Neighborhood Health Plan OF RHODE ISLAND™

1 Facility Name	3a PAT. CNTL # 00012345ABCDEFG
2 Facility Street Address	b. MED. REC. # 00012345
Facility City, State Zip	5 FED. TAX NO. 12-3456789
Facility Phone	6 STATEMENT COVERS PERIOD FROM 3/1/2026 THROUGH 3/31/2026

32X

8 PATIENT NAME	9 PATIENT ADDRESS
a 1200000ABCDE	a 11 Sweet Street
b Jane Doe	b Providence c RI d 02908 e

10 BIRTHDATE	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	18	19	20	21	22	23	24	25	26	27	28	29 ACDT STATE	30
1/1/1952	Female	20260216	0701	3	4		01													

31 CODE	31 OCCURRENCE DATE	32 CODE	32 OCCURRENCE DATE	33 CODE	33 OCCURRENCE DATE	34 CODE	34 OCCURRENCE DATE	35 CODE	35 OCCURRENCE SPAN FROM	THROUGH	36 CODE	36 OCCURRENCE SPAN FROM	THROUGH	37
a 50	3/1/2026													a
b														b

Please Note: Occurrence codes required for Skilled Home Health claims. Value here is for example only.

38	39 CODE	39 VALUE CODES AMOUNT	40 CODE	40 VALUE CODES AMOUNT	41 CODE	41 VALUE CODES AMOUNT
	a 80	30000.00				
	b					
	c					
	d					

Please Note: Value codes required for Skilled Home Health claims

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	0023		XXXXX	3/1/2026	31	0.00		
2	0431		XNNNN	3/1/2026	2	100.00		
3	0551		XNNNN	3/1/2026	1			
4	Please note lines may continue through the Dates of Service "to date"; but at least one line on claim should report revenue code 0551.							
5–22								
23		PAGE ____ OF ____	CREATION DATE		TOTALS			

	50 PAYER NAME	51 HEALTH PLAN ID	52 REL. INFO	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	
A	NHP INTEGRITY MCR	05047	Yes	Yes			1234567890	A
B							57 OTHER	B
C							PRV ID	C

	58 INSURED'S NAME	59 P. REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
A	Doe, Jane	18	1200000ABCDE	NHP INTEGRITY MCR	
B					
C					

	63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME
A	ABC123DEF		
B			
C			

66 DX: XXX.X | Y | A | B | C | D | E | F | G | H | 68
I | J | K | L | M | N | O | P | Q

69 ADMIT DX: XXX.X | 70 PATIENT REASON DX: a | b | c | 71 PPS CODE | 72 ECI: a | b | c | 73

74 PRINCIPAL PROCEDURE CODE	DATE	a. OTHER PROCEDURE CODE	DATE	b. OTHER PROCEDURE CODE	DATE	75
c. OTHER PROCEDURE CODE	DATE	d. OTHER PROCEDURE CODE	DATE	e. OTHER PROCEDURE CODE	DATE	

76 ATTENDING	NPI 0987654321	QUAL
LAST		FIRST
77 OPERATING	NPI	QUAL
LAST		FIRST
78 OTHER	NPI	QUAL
LAST		FIRST
79 OTHER	NPI	QUAL
LAST		FIRST

80 REMARKS	81CC	
	a	PXC 251E00000X
	b	
	c	
	d	

UB-04 CMS-1450 APPROVED OMB NO. 0938-0997 NUBC National Uniform Billing Committee LIC9213257 THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

Sample Use Only