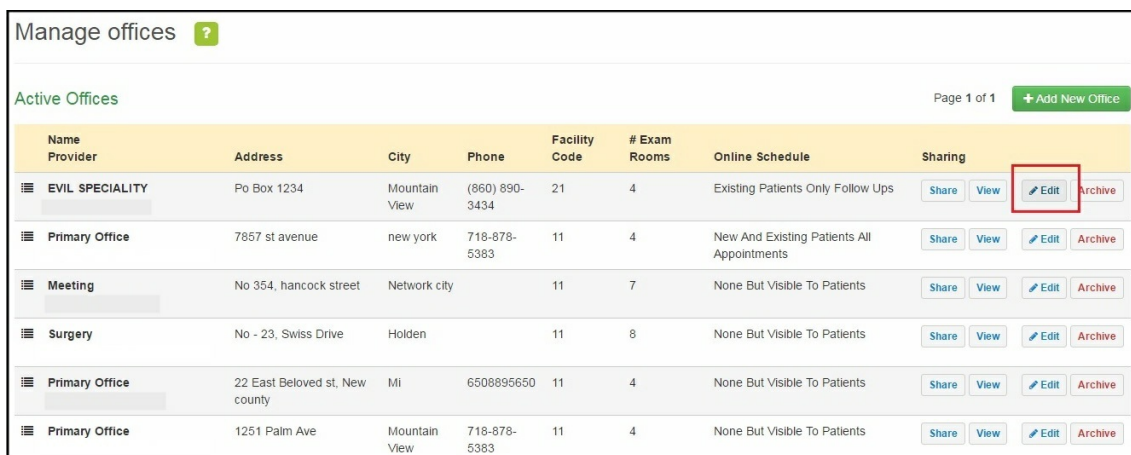


# HCFA 1500 Box 33 - How Do I Use an Alternative Pay to Address

09/17/2024 3:21 pm EDT

If you want to add an alternative pay-to address or lockbox (P.O. Box) address in box 33 on the HCFA 1500 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   |
|-----------------|--------------------------------|---------------|----------------|---------------|--------------|--|---|
| EVIL SPECIALITY | Po Box 1234                    | Mountain View | (860) 890-3434 | 21            | 4            | Existing Patients Only Follow Ups          | <a href="#">Share</a> <a href="#">View</a> <a href="#">Edit</a> <a href="#">Archive</a> |
| Primary Office  | 7857 st avenue                 | new york      | 718-878-5383   | 11            | 4            | New And Existing Patients All Appointments | <a href="#">Share</a> <a href="#">View</a> <a href="#">Edit</a> <a href="#">Archive</a> |
| Meeting         | No 354, hancock street         | Network city  |                | 11            | 7            | None But Visible To Patients               | <a href="#">Share</a> <a href="#">View</a> <a href="#">Edit</a> <a href="#">Archive</a> |
| Surgery         | No - 23, Swiss Drive           | Holden        |                | 11            | 8            | None But Visible To Patients               | <a href="#">Share</a> <a href="#">View</a> <a href="#">Edit</a> <a href="#">Archive</a> |
| Primary Office  | 22 East Beloved st, New county | Mi            | 6508895650     | 11            | 4            | None But Visible To Patients               | <a href="#">Share</a> <a href="#">View</a> <a href="#">Edit</a> <a href="#">Archive</a> |
| Primary Office  | 1251 Palm Ave                  | Mountain View | 718-878-5383   | 11            | 4            | None But Visible To Patients               | <a href="#">Share</a> <a href="#">View</a> <a href="#">Edit</a> <a href="#">Archive</a> |

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



Primary Doctor for Office: Dr. Eugene Walsh

## 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 and check the option **Use alternate pay to address for HCFA**.

|   |                                     |  |
|---|-------------------------------------|--|
| Billing name                                      | <input type="text"/>                | Leave it blank if same to account settings.                      |
| Facility Code                                     | 21 - Inpatient Hospital ▼           |  |
| Billing Provider Office                           | ----- ▼                             | Professional medical billing only.                               |
| Use facility NPI number in box 32a of HCFA form   | <input checked="" type="checkbox"/> |  |
| Facility NPI number                               | 1234567890                          | Used in HCFA box#32a and UB04 box#56                             |
| Facility provider number                          | 9876543210                          |  |
| Billing Tax ID # (professional)                   | <input type="text"/>                | Leave it blank if same to account settings.                      |
| Billing NPI number                                | 7894561230                          | Leave it blank if same to account settings.                      |
| CLIA Number                                       | <input type="text"/>                | CLIA # for billing. Leave it blank if same to account setting.   |
| CLIA Expiration Date                              | <input type="text"/>                | Expiration date for CLIA number.                                 |
| Use alternate pay to address for EDI              | <input type="checkbox"/>            | use alternate "pay to" address in EDI billing if checked.        |
| Use alternate pay to address for HCFA             | <input checked="" type="checkbox"/> | use alternate "pay to" address in HCFA form block 33 if checked. |
| Use alternate pay to address in Patient Statement | <input type="checkbox"/>            | use alternate "pay to" address in patient statement if checked.  |

[Save](#)

5. Once the option is checked, the fields to enter the address will become available for you to enter the information.

|   |                                     |  |
|---|-------------------------------------|--|
| Billing Tax ID # (professional)                   | <input type="text"/>                | Leave it blank if same to account settings.                      |
| Billing NPI number                                | 7894561230                          | Leave it blank if same to account settings.                      |
| CLIA Number                                       | <input type="text"/>                | CLIA # for billing. Leave it blank if same to account setting.   |
| CLIA Expiration Date                              | <input type="text"/>                | Expiration date for CLIA number.                                 |
| Use alternate pay to address for EDI              | <input type="checkbox"/>            | use alternate "pay to" address in EDI billing if checked.        |
| Use alternate pay to address for HCFA             | <input checked="" type="checkbox"/> | use alternate "pay to" address in HCFA form block 33 if checked. |
| Use alternate pay to address in Patient Statement | <input type="checkbox"/>            | use alternate "pay to" address in patient statement if checked.  |

|                 |                                      |
|-----------------|--------------------------------------|
| Pay to Address  | <input type="text" value="1581316"/> |
| Pay to Zip Code | <input type="text" value="665"/>     |
| Pay to State    | Georgia ▼                            |
| Pay to City     | <input type="text"/>                 |
| Pay to Country  | UNITED STATES ▼                      |

[Save](#)

6. After entering the address, click on **Save**.

|   |  |  |
|---|--|--|
| Billing Tax ID # (professional)                   | <input type="text"/>                       | Leave it blank if same to account settings.                      |
| Billing NPI number                                | <input type="text" value="7894561230"/>    | Leave it blank if same to account settings.                      |
| CLIA Number                                       | <input type="text"/>                       | CLIA # for billing. Leave it blank if same to account setting.   |
| CLIA Expiration Date                              | <input type="text"/>                       | Expiration date for CLIA number.                                 |
| Use alternate pay to address for EDI              | <input type="checkbox"/>                   | use alternate "pay to" address in EDI billing if checked.        |
| Use alternate pay to address for HCFA             | <input checked="" type="checkbox"/>        | use alternate "pay to" address in HCFA form block 33 if checked. |
| Use alternate pay to address in Patient Statement | <input type="checkbox"/>                   | use alternate "pay to" address in patient statement if checked.  |
| Pay to Address                                    | <input type="text" value="1581316"/>       |  |
| Pay to Zip Code                                   | <input type="text" value="665"/>           |  |
| Pay to State                                      | <input type="text" value="Georgia"/>       |  |
| Pay to City                                       | <input type="text"/>                       |  |
| Pay to Country                                    | <input type="text" value="UNITED STATES"/> |  |
| <input type="button" value="Save"/>               |  |  |

The address which you entered here will appear in box 33 on the HCFA-1500 form.

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