

UB-04 NOTICE: THE SUBMITTER OF THIS FORM UNDERSTANDS THAT MISREPRESENTATION OR FALSIFICATION OF ESSENTIAL INFORMATION AS REQUESTED BY THIS FORM, MAY SERVE AS THE BASIS FOR CIVIL MONETARY PENALTIES AND ASSESSMENTS AND MAY UPON CONVICTION INCLUDE FINES AND/OR IMPRISONMENT UNDER FEDERAL AND/OR STATE LAW(S).

Submission of this claim constitutes certification that the billing information as shown on the face hereof is true, accurate and complete. That the submitter did not knowingly or recklessly disregard or misrepresent or conceal material facts. The following certifications or verifications apply where pertinent to this Bill:

1. If third party benefits are indicated, the appropriate assignments by the insured /beneficiary and signature of the patient or parent or a legal guardian covering authorization to release information are on file. Determinations as to the release of medical and financial information should be guided by the patient or the patient's legal representative.
 2. If patient occupied a private room or required private nursing for medical necessity, any required certifications are on file.
 3. Physician's certifications and re-certifications, if required by contract or Federal regulations, are on file.
 4. For Religious Non-Medical facilities, verifications and if necessary re-certifications of the patient's need for services are on file.
 5. Signature of patient or his representative on certifications, authorization to release information, and payment request, as required by Federal Law and Regulations (42 USC 1935f, 42 CFR 424.36, 10 USC 1071 through 1086, 32 CFR 199) and any other applicable contract regulations, is on file.
 6. The provider of care submitter acknowledges that the bill is in conformance with the Civil Rights Act of 1964 as amended. Records adequately describing services will be maintained and necessary information will be furnished to such governmental agencies as required by applicable law.
 7. For Medicare Purposes: If the patient has indicated that other health insurance or a state medical assistance agency will pay part of his/her medical expenses and he/she wants information about his/her claim released to them upon request, necessary authorization is on file. The patient's signature on the provider's request to bill Medicare medical and non-medical information, including employment status, and whether the person has employer group health insurance which is responsible to pay for the services for which this Medicare claim is made.
 8. For Medicaid purposes: The submitter understands that because payment and satisfaction of this claim will be from Federal and State funds, any false statements, documents, or concealment of a material fact are subject to prosecution under applicable Federal or State Laws.
9. For TRICARE Purposes:
- (a) The information on the face of this claim is true, accurate and complete to the best of the submitter's knowledge and belief, and services were medically and appropriate for the health of the patient;
 - (b) The patient has represented that by a reported residential address outside a military medical treatment facility catchment area he or she does not live within the catchment area of a U.S. Public Health Service medical facility, or if the patient resides within a catchment area of such a facility, a copy of Non-Availability Statement (DD Form 1251) is on file, or the physician has certified to a medical emergency in any instance where a copy of a Non-Availability Statement is not on file;
 - (c) The patient or the patient's parent or guardian has responded directly to the provider's request to identify all health insurance coverage, and that all such coverage is identified on the face of the claim except that coverage which is exclusively supplemental payments to TRICARE-determined benefits;
 - (d) The amount billed to TRICARE has been billed after all such coverage have been billed and paid excluding Medicaid, and the amount billed to TRICARE is that remaining claimed against TRICARE benefits;
 - (e) The beneficiary's cost share has not been waived by consent or failure to exercise generally accepted billing and collection efforts; and,
 - (f) Any hospital-based physician under contract, the cost of whose services are allocated in the charges included in this bill, is not an employee or member of the Uniformed Services. For purposes of this certification, an employee of the Uniformed Services is an employee, appointed in civil service (refer to 5 USC 2105), including part-time or intermittent employees, but excluding contract surgeons or other personal service contracts. Similarly, member of the Uniformed Services does not apply to reserve members of the Uniformed Services not on active duty.
 - (g) Based on 42 United States Code 1395cc(a)(1)(j) all providers participating in Medicare must also participate in TRICARE for inpatient hospital services provided pursuant to admissions to hospitals occurring on or after January 1, 1987; and
 - (h) If TRICARE benefits are to be paid in a participating status, the submitter of this claim agrees to submit this claim to the appropriate TRICARE claims processor. The provider of care submitter also agrees to accept the TRICARE determined reasonable charge as the total charge for the medical services or supplies listed on the claim form. The provider of care will accept the TRICARE-determined reasonable charge even if it is less than the billed amount, and also agrees to accept the amount paid by TRICARE combined with the cost-share amount and deductible amount, if any, paid by or on behalf of the patient as full payment for the listed medical services or supplies. The provider of care submitter will not attempt to collect from the patient (or his or her parent or guardian) amounts over the TRICARE determined reasonable charge. TRICARE will make any benefits payable directly to the provider of care, if the provider of care a participating provider.

UB-04 Printing Standards

The UB-04 is designed to accommodate 10-pitch Pica type, 6 lines per inch. Once adjusted to the left and right, alignment points in the first print line and characters appear within form lines as shown in the print file matrix in Exhibit ___.

The Printing Standards are used in conjunction with the negative layout that was approved by the National Uniform Billing Committee (NUBC) and distributed by TFP Data Systems. Compliance with these standards is required to facilitate the use of image processing technology such as Optical Character Recognition, facsimile transmissions, and image storage.

Contact Information for purchase of License agreement and negatives should be made with TFP Data Systems Compliance Department: 800-482-9367 ext. 1770.

The National Uniform Billing Committee has responsibility for the printing specifications for Form CMS-1450 (paper UB-04). These specifications are as follows:

Cut Sheet:

Size - 8 ½ inches (plus or minus 0.1 inch) by 11 inches (plus or minus 1/6 inch).
217mm by 281mm plus or minus 2mm.

Print - Face and back, head to head.

Margins:

Face-The top margin from the top edge of the form to the first print position is 1/6 inches or .4 mm. The left margin is 0.15 inches to the left end of the first print position.

Back - x.xx inch head and foot, x.xx inch left and right. (TBD)

Offset -The X and Y offset for margins must not vary by more than +/-0.1 inch from sheet to sheet.

The X offset refers to the horizontal distance from the left edge of the paper to the beginning of the printing. The Y offset refers to the vertical distance between the top of the paper and the beginning of the printing.

Askewity - The askewity of the printed image must be no greater than 0.15mm in 100mm.

Paper Stock - White, OCR Bond, 20 lbs., equal to JCP-O-25. Cut square with each corner 90 degrees, plus or minus 0.025 degrees.

Ink color:

Front - Ink is to be PMS no. 192 (OCR-Red) (For Example, Flint J6983, formerly known as Sinclair Valentine). There is to be no contamination with "Black" ink or pigment.

Printed product must meet specifications established as ANSI Standard X-3.86. Printer must maintain proper ink reflectance limits of the OCR reader specified by the purchaser.

Back - Ink is to be PMS no. 421 (Grey)

Titles - Placement will be indicated on negative;

One Part Marginally Punched Continuous Form:

Size - Same dimensions as for Cut Sheet, plus 0.5" left and right, (overall: 9.5" by 11"; detached: 8.5" by 11").

Print - Face and back, head to head.

Margins - On detached sheet, same as for Cut Sheet.

Askewity - On detached sheet, same as for Cut Sheet.

Paper Stock - Same as for Cut Sheet

Ink Color - Same as for Cut Sheet.

Perforations- Marginally ½" left and right, tear line horizontally every 11"

Titles - Placement will be indicated on negative.

Two Part Marginally Punched Continuous Forms:

Size - Same dimensions as for Cut Sheet, plus ½" left and right, (overall: 9.5" x 11"; detached: 8.5" x 11").

Print:

Part 1 - Face and back, head to head.

Part 2 - Face and back, head to head.

Margins - On detached sheet, same as for Cut Sheet.

Askewity - On detached sheet, same as for Cut Sheet.

Paper Stock:

Part 1 - Same as for Cut Sheet.

Part 2 - Any color or weight that does not interfere with scanning of part 1 sheet. Suggest the following sequence:

1st part is 20 CB - OCR

- 2nd part is 14 CFB (if not last part)

- Last part is 15 CF

CB = Coated Back (Carbonless black print)

CFB = Coated Front and Back (Carbonless black print)

CF = Coated Front (Carbonless black print)

Ink Color:

Part 1 - Same as for cut sheet.

Part 2 - Any color that will not interfere with scanning of the part 1 sheet.

Perforations - Marginally ½" left and right, tear line horizontally every 11".

Titles - Placement will be indicated on negative.

The top copy is to be labeled "OCR/Original".

The remaining copies are to be labeled copy 1, copy 2, copy 3, etc.

Color of the above titles is to be in the same ink as the form (see above).

Note: Users may determine the number of parts that are applicable to their needs.

Up to four total parts are feasible on some printers; some other printers may limit the readability of multiple plies.