UB-04 Form Processing

Patient Details		
Name: John Doe		
Patient ID: JD1234567	Date of Birth: 01/15/1980	Gender: Male
Address: 123 Main Street, Anytown, State, 12345		
Provider Details		
Provider Name: Anytown General Hospital		
Provider ID (NPI): 9876543210	Contact Number: 456 Hospital Drive, Anytown, State, 12345	
Address: (123) 456-7890		
Insurance Details		
Insurance Company: HealthCoverage Inc.0		
Policy Number: HC9876543	Group Number: HG1234	
Medical Service Details		
Date of Admission: 07/01/2023	Date of Discharge: 07/10/2023	
Diagnosis Code(s): J18.9 (Pneumonia, unspecified organism)		
Procedure Code(s): 99223 (Initial hospital care)		
Total Charges: $5000		
Billing and Coding Staff		
Prepared by: Jane Smith		
Checked by: Robert Johnson		
Date Submitted: 07/15/2023		