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 S	ETTINGS
User Settin	gs
Provider Se	ettings
onpatient S	Settings
Account Se	etup
Custom Fie	elds
Copy Dash	board (Beta)
API	
App Directo	ory
PRACTICE S	ETTINGS

Offices

Facilities

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

Schedule	Clinic al	Patients	Reports	Billing Acc	ount Help	\$ X		Se	earch	_ ⊵
lanage offi	ices	?								
ctive Offices									Page 1 of 1	+ Add New Office
Name Provider		Addr	ess	City	Phone	Facility Code	/ # Exam Rooms	Online Schedule	Sharing	
		Po Bo	ox 1234	Mounta View	in	21	4	Existing Patients Only Follow Ups	Share View	Edit Archive
		7857	st avenue	new you	ĸ	11	4	New And Existing Patients All Appointments	Share View	Edit Archive
		No 35	4, hancock stre	et Networl	k city	11	7	None But Visible To Patients	Share View	Edit Archive
		No - 2	23, Swiss Drive	Holden		11	8	None But Visible To Patients	Share View	Edit Archive
		22 Ea count	st Beloved st, N y	ew Mi		11	4	None But Visible To Patients	Share View	Edit Archive
		1251	Palm Ave	Mounta View	in	11	4	None But Visible To Patients	Share View	Edit Archive
edback Suppo	ort 🕜									Practice Chat

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

Edit Office						
Basic Billing Online Sched	ule					
A Warning: Changing the address	ss of an office affects all pr	revious ap	pointment	s in that o	ce.	
Office name (scheduling)						
Facility name		Ú	Jsed in HCF/	Abox#32 ar	UB04 box#2 Leave it blank if same to Office name (Scheduling)	
Primary Provider		•				
Primary Provider Country		v				
Primary Provider Country Address		v				
Primary Provider Country Address		* *				
Primary Provider Country Address Zip Code		Y				
Primary Provider Country Country Address Zip Code State		¥ ¥				
Primary Provider Country Address Zip Code State City		¥ ¥				

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 837	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	•)			
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.