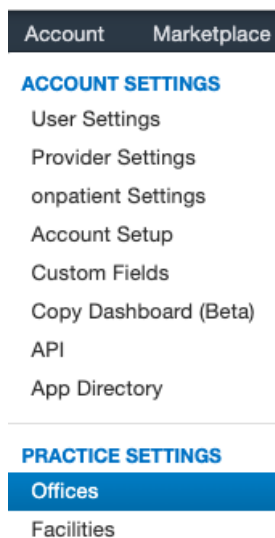


UB04 Box 2 - How Do I Use an Alternative Pay to Address on an institutional claim?

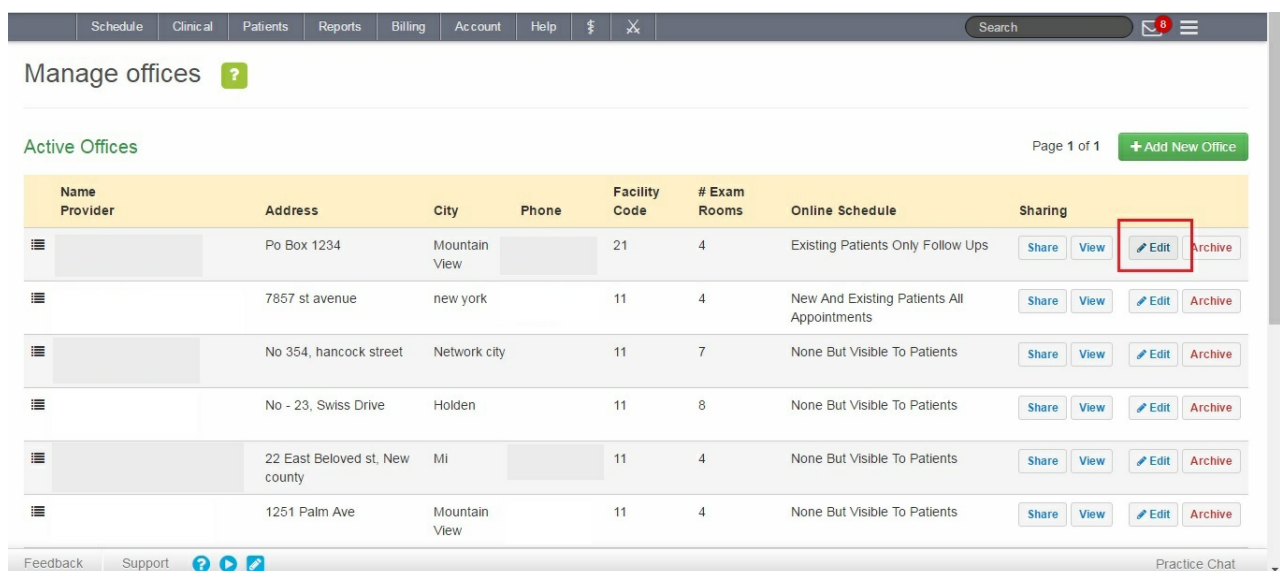
07/24/2024 9:46 pm EDT

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**.



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



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

Schedule Clinical Patients Reports Billing Account Help \$ X Search 8

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.](#)

https://srinivasasai.drchrono.com/offices/75204/#tab_billing Practice Chat

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) Leave it blank if same to account settings.

Hospital Pay to Address US address only

Hospital Pay to Zip Code

Hospital Pay to State

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

Admission Type default value for UB04 box 14

Origin Point default value for UB04 box 15

Discharge Status 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)

Leave it blank if same to account settings.

Hospital Pay to Address

US address only

Hospital Pay to Zip Code

Hospital Pay to State

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

Admission 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.