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

07/24/2024 9:46 pm 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.

Account	Marketplace					
ACCOUNT SETTINGS						
User Settings						
Provider Settings						
onpatient Settings						
Account Setup						
Custom Fields						
Copy Dashboard (Beta)						
API						
App Directo	ory					
PRACTICE SETTINGS						

Offices

Facilities

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

lanage office	S 김								
tive Offices							Page 1 of 1	+ Add Ne	ew 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		Archive
	7857 st avenue	new york		11	4	New And Existing Patients All Appointments	Share View		Archive
	No 354, hancock street	Network city		11	7	None But Visible To Patients	Share View		Archive
	No - 23, Swiss Drive	Holden		11	8	None But Visible To Patients	Share View		Archive
I	22 East Beloved st, New county	Mi		11	4	None But Visible To Patients	Share View		Archive
	1251 Palm Ave	Mountain View		11	4	None But Visible To Patients	Share View		Archive

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

Edit Office									
Basic Billing Online Sched	ule								
A Warning: Changing the addre	ss of an office affects all pr	revious ap	pointment	ts in that	office.				
Office name (scheduling)									
Facility name		i	Jsed in HCF	Abox#32	and UB04 box#2 Leave it bl	ank if same to Offi	ce name (Scheduling		
					and obor boxing goard it bi		ce name (ocneduning	,	
Primary Provider		¥					ce name (ochedding		
Primary Provider Country		v					te name (ochedding		
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Country		T					ee name (ochodonny	,	
Country		T					ee name (ocheddining	,	
Country Address		¥ ¥					ee name (ee neddining	,	
Country Address Zip Code		¥ ¥					ce name (ceneduling	,	

4. Scroll down to the Institutional Medical Billing section and check the option **Use alternate pay to address in Hospital Claim**.

i billing and UB-04 form if checked.	Use alternate pay to address in Hospital Claim	
Leave it blank if same to account settin		Facility Tax ID # (institutional)
US address only		Hospital Pay to Address
		Hospital Pay to Zip Code
	· · · · · · · · · · · · · · · · · · ·	Hospital Pay to State
		Hospital Pay to City
default value for UB04 box 4	· •	Facility Type
default value for UB04 box 4	· · · · · · · · · · · · · · · · · · ·	Care Type
default value for UB04 box 4	V	Billing Sequence
default value for UB04 box 14	V	Addmission Type
default value for UB04 box 15	•	Origin Point
default value for UB04 box 17	•	Discharge Status

Institutional Medical Billing

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)		Leave it blank if same to account settings.			
Hospital Pay to Address		US address only			
Hospital Pay to Zip Code					
Hospital Pay to State	v)			
Hospital Pay to City					
Facility Type	•	default value for UB04 box 4			
Care Type	¥	default value for UB04 box 4			
Billing Sequence	•	default value for UB04 box 4			
Addmission 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.