

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.

Manage offices

Active Offices Page 1 of 1 [+ Add New Office](#)

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	<input type="checkbox"/> OFF	History Edit Archive
 Test office	test office	Annapolis		11	4	None	Share View	<input type="checkbox"/> OFF	History Edit Archive
 C new office	789 Main Street	Halethorpe		11	4	None	Share View	<input type="checkbox"/> OFF	History Edit Archive

3. Select the **Billing** tab.

Primary Doctor for Office

Edit Office

[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**.

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 default value for UB04 box 4

Care Type default value for UB04 box 4

Billing Sequence default value for UB04 box 4

Admission Type default value for UB04 box 14

Origin Point default value for UB04 box 15

Discharge Status 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

default value for UB04 box 4

Care Type

default value for UB04 box 4

Billing Sequence

default value for UB04 box 4

Admission Type

default value for UB04 box 14

Origin Point

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.
