in box 2 on the UB04 Form, follow the steps outlined below:

- 1. Hover your cursor on the Account tab and select Offices.
- 2. Press the Edit button corresponding to the office for which you want to edit the address.

nage offi	ces									
ve Offices									Page 1 of 1	+ Add New Office
Name Provider	Address	City	Phone	Facility Code	# Exam Rooms	Online Schedule	Sharing	Telehealth Enabled		1
Primary Office	789 Main Street	Baltimore		11	4	None But Visible To Patients	Share View	OFF		Edit Archive
Test office	test office	Annapolis		11	4	None	Share View	OFF	⊖ History	Edit Archive
C new office	789 Main Street	Halethorpe		11	4	None	Share View	OFF		Edit Archive
	Ve Offices Name Provider Primary Office Test office C new	Provider Address Primary Office 789 Main Street Test office test office C new 789 Main	Name Provider Address City Primary Office 789 Main Baltimore Test office test office Annapolis C new 789 Main Halethorpe	Name Provider Address City Phone Primary Office 789 Main Baltimore Image: City Image: City Test office test office Annapolis Image: City Image: City C new 789 Main Halethorpe	Name Provider Address City Phone Facility Code Primary Office 789 Main Street Baltimore 11 Test office test office Annapolis 11 C new 789 Main Halethorpe 11	Name Provider Address City Phone Facility # Exam Rooms Primary Office 789 Main Street Baltimore 11 4 Test office test office Annapolis 11 4 C new 789 Main Halethorpe 11 4	Name Provider Address City Phone Facility Code # Exam Rooms Online Schedule Primary Office 789 Main Street Baltimore 11 4 None But Visible To Patients Test office test office Annapolis 11 4 None C new 789 Main Halethorpe 11 4 None	Name Provider Address City Phone Facility Code # Exam Rooms Online Schedule Sharing Primary Office 789 Main Baltimore 11 4 None But Visible To Patients Share View Test office test office Annapolis 11 4 None Share View C new 789 Main Halethorpe 11 4 None Share View	Name Provider Address City Phone Facility Code # Exam Rooms Online Schedule Sharing Telehealth Enabled Primary Office 789 Main Street Baltimore 11 4 None But Visible To Patients Share View OFF Test office test office Annapolis 11 4 None Share View OFF C new 789 Main Halethorpe 11 4 None Share View OFF	Page 1 of 1 Name Provider Address City Phone Facility Code # Exam Rooms Online Schedule Sharing Telehealth Enabled Primary Office X89 Main Street Baltimore I 11 4 None But Visible To Patients Share View OFF Itistory Test office test office Annapolis I1 4 None Share View OFF Itistory C new 789 Main Halethorpe I1 4 None Share View OFF Itistory

3. Select the Billing tab.

Primary Doctor for Office							
Edit Office							
Basic Billing Online Sche	Basic Billing Online Schedule Providers eRx						
Billing name	Leave it blank if same to account settings.						
Facility Code							
Billing Provider Office	← Professional medical billing only.						
Use facility NPI number in box 32a of HCFA form							
Facility NPI number	Used in HCFA box#32a and UB04 box#56						
Facility provider number							
Billing Tax ID # (professional)	Leave it blank if same to account settings.						
Billing NPI number	Leave it blank if same to account settings.						
CLIA Number	CLIA # for billing. Leave it blank if same to account	setting.					
CLIA Expiration Date	Expiration date for CLIA number.						
Use alternate pay to address for EDI	use alternate "pay to" address in EDI billing if checked.						
Use alternate pay to address for HCFA	use alternate "pay to" address in HCFA form block 33 if checked.						
Use alternate pay to address in Patient Statement	use alternate "pay to" address in patient statement if checked.						

4. Scroll down to the Institutional Medical Billing section and check the option **Use alternate pay to address in Hospital Claim**.

Use alternate pay to address in Hospital Claim	use alternate "pay to" address in 837i billing and UB-04 form if checked.				
Facility Tax ID # (institutional)		Leave it blank if same to account settings.			
Facility Type	•	default value for UB04 box 4			
Care Type	~	default value for UB04 box 4			
Billing Sequence	· v	default value for UB04 box 4			
Addmission Type	· v	default value for UB04 box 14			
Origin Point	· ·	default value for UB04 box 15			
Discharge Status	· v	default value for UB04 box 17			

5. After entering the address, press **Save**.

Institutional Medical Billing						
Use alternate pay to address in Hospital Claim	use alternate "pay to" address in 837i billing and UB-04 form if checked.					
Facility Tax ID # (institutional)		Leave it blank if same to account settings.				
Facility Type	v	default value for UB04 box 4				
Care Type	~	default value for UB04 box 4				
Billing Sequence	•	default value for UB04 box 4				
Addmission Type	•	default value for UB04 box 14				
Origin Point	(v	default value for UB04 box 15				
Discharge Status	~	default value for UB04 box 17				
Save						

The address which you entered here will appear in box 2 on the UB04 form.