

### Data Field Specifications

The following data fields must be produced from the UB-04:

Form Locator	Line	
FL03a		Patient Number
FL06	1	Period
FL09	2c	State
FL09	2d	Zip
FL12	1	Admission Date
FL47	1-22	Hospital Charge (appropriate Rev codes)
FL47	1-22	Physician Charge (appropriate Rev codes)
FL47	23	Total Charges
FL50	A	Payer ID
FL50	B	Payer ID
FL50	C	Payer ID
FL51	A	Payer ID Number
FL51	B	Payer ID Number
FL51	C	Payer ID Number

In addition to the above data fields, each account must also include the following information:

1. Hospital Cash Received
2. Hospital Adjustment
3. Physician Cash Received
4. Physician Adjustment
5. Current Balance on Account