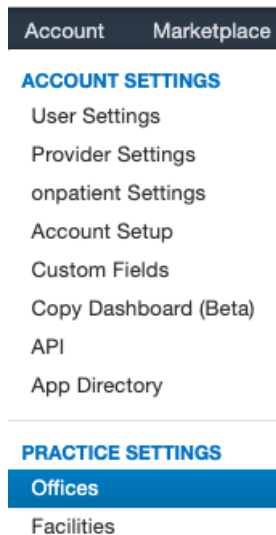


HCFA 1500 Box 33 - How Do I Use an Alternative Pay to Address

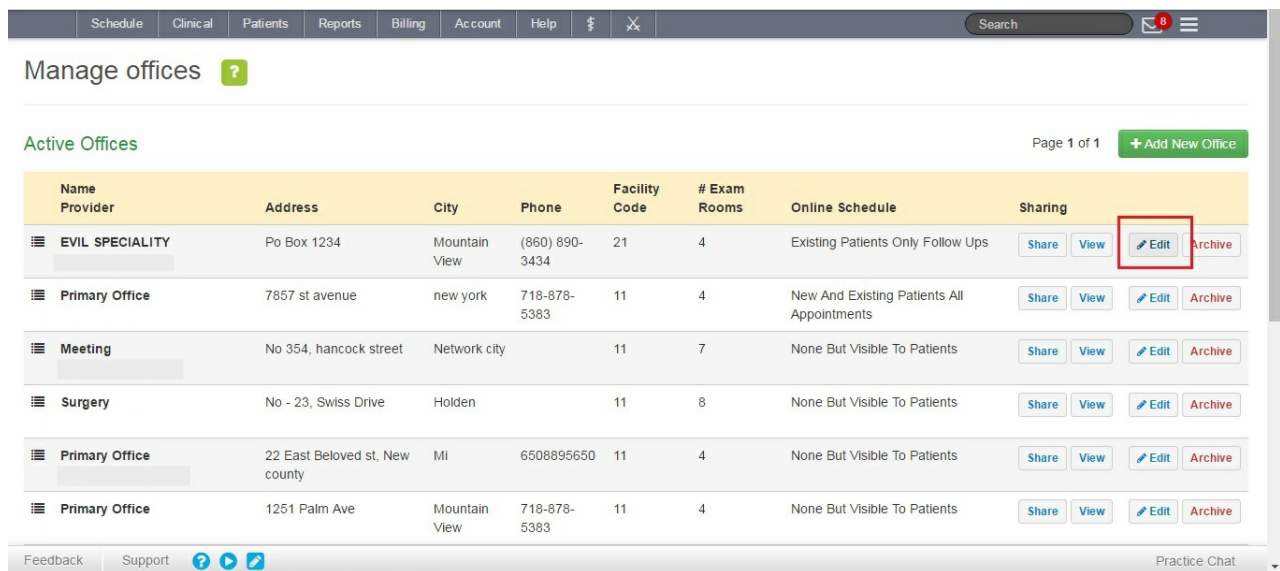
07/24/2024 3:10 pm EDT

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**.



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: Dr. Eugene Walsh

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://srimivasasai.dicrono.com/offices/75204/#tab_billing Practice Chat

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

Schedule Clinical Patients Reports Billing Account Help \$ X

Search 8

Billing name Leave it blank if same to account settings.

Facility Code

Billing Provider Office Professional medical billing only.

Use facility NPI number in box 32a of HCFA form

Facility NPI number Used in HCFA box#32a and UB04 box#56

Facility provider number

Billing Tax ID # (professional) Leave it blank if same to account settings.

Billing NPI number 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 CLIA number.

Use alternate pay to address for EDI use alternate "pay to" address in EDI billing if checked.

Use alternate pay to address for HCFA use alternate "pay to" address in HCFA form block 33 if checked.

Use alternate pay to address in Patient Statement use alternate "pay to" address in patient statement if checked.

Save

Feedback Support Practice Chat

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

Schedule Clinical Patients Reports Billing Account Help \$ X

Search 8

Facility provider number

Billing Tax ID # (professional) Leave it blank if same to account settings.

Billing NPI number 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 CLIA number.

Use alternate pay to address for EDI use alternate "pay to" address in EDI billing if checked.

Use alternate pay to address for HCFA use alternate "pay to" address in HCFA form block 33 if checked.

Use alternate pay to address in Patient Statement use alternate "pay to" address in patient statement if checked.

Pay to Address

Pay to Zip Code

Pay to State

Pay to City

Pay to Country

Save

Feedback Support Practice Chat

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

Schedule Clinical Patients Reports Billing Account Help \$ xx

Search 8

Facility provider number 3070343210

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 CLIA number.

Use alternate pay to address for EDI use alternate "pay to" address in EDI billing if checked.

Use alternate pay to address for HCFA use alternate "pay to" address in HCFA form block 33 if checked.

Use alternate pay to address in Patient Statement use alternate "pay to" address in patient 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.