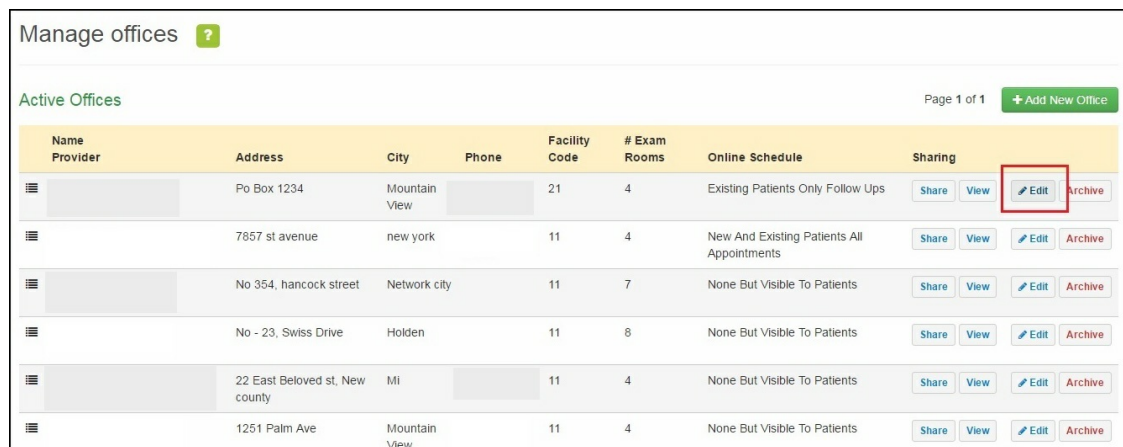


UB04 Box 2 - How Do I Use an Alternative Pay to Address on an institutional claim?

09/17/2024 10:04 am EDT

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. Click on the **Edit** button corresponding to the office for which you want to edit the address.

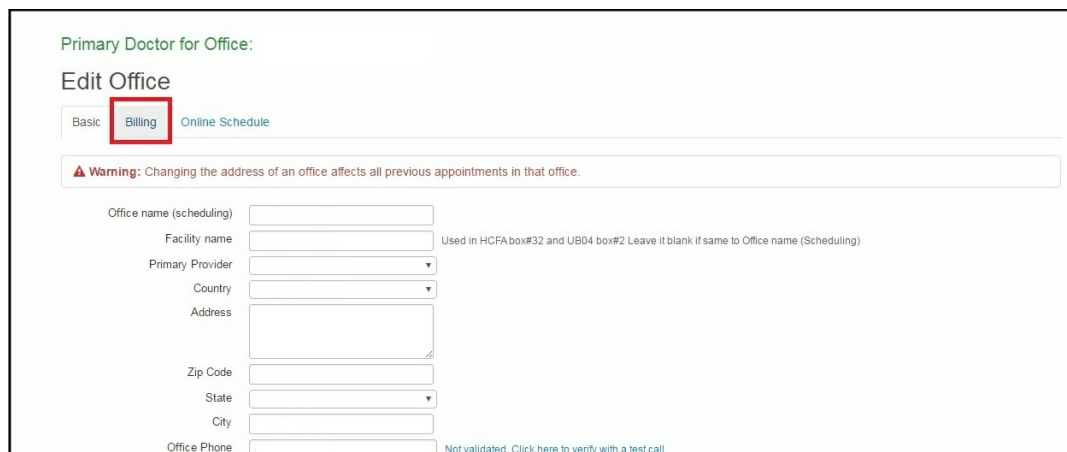


Manage offices ?

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

Name Provider	Address	City	Phone	Facility Code	# Exam Rooms	Online Schedule	Sharing
	Po Box 1234	Mountain View		21	4	Existing Patients Only Follow Ups	Share View Edit Archive
	7857 st avenue	new york		11	4	New And Existing Patients All Appointments	Share View Edit Archive
	No 354, hancock street	Network city		11	7	None But Visible To Patients	Share View Edit Archive
	No - 23, Swiss Drive	Holden		11	8	None But Visible To Patients	Share View Edit Archive
	22 East Beloved st, New county	Mi		11	4	None But Visible To Patients	Share View Edit Archive
	1251 Palm Ave	Mountain View		11	4	None But Visible To Patients	Share View Edit Archive

3. Click on the **Billing** tab.



Primary Doctor for Office:

Edit Office

Basic **Billing** [Online Schedule](#)

Warning: Changing the address of an office affects all previous appointments in that office.

Office name (scheduling)

Facility name Used in HCFA box#32 and UB04 box#2. Leave it blank if same to Office name (Scheduling)

Primary Provider

Country

Address

Zip Code

State

City

Office Phone Not validated. [Click here to verify with a test call.](#)

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)	<input type="text"/>	Leave it blank if same to account settings.
Hospital Pay to Address	<input type="text"/>	US address only
Hospital Pay to Zip Code	<input type="text"/>	
Hospital Pay to State	<input type="text"/>	
Hospital Pay to City	<input type="text"/>	
Facility Type	<input type="text"/>	default value for UB04 box 4
Care Type	<input type="text"/>	default value for UB04 box 4
Billing Sequence	<input type="text"/>	default value for UB04 box 4
Admission Type	<input type="text"/>	default value for UB04 box 14
Origin Point	<input type="text"/>	default value for UB04 box 15
Discharge Status	<input type="text"/>	default value for UB04 box 17

Save

5. After entering the address, click on **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)	<input type="text"/>	Leave it blank if same to account settings.
Hospital Pay to Address	<input type="text"/>	US address only
Hospital Pay to Zip Code	<input type="text"/>	
Hospital Pay to State	<input type="text"/>	
Hospital Pay to City	<input type="text"/>	
Facility Type	<input type="text"/>	default value for UB04 box 4
Care Type	<input type="text"/>	default value for UB04 box 4
Billing Sequence	<input type="text"/>	default value for UB04 box 4
Admission Type	<input type="text"/>	default value for UB04 box 14
Origin Point	<input type="text"/>	default value for UB04 box 15
Discharge Status	<input type="text"/>	default value for UB04 box 17

Save

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

