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

07/24/2024 3:10 pm 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.



PRACTICE SETTINGS					
Offices					
Facilities					

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

1;	anage offices	?								
ct	ive Offices							Page 1 of 1	+ Add N	ew 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		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		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.

Schedule Clinical Patients	Reports Billing Acco	unt Help \$ 📈	Search	h 🔜 📑
Primary Doctor for Office	e: Dr. Eugene Walsh			
Edit Office				
Edit Office				
Basic Billing Online Sch	edule			
A Warning: Changing the add	ress of an office affects all previou	is appointments in that office.		
Office name (scheduling)	EVIL SPECIALITY			
Facility name	UNDERWORLD	Used in HCFA box#32 and UB04 box#2 Leave it b	lank if same to Office name (Scheduling)	
Primary Provider	Dr. Eugene Walsh	•		
Country	UNITED STATES	Y		
Address	Po Box 1234			
Zip Code	94040	2		
State	California			
City	Mountain View			
Office Phone				
	(860) 890-3434	Not validated. Click here to verify with a test call.		
vasasai.drchrono.com/offices/75204/#tab_bil	ing			Practice C

4. Scroll down and check the option Use alternate pay to address for HCFA.

	Schedule	Clinic al	Patients	Reports	Billing	Account	Help	\$	×			Search	_ ⊵ 🛃
		Billi	ng name				Leave it blar	nk if same	to account se	ettings.			
		Faci	lity Code	21 - Inpatient	Hospital	¥							
		Billing Provid	er Office			•	Professiona	al medical	billing only.				
		se facility NP box 32a of H0											
		Facility NP	l number	1234567890			Used in HCF	A box#3	a and UB04	box#56			
	Fa	acility provide	r number	9876543210									
	Billing 1	fax ID # (prof	essional)				Leave it blar	nk if same	to account s	ettings.			
		Billing NP	l number	7894561230			Leave it blar	nk if same	to account s	ettings.			
		CLIA	Number				CLIA # for bi	lling. Lea	ve it blank if s	ame to account setti	ing.		
		CLIA Expira	tion Date		Expira	ation date for	CLIA number						
	Use altern	ate pay to ad	dress for EDI	use alternate	e "pay to" ac	ddress in EDI	billing if cheo	ked.					
	Use altern	ate pay to ad	dress for HCFA	use alternate	e "pay to" ac	ddress in HCF	A form block	33 if che	cked.				
Use alternate pay to address in Patient Statement				use alternate	e "pay to" ac	ldress in patie	ent statemen	t if checke	d.				
			Save										
back	Suppo	ort 📝											Practice Cl

5. Once the option is checked, the fields to enter the address will become available for you to enter the information.

Schedule Clinical Patients	s Reports Billing Accou	unt Help \$ 🗶	Search 💽 🚍	
Billing Tax ID # (professional)		Leave it blank if same to account settings.		
Billing NPI number	7894561230	Leave it blank if same to account settings.		
CLIA Number		CLIA # for billing. Leave it blank if same to account setting.		
CLIA Expiration Date	Expiration date f	for CLIA number.		
Use alternate pay to address for EDI	use alternate "pay to" address in E	EDI billing if checked.		÷
Use alternate pay to address for HCFA	use alternate "pay to" address in H	ICFA form block 33 if checked.		1
Use alternate pay to address in Patient Statement	use alternate "pay to" address in p	atient statement if checked.		1
Pay to Address Pay to Zip Code Pay to State Pay to City Pay to Country	1581316 665 Georgia UNITED STATES			
Save Feedback Support 🧭			Practice Chat	-

6. After entering the address, click on **Save**.

Schedule Clinical Patients	Reports Billing Accour	t Help \$ 🗶	Search	
Billing Tax ID # (professional)		Leave it blank if same to account settings.		
Billing NPI number	7894561230	Leave it blank if same to account settings.		
CLIA Number		CLIA # for billing. Leave it blank if same to account setting.		
CLIA Expiration Date	Expiration date for	r CLIA number.		
Use alternate pay to address for EDI	use alternate "pay to" address in ED	I billing if checked.		
Use alternate pay to address for HCFA	use alternate "pay to" address in H0	FA form block 33 if checked.		
Use alternate pay to address in Patient Statement	use alternate "pay to" address in pa	tient statement if checked.		
Pay to Address	1581316			
Pay to Zip Code	665			
Pay to State	Georgia			
Pay to City				
Pay to Country	UNITED STATES			
Save				
Feedback Support 🛃				Practice Chat

The address which you entered here will appear in box 33 on the HCFA-1500 form.