

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

Last modified on 03/19/2026 11:14 am 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	Share View Edit Archive
Primary Office	7857 st avenue	new york	718-878-5383	11	4	New And Existing Patients All Appointments	Share View Edit Archive
Meeting	No 354, hancock street	Network city		11	7	None But Visible To Patients	Share View Edit Archive
Surgery	No - 23, Swiss Drive	Holden		11	8	None But Visible To Patients	Share View Edit Archive
Primary Office	22 East Beloved st, New county	Mi	6508895650	11	4	None But Visible To Patients	Share View Edit Archive
Primary Office	1251 Palm Ave	Mountain View	718-878-5383	11	4	None But Visible To Patients	Share View Edit Archive

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	1581316
Pay to Zip Code	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 that you entered here will appear in box 33 on the HCFA-1500 form.
