

Name: \_\_\_\_\_

The State of Wisconsin requires that we provide them with data related to your race and ethnic background. Based on self-identification, are considered:

**Race Codes (Wisconsin Patients Only)**  
**UB-04 Form Locator 81 B1**

<u>Code</u>	<u>Title</u>	
1	American Indian or Alaskan Native	A person having origins in any of the people of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2	Asian	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
3	Black or African American	A person having origins in any of the black racial groups of Africa.
4	Native Hawaiian or other Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5	White	A person having origins in any of the peoples of Europe, North America or the Middle East.
7	Declined	A person who refuses to answer this question.

**Ethnicity Codes**  
**UB-04 Form Locator 81 B1**

<u>Code</u>	<u>Title</u>	
1	Hispanic or Latino	A person of Mexican, Puerto Rican, Cuban, Central or South America, or other Spanish culture or origin, regardless of race.
2	Not Hispanic or Latino	Person not of Hispanic or Latino ethnicity.
7	Declined	A person who does not answer this question.

Updated 2/3/14