UB-04 Face Sheet Sample

Midlands Choice

(Claim Facesheet Page 1 of 1)

Patient Name:	LASTNAME, FIRSTNAME	Payer Name	
Member Number:	##########	PAYER ADDRESS	
Employer Group Name:	EMPLOYERNAME	CITY, ST #####-####	
Submitted Policy Number:	#######	###-###-####	
Claim Number:	#########URMDC##DTX#	MCE#: MCE######	
		MCC#: MCC######	
Provider:	FACILITY NAME		
Federal Tax ID#:	#########		

Midlands Choice staff use these numbers when researching claims.

Original Repriced Date:
Corrected Date:
Previous Print/EDI Date:
Today's Date:

BEGIN SERVICE	END SERVICE	CHARGED AMOUNT	ALLOWED AMOUNT	WRITE-OFF AMOUNT
05/21/2006	05/21/2006	#,###.00	#,###.00	###.00

Contractual Arrangement

Submitted DRG: 323 Repriced DRG: 323

Service Type	Code	Modifier	Arrangement	Rate	Days/Units	Charged Amount	Allowed Amount
All IP			Percent	##.00%		#,###.00	#,###.00

Claim History

Foreign System ID	Service From	Service To	Bill Date	Bill Type	Charged Amount	Billed Amount	Allowed Amount	Cumm. Allowed	Write-Off Amount	Cumm. Discount
200605262UOMDC000PXN	**05/21/2007**	**05/21/2007**		**111**		**#,###.00**				
			05/30/2007			#,###.00	#,###.00	#,###.00	###.00	###.00
200605312URMDC00DTX8	**05/21/2007**	**05/21/2007**		**115**	**##.00**					
			06/01/2007			#,###.00	##.00	#,###.00	##.00	###.00

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