| System Field ID | Description | Notes | Example Output |
|---|--|---|---|
| - | · | | , |
| sys.address1 | Address 1 | To print the address correctly with or without an | 33 BEDFORD RD STE 101 |
| sys.address2 | Address 2 | address 2 field use this order: | GARDENS, FL 33410 |
| sys.address3 | Address 3 | pat.address1 | |
| sys.address4 | Address 4 | pat.address2 pat.address3 | |
| sys.billprovider | Billing Company | * if there is one set in Default Settings | Healthcare Services, LLC |
| sys.city | City | ii there is one set in belauft cettings | GARDENS |
| sys.dbid | Database number | | 61 |
| sys.ein | Practice Tax ID | | 351555926 |
| sys.formname | The actual form name/url | | pdfin/650555926/mappings.pdf |
| sys.ltoday | System Long Date (todays date) | date of when the form is printed | Tuesday, 8 March 2016 |
| sys.phone | Practice Phone | date of when the form is printed | 561 624-5555 |
| sys.practice | Practice Name | | Doc, MD,PA |
| sys.state | Practice State | | FL FL |
| sys.today | Today's Date | date of when the form is printed | 03/08/2016 |
| sys.zip | Practice Zip | date of when the form is printed | 33410 |
| sys.city_st_zip | Practice City, St, Zip | | GARDENS, FL 33410 |
| sys.city_st_zip | Tractice Oity, St, Zip | | GANDENS, LE 35410 |
| user.userid | username | username of who printed this form | JDOE |
| | | username of who printed this form | JDOE |
| sys.time | System Time and Date | | |
| sys.time_with_date | System Time and Date | | |
| sys.blocation_name | System Billing - Libraries Payto/Billing | Setting needs to be added by Support | |
| sys.blocation_address1_2 | - , | gg. | |
| sys.blocation_address full | | | |
| sys.blocation_address1 | | | |
| sys.blocation_address2 | | | |
| sys.blocation_address2 only | | | |
| sys.blocation_address3 | | | |
| sys.blocation_address5 | | | |
| sys.blocation_city sys.blocation_state | | | |
| | | | |
| sys.blocation_zip | | | |
| sys.blocation_city_st_zip | | | |
| sys.blocation_npi | | | |
| sys.blocation_phone | | | |
| sys.blocation_name | | | |
| sys.blocation_address1_2 | | | |
| sys.blocation_address_full | | | |
| sys.plocation name | System PayTo- Libraries Payto/Billing | Setting needs to be added by Support | |
| sys.plocation address1 2 | System ray re zibranee rayterziimig | Sound notes to be deaded by Support | |
| sys.plocation address full | | | |
| sys.plocation_address1 | | | |
| sys.plocation_address2 | | | |
| sys.plocation_address2 only | | | |
| sys.plocation_address3 | | | |
| sys.plocation_address5 | | | |
| sys.plocation_city sys.plocation_state | | | |
| sys.plocation_state sys.plocation_zip | | | |
| | | | |
| sys.plocation_city_st_zip | | | |
| sys.plocation_name | | | |
| sys.plocation_npi | | | |
| sys.plocation_phone | | | |
| | | | |
| Authorization Field ID | Description | Notes | Example Output |
| | • | 110163 | |
| auth.number | Auth# | | 321654313133143 |
| auth.effective | Auth Effective Date | | 01/01/2016 |
| auth.expiration | A E B . | | 01/01/2017 |
| | Auth Expiration Date | | |
| auth.visits_allowed | Auth'd Number of Visits allowed | | 60 |
| auth.visits_used | Auth'd Number of Visits allowed Auth'd Number of Visits used | | 60 1 |
| auth.visits_used auth.visits_used_billed | Auth'd Number of Visits allowed Auth'd Number of Visits used Auth'd Number of Visits used after billed | | 60 1 1 |
| auth.visits_used auth.visits_used_billed auth.visits_used_scheduled | Auth'd Number of Visits allowed Auth'd Number of Visits used Auth'd Number of Visits used after billed Auth'd Number of Visits used after scheduled | | 60 1 1 1 |
| auth.visits_used auth.visits_used_billed auth.visits_used_scheduled auth.visits_remaining | Auth'd Number of Visits allowed Auth'd Number of Visits used Auth'd Number of Visits used after billed Auth'd Number of Visits used after scheduled Auth'd Number of Visits remaining | | 60 1 1 1 1 59 |
| auth.visits_used auth.visits_used_billed auth.visits_used_scheduled | Auth'd Number of Visits allowed Auth'd Number of Visits used Auth'd Number of Visits used after billed Auth'd Number of Visits used after scheduled Auth'd Number of Visits remaining Auth'd Number of Visits remaining after billed | | 60 1 1 1 |
| auth.visits_used auth.visits_used_billed auth.visits_used_scheduled auth.visits_remaining auth.visits_remaining_billed | Auth'd Number of Visits allowed Auth'd Number of Visits used Auth'd Number of Visits used after billed Auth'd Number of Visits used after scheduled Auth'd Number of Visits remaining Auth'd Number of Visits remaining after billed Auth'd Number of Visits remaining after | | 60 1 1 1 1 59 |
| auth.visits_used auth.visits_used_billed auth.visits_used_scheduled auth.visits_remaining auth.visits_remaining_billed auth.visits_remaining_scheduled | Auth'd Number of Visits allowed Auth'd Number of Visits used Auth'd Number of Visits used after billed Auth'd Number of Visits used after scheduled Auth'd Number of Visits remaining Auth'd Number of Visits remaining after billed Auth'd Number of Visits remaining after scheduled | | 60 1 1 1 1 59 11 |
| auth.visits_used auth.visits_used_billed auth.visits_used_scheduled auth.visits_remaining auth.visits_remaining_billed auth.visits_remaining_scheduled auth.dollars_allowed | Auth'd Number of Visits allowed Auth'd Number of Visits used Auth'd Number of Visits used after billed Auth'd Number of Visits used after scheduled Auth'd Number of Visits remaining Auth'd Number of Visits remaining after billed Auth'd Number of Visits remaining after scheduled Auth'd Amount Allowed | | 60 1 1 1 1 59 11 9 \$3,000.00 |
| auth.visits_used auth.visits_used_billed auth.visits_used_scheduled auth.visits_remaining auth.visits_remaining_billed auth.visits_remaining_scheduled auth.dollars_allowed auth.dollars_used | Auth'd Number of Visits allowed Auth'd Number of Visits used Auth'd Number of Visits used after billed Auth'd Number of Visits used after scheduled Auth'd Number of Visits remaining Auth'd Number of Visits remaining after billed Auth'd Number of Visits remaining after scheduled Auth'd Amount Allowed Auth'd Amount Used | | 60 1 1 1 1 59 11 9 \$3,000.00 \$210.00 |
| auth.visits_used auth.visits_used_billed auth.visits_used_scheduled auth.visits_remaining auth.visits_remaining_billed auth.visits_remaining_scheduled auth.dollars_allowed auth.dollars_used auth.dollars_remaining | Auth'd Number of Visits allowed Auth'd Number of Visits used Auth'd Number of Visits used after billed Auth'd Number of Visits used after scheduled Auth'd Number of Visits remaining Auth'd Number of Visits remaining after billed Auth'd Number of Visits remaining after billed Auth'd Number of Visits remaining after scheduled Auth'd Amount Allowed Auth'd Amount Remaining | | 60 1 1 1 59 11 9 \$3,000.00 \$210.00 \$2,790.00 |
| auth.visits_used auth.visits_used_billed auth.visits_used_scheduled auth.visits_remaining auth.visits_remaining_billed auth.visits_remaining_scheduled auth.dollars_allowed auth.dollars_used auth.dollars_remaining auth.days_allowed | Auth'd Number of Visits allowed Auth'd Number of Visits used Auth'd Number of Visits used after billed Auth'd Number of Visits used after scheduled Auth'd Number of Visits remaining Auth'd Number of Visits remaining after billed Auth'd Number of Visits remaining after scheduled Auth'd Amount Allowed Auth'd Amount Used Auth'd Amount Remaining Auth'd Number of Days | | 60 1 1 1 59 11 9 \$3,000.00 \$210.00 \$2,790.00 365 |
| auth.visits_used auth.visits_used_billed auth.visits_used_scheduled auth.visits_remaining auth.visits_remaining_billed auth.visits_remaining_scheduled auth.dollars_allowed auth.dollars_used auth.dollars_remaining auth.dollars_remaining auth.dollars_remaining auth.days_allowed auth.days_used | Auth'd Number of Visits allowed Auth'd Number of Visits used Auth'd Number of Visits used after billed Auth'd Number of Visits used after scheduled Auth'd Number of Visits remaining Auth'd Number of Visits remaining after billed Auth'd Number of Visits remaining after billed Auth'd Number of Visits remaining after scheduled Auth'd Amount Allowed Auth'd Amount Used Auth'd Amount Remaining Auth'd Number of Days Auth'd Number of Days | | 60 1 1 1 1 59 \$3,000.00 \$210.00 \$2,790.00 365 |
| auth.visits_used auth.visits_used_billed auth.visits_used_scheduled auth.visits_remaining auth.visits_remaining_billed auth.visits_remaining_scheduled auth.dollars_allowed auth.dollars_used auth.dollars_remaining auth.days_allowed auth.days_allowed auth.days_used auth.days_remaining | Auth'd Number of Visits allowed Auth'd Number of Visits used Auth'd Number of Visits used after billed Auth'd Number of Visits used after scheduled Auth'd Number of Visits remaining Auth'd Number of Visits remaining after billed Auth'd Number of Visits remaining after billed Auth'd Number of Visits remaining after scheduled Auth'd Amount Allowed Auth'd Amount Used Auth'd Amount Remaining Auth'd Number of Days Auth'd Number of Days Auth'd Number of Days Remaining | | 60 1 1 1 59 \$3,000.00 \$210.00 \$2,790.00 365 1 |
| auth.visits_used auth.visits_used_billed auth.visits_used_scheduled auth.visits_remaining auth.visits_remaining_billed auth.visits_remaining_scheduled auth.dollars_allowed auth.dollars_used auth.dollars_remaining auth.dollars_remaining auth.dollars_remaining auth.days_allowed auth.days_used | Auth'd Number of Visits allowed Auth'd Number of Visits used Auth'd Number of Visits used after billed Auth'd Number of Visits used after scheduled Auth'd Number of Visits remaining Auth'd Number of Visits remaining after billed Auth'd Number of Visits remaining after billed Auth'd Number of Visits remaining after scheduled Auth'd Amount Allowed Auth'd Amount Used Auth'd Amount Remaining Auth'd Number of Days Auth'd Number of Days | | 60 1 1 1 1 59 \$3,000.00 \$210.00 \$2,790.00 365 |

| outh units remaining | Author Number of Unite Description | | 0.00 |
|------------------------------|---|--|--------------------------|
| auth.units_remaining | Auth'd Number of Units Remaining | | 0.00 |
| auth.cpt_list | Auth'd CPT codes (list) | | 99214, 99215 |
| auth.authorizer | Name Entered in Authorizer Box | | Sue Smith |
| auth.note | Note Entered in Note box | | Mapping Veins |
| auth.rendering id | Rendering Provider ID | | 1 |
| auth.rendering_fname_Iname | Rendering Provider First Name Last Name | | MARCUS A SMITH |
| auth.rendering_Iname_fname | Rendering Provider Last Name First Name | | SMITH, MARCUS A |
| | | | SMITH SMITH |
| auth.rendering_abbreviation | Rendering Provider Abbrev | | |
| auth.condition_code | Condition Code Chosen | | SICK |
| auth.condition_descr | Condition Code Description | | SICK |
| | | | |
| Case Field ID | Description | Notes | Example Output |
| | Description | Notes | Example Output |
| case.diag1 | Case Diagnosis 1 | | R39.12 - Poor Urine Flow |
| case.diag2 | Case Diagnosis 2 | | R39.12 - Poor Urine Flow |
| case.diag3 | Case Diagnosis 3 | | R39.12 - Poor Urine Flow |
| case.diag4 | Case Diagnosis 4 | | R39.12 - Poor Urine Flow |
| case.diag5 | Case Diagnosis 5 | | R39.12 - Poor Urine Flow |
| case.diag6 | Case Diagnosis 6 | | R39.12 - Poor Urine Flow |
| • | | | |
| case.diag7 | Case Diagnosis 7 | | R39.12 - Poor Urine Flow |
| case.diag8 | Case Diagnosis 8 | | R39.12 - Poor Urine Flow |
| case.diag9 | Case Diagnosis 9 | | R39.12 - Poor Urine Flow |
| case.diag10 | Case Diagnosis 10 | | R39.12 - Poor Urine Flow |
| | | | |
| case.diag11 | Case Diagnosis 11 | | R39.12 - Poor Urine Flow |
| case.diag12 | Case Diagnosis 12 | | R39.12 - Poor Urine Flow |
| case.diagcode1 | Case Diagnosis 1 | | R39.12 |
| case.diagcode2 | Case Diagnosis 2 | | R39.12 |
| case.diagcode3 | Case Diagnosis 3 | | R39.12 |
| • | • | | |
| case.diagcode4 | Case Diagnosis 4 | | R39.12 |
| case.diagcode5 | Case Diagnosis 5 | | R39.12 |
| case.diagcode6 | Case Diagnosis 6 | | R39.12 |
| case.diagcode7 | Case Diagnosis 7 | | R39.12 |
| case.diagcode8 | Case Diagnosis 8 | | R39.12 |
| | - | | R39.12 |
| case.diagcode9 | Case Diagnosis 9 | | |
| case.diagcode10 | Case Diagnosis 10 | | R39.12 |
| case.diagcode11 | Case Diagnosis 11 | | R39.12 |
| case.diagcode12 | Case Diagnosis 12 | | R39.12 |
| case.diagdesc1 | Case Diagnosis 1 | | Poor Urine Flow |
| | | | Poor Urine Flow |
| case.diagdesc2 | Case Diagnosis 2 | | |
| case.diagdesc3 | Case Diagnosis 3 | | Poor Urine Flow |
| case.diagdesc4 | Case Diagnosis 4 | | Poor Urine Flow |
| case.diagdesc5 | Case Diagnosis 5 | | Poor Urine Flow |
| case.diagdesc6 | Case Diagnosis 6 | | Poor Urine Flow |
| case.diagdesc7 | Case Diagnosis 7 | | Poor Urine Flow |
| | - | | |
| case.diagdesc8 | Case Diagnosis 8 | | Poor Urine Flow |
| case.diagdesc9 | Case Diagnosis 9 | | Poor Urine Flow |
| case.diagdesc10 | Case Diagnosis 10 | | Poor Urine Flow |
| case.diagdesc11 | Case Diagnosis 11 | | Poor Urine Flow |
| case.diagdesc12 | Case Diagnosis 12 | | Poor Urine Flow |
| | Earliest DOS on case | | |
| case.visit_from | | | 01/01/2016 |
| case.visit_to | Oldest DOS on case | | 01/31/2016 |
| case.rd | Referring ID | | SMI |
| case.referral | Referring Last, First, Middle | | SMITH, JOHN J. |
| case.rd_Iname_fname | Referring Last, First, Middle | | SMITH, JOHN J. |
| case.rd fname Iname | Referring First, Middle, Last | | JOHN J. SMITH |
| | | | |
| case.rd_fname | Referring First Name | | JOHN |
| case.rd_Iname | Referring Last Name | | SMITH |
| case.descr | Case Description | | Rt Ankle 06-01-16 |
| case.accident date | Accident Date | | 06/01/2016 |
| case.accident cause1 | Accident Cause 1 | | AUTO |
| | | | |
| case.accident_cause2 | Accident Cause 2 | | EMPLOYMENT |
| case.accident_state | Accident State | | OH |
| case.caseno | Case Number | | 7777777 |
| case.causedate | "Date of Current" | | |
| case.medcause | Code for "Cause" (L, I, P) | | |
| case.medcause_descr | "Cause" description (Illness, Injury, Pregnancy)" | | |
| | , | | |
| case_ins1.name | Case Insurance Name | | |
| case_ins1.policyno | Case Insurance Policy # | | |
| agaa badwaida | Dody Sido | | Loft |
| case.bodyside | Body Side | | Left |
| case.bodypart | Body Part | | Arm |
| case.bodypart_descr | Description | | |
| case.casemgr | Case Manager | | |
| case.mgrphone | Case Manager Phone | | |
| | | | |
| case.mgremail | Case Manager Email | | |
| | | For each contact (the "1" increments for | |
| case.contact_1_address1 | | each additional contact) | |
| case.contact 1 address2 | | , | |
| | | | |
| case.contact 1 address2 only | | | |

| _ | | | |
|--------------------------------|--|--|-------------------------|
| case.contact 1 city | | | |
| case.contact 1 state | | | |
| case.contact 1 zip | | | |
| | | | |
| case.contact_1_city_st_zip | | | |
| case.contact_1_address3 | | | |
| case.contact 1 address full | | | |
| case.contact_1_country | | | |
| | | | |
| case.contact_1_cellphone | | | |
| case.contact_1_homephone | | | |
| case.contact_1_workphone | | | |
| case.contact_1_email | | | |
| | | | |
| case.contact_1_fname | | | |
| case.contact_1_lname | | | |
| case.contact 1 middle | | | |
| case.contact 1 nsuffix | | | |
| | | | |
| case.contact_1_fullname | | | |
| case.contact_1_lname_fname | | | |
| case.contact_1_fname_Iname | | | |
| | | | |
| | | | |
| 4 1 ((= 1 1 1 1 5 | 5 | N. d | |
| Appointment Field ID | Description | Notes | Example Output |
| | | | |
| apt.duration | Appointment duration | | 15 |
| , | + · · | | - |
| apt.contact | Contact Phone Number on appt | | C: (888) 999-9999 |
| apt.endtime | Appointment End Time | If patient is checked out | 08:35 AM |
| apt.evdate | Appointment Date/Service Date | For Appt form is being printed from | 03/06/2016 |
| apt.eventid | Appointment ID | , , , , , , , , , , , , , , , , , , , | 66 |
| • | | | |
| apt.evtime | Appointment Time | | 08:20 AM |
| apt.evtype | Appointment Event | Appt Description | OFFICE VISIT |
| apt.name | Patients Name on the Appointment | | TEST2, JEREMY Z |
| apt.next_appt | Next Appointment Date | | 03/22/2016 |
| _ : : : | | and the forces and a dealer best week at the above and | |
| apt.note | Appointment Note | prints from schedule but not pt dashboard | f/u of staph infection |
| apt.pid | Person ID on Appointment | Not Patient ID | 19541 |
| apt.ptid | Appointment Patient ID | | 9090 |
| apt.reason | Appointment Reason | | poss change anitbiotics |
| • | | | |
| apt.referral | Free Text - Referal Reason | | staph infection |
| apt.refid | Referring Prov. ID | | AMR |
| apt.resource | Provider for Appointment | | SMITH |
| apt.resource | Resource for Appointment | | MAVUS A JACOBS, MD |
| · · | | Facility I and the Alexander of Anna Manager | |
| apt.resource_facility_abr | Resource for Appointment (Facility Abbreviation) | Facility Location that is snowing on Appt Menu | THOMSON |
| apt.fac_address1 | Appointment Facility Address 1 | | 123 LESS TRAVELED RD |
| apt.fac_address2 | Appointment Facility Address 2 | | APT B2 |
| <u> </u> | i i | Will only print if there is an address 2 field- | |
| apt.fac address2 only | Appointment Facility Address 2 only | otherwise blank | APT B2 |
| apt.fac address3 | Appointment Facility Address 3 | Other wide blank | |
| · - | , ,, | | LAKE VILLAGE |
| apt.fac_city | Appointment Facility City | | CANTON |
| apt.fac_state | Appointment Facility State | | NJ |
| apt.fac_zip | Appointment Facility Zip | | 07646 |
| apt.fac_city_st_zip | Appointment Facility City, State, Zip | | CANTON, NJ 07646 |
| | | | |
| apt.resource_facility | Appointment Resource Facility | | ABC CLINIC |
| apt.resourceid | Resource ID | | PJACOB |
| apt.status | Appointment Status | | 0 |
| l ['] | | | |
| ant refname | requested referring dr NAME | | DAVID D AMBOSE MD |
| apt.refname | requested referring dr NAME | | DAVID D AMROSE MD |
| pat.next_appt_time | Next Appointment Time | | 09:00 AM |
| pat.next_appt | Next Appointment Date | | 03/22/2016 |
| pat.next_appt_type | Next Appointment Type | | OFFICE VISIT |
| | Pulls the user that added the appt to the | | |
| ant viver add | | | SUBBORT |
| apt.x_usr_add | calendar | | SUPPORT |
| | | | |
| | | | |
| apt.rp | Provider ID | Provider linked to Appointment Resource | |
| apt.rp Iname fname | Provider Last Name, First Name | Provider linked to Appointment Resource | |
| | | | |
| apt.rp_fname_Iname | Provider First Name, Last Name | Provider linked to Appointment Resource | |
| apt.rp_fname | Provider First Name | Provider linked to Appointment Resource | |
| apt.rp Iname | Provider Last Name | Provider linked to Appointment Resource | |
| apt.rp_middle | Provider Middle Name | Provider linked to Appointment Resource | |
| | Provider NPI | Provider linked to Appointment Resource | |
| apt.rp_npi | | | |
| apt.rp_credentials | Provider Credentials | Provider linked to Appointment Resource | |
| apt.rp_medicare | Provider Medicare Number | Provider linked to Appointment Resource | |
| apt.rp medicaid | Provider Medicaid Number | Provider linked to Appointment Resource | |
| | Provider License Number | | |
| apt.rp_licnum | | Provider linked to Appointment Resource | |
| apt.rp_blocation_taxid | Provider Location Tax ID | Provider linked to Appointment Resource | |
| apt.rp_blocation_npi | Provider Location NPI | Provider linked to Appointment Resource | |
| apt.rp blocation phone | Provider Location Phone Number | Provider linked to Appointment Resource | |
| | | • | |
| apt.rp_blocation_address1 | Provider Location Address 1 | Provider linked to Appointment Resource | |
| apt.rp_blocation_address2 | Provider Location Address 2 | Provider linked to Appointment Resource | |
| apt.rp_blocation_address2_only | Provider Location Address 2 only | Provider linked to Appointment Resource | |
| apt.rp blocation address3 | Provider Location Address 3 | Provider linked to Appointment Resource | |
| apt.rp_blocation_city | Provider Location City | Provider linked to Appointment Resource | |
| | | II TO VIGGE HEREU TO APPOILITEELL RESOURCE | 1 |

| | I | 1= | |
|---|---|---|---|
| apt.rp_blocation_state | Provider Location State | Provider linked to Appointment Resource | |
| apt.rp_blocation_zip | Provider Location Zip | Provider linked to Appointment Resource | |
| apt.rp_blocation_city_st_zip | Provider Location City, State, Zip | Provider linked to Appointment Resource | |
| | B 6# 01 1B 1 | | |
| apt.global_days | Days of the Global Period | | |
| apt.global_days_end_date | Global End Date CPT code related to the Global Days | | |
| apt.global_days_cpt apt.global_days_warning | | | |
| apt.global_days_warriing apt.global_days | Global end date warning shown Days of the Global Period | | |
| | Global End Date | | |
| apt.global_days_end_date | | | |
| apt.global_days_cpt | CPT code related to the Global Days Global end date warning shown | | |
| apt.global_days_warning | Global end date warning snown | | |
| | | | |
| Patient Field ID | Description | Notes | Example Output |
| pat.address full | Full address | | 123 LESS TRAVELED RD APT B2 CANTON, NJ 07646 |
| pat.address1 | Patient Address 1 | | 123 LESS TRAVELED RD |
| pat.address2 | Patient Address 2 | To print the address correctly with or without an | APT B2 |
| patiadarosoz | Will only print if there is an address 2 field- | address 2 field use this order: | 711 152 |
| pat.address2 only | otherwise blank | pat.address1 | APT B2 |
| pat.address3 | Patient Address 3 | pat.address2 pat.address3 | CANTON, NJ 07646 |
| pat.age | Patient age | | 23 years |
| pat.age_detail | Patient age | age in year,month,day | 23 years 3 M |
| <u>j</u> | This combines the patient and insurance | -5 | . , -= |
| pat.balance | balances. | | 310.00 |
| pat.cellphone | Cell Phone | | 888 999-9999 |
| pat.chartno | Patient Chart number | | MRN444 |
| pat.city | Patients City | | CANTON |
| pat.city_st_zip | Patients City, State, Zip | | CANTON, NJ 07646 |
| pat.code | Patient Code from Additional Info on Demo | These are setup in Libraries | 4 |
| pat.country | Patient Country | , | US |
| pat.dob | Patient Date of Birth | | 11/16/1992 |
| pat.dob_dd | Date of Birth Day | | 16 |
| pat.dob mm | Date of Birth Month | | 11 |
| pat.dob yy | Date of Birth 2 digit Year | | 92 |
| pat.dob_yyy | Date of Birth 4 digit Year | | 1992 |
| pat.dobyy | Date of Birth 4 digit 1 car | | 11/16/92 |
| pat.dod | Date of Death mm/dd/yy | | 12/31/13 |
| pat.dody pat.dodyy | Date of Death 4 digit year | | 2013 |
| pat.dodyy | Date of Death 4 digit year | | 2013 |
| pat.escrow | Patient Escrow Balance | | 1,780.00 |
| pat.escrow pat.email | Patients Email | | newemail@new.com |
| pat.employ_status | Patients employment status | | EF EF |
| pat.employer | Patients employer | | DEMO |
| pat.employer address1 | Patient's employer address | | DEMIO |
| pat.employer_address1 | Patient's employer address Patient's employer address | | |
| pat.employer_address2_only | Patient's employer address | | |
| , , | . , | | |
| pat.employer_city | Patient's employer city | | |
| pat.employer_state | Patient's employer state | | |
| pat.employer_zip | Patient's employer zip | | |
| pat.employer_city_st_zip | Patient's employer city, state, zip | | CARDENS MEDICAL CTR |
| pat.facility | Facility Phone | | GARDENS MEDICAL CTR |
| pat.facility_phone | Facility Phone | | |
| pat.facility_custom_field_xxxxxxx | Facility Custom Field | | 2040 04 20 |
| pat.firstdateseen | First Date Patient was seen | | 2016-01-20 |
| pat.fname | Patients First Name | | JEREMY |
| pat.sfml_name | Patient Suffix, First, Middle, Last | | MR JEREMY Z TEST2 |
| pat.fml_name | Patient First, Middle, Last (no suffix) | | JEREMY Z TEST2 |
| pat.fname_Iname | Patient First Name Last Name | | JEREMY Z TEST2 MR |
| pat.fullname | Patient Full Name | | TEST2, JEREMY Z MR |
| pat.gender | Patient Gender | | M |
| pat.homephone | Patient Home Phone | | 444 555-5555 |
| pat.ins_bal | Insurance Balance | | 210.00 |
| pat.language | Language indicated on pt demographic screen | | EN |
| pat.last_dx | Previous Diagnosis Code | | 199.8 |
| pat.last_dx2 | Previous Diagnosis Code | | E31.0 |
| pat.last_dx3 | Previous Diagnosis Code | | E61.3 |
| pat.last_dx4 | Previous Diagnosis Code | | H54.0 |
| | | | |
| pat.last_dx_desc | Previous Diagnosis Code Description | | Other disorder of circulatory system |
| pat.last_dx2_desc | Previous Diagnosis Code Description | | Autoimmune polyglandular failure |
| pat.last_dx3_desc | Previous Diagnosis Code Description | | MANGANESE DEFICIENCY |
| pat.last_dx4_desc | Previous Diagnosis Code Description | | Blindness, both eyes |
| | | | |
| pat.lsp_lname_fname | Most Recent Provider - Last Name, First Name | | |
| pat.lsp fname Iname | Most Recent Provider - First Name, Last Name | | |
| | | | |
| pat.lsp fname | Most Recent Provider - First Name | | |
| pat.lsp_fname pat.lsp Iname | Most Recent Provider - First Name Most Recent Provider - Last Name | | |

| _ | | | _ |
|-------------------------------|--|---|-------------------------------------|
| pat.lsp npi | Most Recent Provider - NPI | | |
| pat.lsp_phone | Most Recent Provider - Phone | | |
| pat.lsp_prioric | Most Recent Provider - Credentials | | |
| = | | | |
| pat.lsp_address1 | Most Recent Provider - Address 1 | | |
| pat.lsp_address2 | Most Recent Provider - Address 2 | | |
| pat.lsp_city_state_zip | Most Recent Provider - City, State, Zip | | |
| pat.lsp_custom_field_xxxxxxxx | Provider Custom Field | | |
| | | | |
| pat.lastvisit | Patients last visit | | 03/06/2016 |
| pat.lname | Patient Last Name | | TEST2 |
| • | | | |
| pat.lname_fname | Last Name, First Name Middle Initial | | TEST2, JEREMY Z MR |
| pat.marital_status | Maritial Status | | SINGLE |
| pat.middle | Patient Middle Initial | | Z |
| pat.next_appt | Next Appointment | | 03/22/2016 |
| pat.nsuffix | Patient Suffix | | MR |
| • | | | |
| pat.pat_bal | Patient full balance Use this one! | | 100.00 |
| pat.pid | Person ID | | 19541 |
| pat.ptid | Patient ID | | 9090 |
| pat.race | Race | | Al |
| pat.ethnicity_code | Example H or N | | N |
| · | ' | | |
| pat.ethnicity_desc | Example Hispanic or Non-HIspanic | | Non-Hispanic or Latino |
| | | | |
| pat.refid | Referring Provider ID | | BAR1 |
| pat.rd_credentials | Referring Provider Credentials | | LPN |
| pat.rd_fname | Referring Provider First Name | | SUZAN |
| pat.rd_mame Iname | Referring Provider First Name Last Name | | SUZAN J BARZA |
| | | | |
| pat.rd_Iname | Referring Provider Last Name | | BARZA |
| pat.rd_Iname_fname | Referring Provider Last Name First Name | | BARZA, SUZAN J |
| pat.rd_middle | Referring Provider Middle Initial | | J |
| pat.rd_npi | Referring Provider NPI | | 1215019111 |
| pat.rd address1 | Referring Provider Address 1 | | 1215019 |
| · - | | | PO BOX 13 |
| pat.rd_address2 | Referring Provider Address 2 | | |
| pat.rd_city_state_zip | Referring Provider City, State, Zip | | CANTON, NJ 07646 |
| pat.rd_address1_2 | Referring Provider Address 1 and 2 | | 231 SMITH RD STE 3 |
| pat.rd address full | Referring Provider Full Address | | 231 SMITH RD STE 3 CANTON, NJ 07646 |
| pat.rd phone | Referring Provider Phone | | 666 555-8888 |
| · - | Referring Provider Fax | | 666 555-8889 |
| pat.rd_fax | | | |
| pat.rd_practice | Referring Provider Practice Name | | CANTON INTERNAL MEDICINE CENTER |
| | | | |
| pat.pcp | Primary Care Provider | | BIR |
| pat.pcp_credentials | Primary Care Provider Credentials | | MD |
| pat.pcp_fname | Primary Care Provider First Name | | ALLAN |
| | • | | |
| pat.pcp_fname_Iname | Primary Care Provider First Name Last Name | | ALLAN JAY BIRD DO |
| pat.pcp_Iname | Primary Care Provider Last Name | | BIRD |
| pat.pcp_lname_fname | Primary Care Provider Last Name First Name | | BIRD, ALLAN JAY DO |
| pat.pcp_middle | Primary Care Provider Middle Name | | JAY |
| pat.pcp_npi | Primary Care Provider NPI | | 1073549666 |
| | • | | JAY BIRD PRIMARY CARE |
| pat.pcp_practice | Primary Care Practice Name | | |
| pat.pcp_address1 | Primary Care Provider Address 1 | | 222SMITH AVE |
| pat.pcp_address2 | Primary Care Provider Address 2 | | STE 1 |
| pat.pcp city state zip | Primary Care Provider City, State, Zip | | CANTON, NJ 07646 |
| pat.pcp_phone | Primary Care Provider Phone Number | | 666 123-4568 |
| pat.pcp_fronc | Primary Care Provider Phone Fax Number | | 666 123-4569 |
| ραι.ρορ_ιαλ | I many outer revider ritione Fax Number | 1 | 000 120 T000 |
| H | D ID | | |
| pat.provid | Provider ID | | 1 |
| pat.ap_credentials | Assigned Provider Credentials | | MD |
| pat.ap_fname | Assigned Provider Firs Name | | MAVUS |
| pat.ap_fname_Iname | Assigned Provider First Name Last Name | USE This one - Rendering Physician Name | MAVUS A JACOBS |
| pat.ap_Iname | Assigned Provider Last Name | ing thy order rame | JACOBS |
| | | | JACOBS, MAVUS A |
| pat.ap_Iname_fname | Assigned Provider Last Name First Name | | |
| pat.ap_middle | Assigned Provider | | A |
| pat.ap_npi | Assigned Provider NPI | | 1619950111 |
| pat.ap_address1 | Assigned Provider Address 1 | | 33 BEDFORD RD |
| pat.ap_address2 | Assigned Provider Address 2 | | STE 123 |
| | | | |
| pat.ap_city_state_zip | Assigned Provider City, State, Zip | | GARDENS, FL 334104327 |
| pat.ap_custom_field_xxxxxxxxx | Provider Custom Field | | |
| | | | |
| pat.ap medicare | Patient provider medicare # | | |
| pat.ap_medicaid | Patient provider medicaid # | | |
| | Patient provider license # | | |
| pat.ap_licnum | r auciit provider licerise # | | |
| | | | |
| | | | |
| pat.refid | Referring Provider ID | | BAR1 |
| pat.sex | Gender | | M |
| • | | | |
| pat.ssn | Patient Social Security number | | 888-99-9900 |
| pat.state | Patient State | | NJ |
| | | What is selected on Demos/ Types are setup in | |
| pat.type | Patient Type | Libraries (ex:WC -workerscomp) | WC |
| pat.workphone | Patient Work Phone | | 666 777-7777 7 |
| | | | |
| nat zin | Patient 7in | | 1/646 |
| pat.zip | Patient Zip | | 7646 |

| not alian frame | Alice Name First Name | | IEDEMY |
|------------------------------|--|--|-------------------------------------|
| pat.alias_fname | Alias Name First Name | | JEREMY |
| pat.alias_Iname | Alias Last Name | | TEST2 |
| pat.alias_middle | Alias Middle | | Т |
| - | Alias Last Name First Name | | TEST2, JEREMY T |
| pat.alias_last_first | | | |
| pat.alias_first_last | Alias First Name Last Name | | JEREMY T TEST2 |
| | | | |
| pat.ec_address1 | Emergency Contact - Address Line 1 | | 123 LESS TRAVELED RD |
| | | | |
| pat.ec_address2 | Emergency Contact - Address Line 2 | | APT B2 |
| pat.ec address1 2 | Emergency Contact - Address Line 1 and Line 2 | | 123 LESS TRAVELED RD APT B2 |
| pat.ec_city_state_zip | Emergency Contact - City, State, Zip | | CANTON, NJ 07646 |
| pat.ec_city_state_zip | Emergency Contact - City, State, Zip | | |
| | | | 123 LESS TRAVELED RD APT B2 CANTON, |
| pat.ec_address_full | Emergency Contact - Full Address | | NJ 07646 |
| pat.ec fname | Emergency Contact - First Name | | KIRSTEN |
| | , , | | |
| pat.ec_Iname | Emergency Contact - Last Name | | TEST2 |
| pat.ec middle | Emergency Contact - Middle Initial | | M |
| pat.ec_last_first | Emergency Contact - Last Name First Name | | TEST2, KIRSTEN M |
| | | | |
| pat.ec_first_last | Emergency Contact - First Name Last Name | | KIRSTEN M TEST2 |
| pat.ec reltype | Emergency Contact - relationship type code | | 1 |
| pat.ec_relationship | Emergency Contact - relationship description | | Spouse |
| | | | , |
| pat.ec_homephone | Emergency Contact - home phone number | | 555 555-2121 |
| pat.ec_cellphone | Emergency Contact - cell phone number | | 555 555-2587 |
| pat.ec_workphone | Emergency Contact - work phone number | | 555 555-3698 |
| pat.ec_workpriorie | Emergency Contact - work phone number | | 333 333-3030 |
| | | | |
| nat nat hal | Patient Palance CNII VI | | |
| pat.pat_bal | Patient Balance ONLY! | | 100.00 |
| pat.pat_bal_0_30 | 0-30 aging bucket | | 100.00 |
| | | Eventhough the mapping are 30_60 (this is truly | |
| pat.pat bal 30 60 | 31-60 | 31-60) | 0.00 |
| pat.pat bal 60 90 | 61-90 | , | 0.00 |
| | | | |
| pat.pat_bal_90_120 | 91-120 | | 0.00 |
| pat.pat bal 120 | 121+ | | 0.00 |
| | | | 0.00 |
| pat.col_bal | Pateint Collection Balance | | |
| | | | |
| pat.signdate | Date Signed | 4 digit yr | 11/10/2015 |
| | | _ ` ' | |
| pat.signdateyy | Date Signed | 2 digit yr | 11/10/15 |
| | | | |
| | Dunning count for patient (encounter with | | |
| | | | 0 |
| pat.dcount | highest dunning that still has a patient balance) | | - |
| pat.lpaydate | Received date on the most recent receipt | Last Payment Date | 03/04/2016 |
| pat.lpayamt | - Received Amount on the most recent receipt | Last Payment Amount | 30.00 |
| patipayanit | - Received Amount on the most recent receipt | Last i dyment Amount | 30.00 |
| | | | |
| pat.reminder pref descr | description of reminder preference | | Phone Number |
| pat.reminder pref value | person data based on reminder preference | | 555-555-5555 |
| pat.reminder_prer_value | person data based on reminder preference | | 333-333-3333 |
| | | | |
| pat.vst date | Patient Visit Date | | |
| pat.vst time | Patient Visit Time | | |
| | | | |
| pat.vst_type | Patient Visit Type | | |
| pat.vst note | Patient Visit Note | | |
| pat.vst rendid | Patient Visit Rendering ID | | |
| pat.vst_rendid | | This section of fields can be used with the | |
| | Patient Visit Rendering Last Name and First | Patient Registration screen that is used for Visit | |
| pat.vst_rd_Iname_fname | Name | | |
| | Patient Visit Rendering First Name and Last | Logging. An example is for Urgent Care | |
| pat.vst_rd_fname_Iname | Name | practices. | |
| | | | |
| pat.vst_rd_fname | Patient Visit Rendering First Name | | |
| pat.vst_rd_lname | Patient Visit Rendering Last Name | | |
| pat.vst_rd_middle | | 1 | |
| | Patient Visit Rendering Middle Name | | |
| pat.vst_rd_npi | Patient Visit Rendering NPI | | |
| | | | |
| | | | |
| | | | |
| | | | |
| recall.entered date | Recall Entered Date | | |
| | | | |
| recall.recall_date | Recall Date | | |
| recall.note | Recall Note | | |
| recall.type id | Recall Type ID | | |
| | | | |
| recall.type_descr | Recall Type Description | | |
| recall.facility id | Recall Facility ID | | |
| recall.facility_name | | | |
| | Recall Facility Name | | |
| recall.provider_id | Recall Provider ID | | |
| recall.provider_Iname_fname | Recall Provider Last Name, First Name | | |
| recall provider frame leaves | · · · · · · · · · · · · · · · · · · · | | |
| recall.provider_fname_lname | Recall Provider First Name, Last Name | | |
| recall.provider fname | Recall Provider First Name | | |
| recall.provider_Iname | Recall Provider Last Name | | |
| | | | |
| recall.provider_middle | Recall Provider Middle | | |
| | | | |
| | | | |
| | | Î. | |
| | | | |
| Receipt Field ID | Description | Notes | Example Output |

| | | Receipt fields show when printing a receipt and | |
|--|--|--|--|
| | | when printing an appointment that has a receipt | |
| | | associated with it. | |
| rcpt.facility | Facility where services where rendered | If not mapped to something else, such as PayTo | MAVUS A. JACOBS, MD,PA |
| rcpt.facility custom field xxxxxxxx | Facility custom field | | |
| rcpt.address1 | Address 1 of facility above | "To print the address correctly with or without an address 2 field use this order: pat.address1 pat.address2 pat.address3" | 33 BURNS RD STE 101 |
| ront address? only | Address 2 only of facility above | | |
| rcpt.address2_only | Address 2 only of facility above | | |
| rcpt.address2 | Address 2 of facility above | | GARDENS, FL 33410 |
| rcpt.address3 | Address 3 of facility above | | |
| rcpt.recdate | Received Date | | 03/06/2016 |
| • | | | 77396 |
| rcpt.rcptnum | Receipt Number | | |
| rcpt.recdate | Receipt Date | | 03/06/2016 |
| rcpt.recfrom | Received from | | PATIENT |
| rcpt.cash | Cash Amount | | 25 |
| rcpt.check | Check Amount | | 100 |
| | | | |
| rcpt.checkno | Check Number | | 456 |
| rcpt.credit | Credit Card Amount | | 25.00 |
| rcpt.last4 | Last 4 Digits Credit/Debit Card Number | | 5897 |
| rcpt.total | Total Amount Paid | | 150.00 |
| | | | |
| rcpt.note | Receipt Note | - | TESTING NOTE |
| | Check Reference - Populates Reference | | |
| | Number only if there is a check amount greater | | |
| rcpt.checknumber | than 0.00 | | |
| | Card Reference - Populates Reference Number | | |
| rcpt.cardnumber | only if there is a card amount greater than 0.00 | | |
| rcpt.cc_type_desc | Card Type | | |
| 1001.00_1900_0000 | Jaia Typo | 1 | |
| | | | |
| rcpt.confirm_num | PatientPay Confirmation Number | | |
| | | | |
| | | | |
| Insurance Field ID | Description | Notes | Evennle Outnut |
| insurance Field ID | Description | Notes | Example Output |
| | | | |
| ins1.address1 | Primary Insurance Address 1 | To print the address correctly with or without an | PO BOX 99965 |
| ins1.address2 | Primary Insurance Address 2 | address 2 field use this order: | SUITE 2 |
| | | pat.address1 | |
| ins1.address3 | Primary Insurance Address 3 | pat.address2 | ALAFAYA, NJ 32816 |
| | Dringer, Incomes Address 4 | pat.address3 | |
| ins1.address4 | Primary Insurance Address 4 | patiadaiocoo | |
| | | paaa | ALAFAYA |
| ins1.city | Primary Insurance City | patitude cook | |
| ins1.city ins1.city_st_zip | Primary Insurance City Primary Insurance City, State. Zip | panadicati | ALAFAYA ALAFAYA, NJ 32816 |
| ins1.city ins1.city_st_zip address_full | Primary Insurance City Primary Insurance City, State. Zip Primary Insurance Full Address | | ALAFAYA, NJ 32816 |
| ins1.city ins1.city_st_zip address_full ins1.copay | Primary Insurance City Primary Insurance City, State. Zip | | |
| ins1.city ins1.city_st_zip address_full | Primary Insurance City Primary Insurance City, State. Zip Primary Insurance Full Address | | ALAFAYA, NJ 32816 |
| ins1.city ins1.city_st_zip address_full ins1.copay ins1.email | Primary Insurance City Primary Insurance City, State. Zip Primary Insurance Full Address Copay (primary) Primary Insurace Email | | ALAFAYA, NJ 32816 20.00 |
| ins1.city ins1.city_st_zip address_full ins1.copay ins1.email ins1.note | Primary Insurance City Primary Insurance City, State. Zip Primary Insurance Full Address Copay (primary) Primary Insurace Email Note on policy | | ALAFAYA, NJ 32816 20.00 TEST |
| ins1.city ins1.city_st_zip address_full ins1.copay ins1.email ins1.note ins1.fax | Primary Insurance City Primary Insurance City, State. Zip Primary Insurance Full Address Copay (primary) Primary Insurace Email Note on policy Fax number of Insurance Company | | ALAFAYA, NJ 32816 20.00 TEST 888 556-2128 |
| ins1.city ins1.city_st_zip address_full ins1.copay ins1.email ins1.note ins1.fax ins1.groupname | Primary Insurance City Primary Insurance City, State. Zip Primary Insurance Full Address Copay (primary) Primary Insurance Email Note on policy Fax number of Insurance Company Insurance Plan | | ALAFAYA, NJ 32816 20.00 TEST 888 556-2128 BC NAME |
| ins1.city ins1.city_st_zip address_full ins1.copay ins1.email ins1.note ins1.fax | Primary Insurance City Primary Insurance City, State. Zip Primary Insurance Full Address Copay (primary) Primary Insurace Email Note on policy Fax number of Insurance Company | | ALAFAYA, NJ 32816 20.00 TEST 888 556-2128 |
| ins1.city ins1.city_st_zip address_full ins1.copay ins1.email ins1.note ins1.fax ins1.groupname | Primary Insurance City Primary Insurance City, State. Zip Primary Insurance Full Address Copay (primary) Primary Insurance Email Note on policy Fax number of Insurance Company Insurance Plan | | ALAFAYA, NJ 32816 20.00 TEST 888 556-2128 BC NAME |
| ins1.city ins1.city_st_zip address_full ins1.copay ins1.email ins1.note ins1.fax ins1.groupname ins1.groupno | Primary Insurance City Primary Insurance City, State. Zip Primary Insurance Full Address Copay (primary) Primary Insurace Email Note on policy Fax number of Insurance Company Insurance Plan Group Number "policy number" insurance id for insurance library | | ALAFAYA, NJ 32816 20.00 TEST 888 556-2128 BC NAME BC GROUP 102 |
| ins1.city ins1.city_st_zip address_full ins1.copay ins1.email ins1.note ins1.fax ins1.groupname ins1.groupno ins1.insurid | Primary Insurance City Primary Insurance City, State. Zip Primary Insurance Full Address Copay (primary) Primary Insurance Email Note on policy Fax number of Insurance Company Insurance Plan Group Number "policy number" | | ALAFAYA, NJ 32816 20.00 TEST 888 556-2128 BC NAME BC GROUP |
| ins1.city ins1.city_st_zip address_full ins1.copay ins1.email ins1.note ins1.fax ins1.groupname ins1.groupno ins1.insurid ins1.name | Primary Insurance City Primary Insurance City, State. Zip Primary Insurance Full Address Copay (primary) Primary Insurance Email Note on policy Fax number of Insurance Company Insurance Plan Group Number "policy number" insurance id for insurance library name of the insurance company | To print the address correctly with or without an | ALAFAYA, NJ 32816 20.00 TEST 888 556-2128 BC NAME BC GROUP 102 BCBS FL |
| ins1.city ins1.city_st_zip address_full ins1.copay ins1.email ins1.note ins1.fax ins1.groupname ins1.groupno ins1.insurid ins1.name ins1.per.address1 | Primary Insurance City Primary Insurance City, State. Zip Primary Insurance Full Address Copay (primary) Primary Insurance Email Note on policy Fax number of Insurance Company Insurance Plan Group Number "policy number" insurance id for insurance library name of the insurance company Insured Person Address 1 | To print the address correctly with or without an address 2 field use this order: | ALAFAYA, NJ 32816 20.00 TEST 888 556-2128 BC NAME BC GROUP 102 BCBS FL 123 LESS TRAVELED RD |
| ins1.city ins1.city_st_zip address_full ins1.copay ins1.email ins1.note ins1.fax ins1.groupname ins1.groupno ins1.insurid ins1.name ins1.per.address1 ins1.per.address2 | Primary Insurance City Primary Insurance City, State. Zip Primary Insurance Full Address Copay (primary) Primary Insurance Email Note on policy Fax number of Insurance Company Insurance Plan Group Number "policy number" insurance id for insurance library name of the insurance company Insured Person Address 1 Insured Person Address 2 | To print the address correctly with or without an address 2 field use this order: pat.address1 | ALAFAYA, NJ 32816 20.00 TEST 888 556-2128 BC NAME BC GROUP 102 BCBS FL 123 LESS TRAVELED RD APT 3 |
| ins1.city ins1.city_st_zip address_full ins1.copay ins1.email ins1.note ins1.fax ins1.groupname ins1.groupno ins1.insurid ins1.name ins1.per.address1 ins1.per.address2 ins1.per.address3 | Primary Insurance City Primary Insurance City, State. Zip Primary Insurance Full Address Copay (primary) Primary Insurace Email Note on policy Fax number of Insurance Company Insurance Plan Group Number "policy number" insurance id for insurance library name of the insurance company Insured Person Address 1 Insured Person Address 2 Insured Person Address 3 | To print the address correctly with or without an address 2 field use this order: pat.address1 pat.address2 | ALAFAYA, NJ 32816 20.00 TEST 888 556-2128 BC NAME BC GROUP 102 BCBS FL 123 LESS TRAVELED RD |
| ins1.city ins1.city_st_zip address_full ins1.copay ins1.email ins1.note ins1.fax ins1.groupname ins1.groupno ins1.insurid ins1.name ins1.per.address1 ins1.per.address2 | Primary Insurance City Primary Insurance City, State. Zip Primary Insurance Full Address Copay (primary) Primary Insurance Email Note on policy Fax number of Insurance Company Insurance Plan Group Number "policy number" insurance id for insurance library name of the insurance company Insured Person Address 1 Insured Person Address 2 | To print the address correctly with or without an address 2 field use this order: pat.address1 | ALAFAYA, NJ 32816 20.00 TEST 888 556-2128 BC NAME BC GROUP 102 BCBS FL 123 LESS TRAVELED RD APT 3 CANTON, NJ 07646 |
| ins1.city ins1.city_st_zip address_full ins1.copay ins1.email ins1.note ins1.fax ins1.groupname ins1.groupno ins1.insurid ins1.name ins1.per.address1 ins1.per.address2 ins1.per.address3 | Primary Insurance City Primary Insurance City, State. Zip Primary Insurance Full Address Copay (primary) Primary Insurace Email Note on policy Fax number of Insurance Company Insurance Plan Group Number "policy number" insurance id for insurance library name of the insurance company Insured Person Address 1 Insured Person Address 2 Insured Person Address 3 | To print the address correctly with or without an address 2 field use this order: pat.address1 pat.address2 | ALAFAYA, NJ 32816 20.00 TEST 888 556-2128 BC NAME BC GROUP 102 BCBS FL 123 LESS TRAVELED RD APT 3 |
| ins1.city ins1.city_st_zip address_full ins1.copay ins1.email ins1.note ins1.fax ins1.groupname ins1.groupno ins1.insurid ins1.name ins1.per.address1 ins1.per.address2 ins1.per.address3 ins1.per.adgress4 ins1.per.age | Primary Insurance City Primary Insurance City, State. Zip Primary Insurance Full Address Copay (primary) Primary Insurace Email Note on policy Fax number of Insurance Company Insurance Plan Group Number "policy number" insurance id for insurance library name of the insurance company Insured Person Address 1 Insured Person Address 2 Insured Person Address 3 Insured Person Address 4 Insured Person Adge | To print the address correctly with or without an address 2 field use this order: pat.address1 pat.address2 | ALAFAYA, NJ 32816 20.00 TEST 888 556-2128 BC NAME BC GROUP 102 BCBS FL 123 LESS TRAVELED RD APT 3 CANTON, NJ 07646 21 years |
| ins1.city ins1.city_st_zip address_full ins1.copay ins1.email ins1.note ins1.fax ins1.groupname ins1.groupno ins1.insurid ins1.name ins1.per.address1 ins1.per.address2 ins1.per.address3 ins1.per.address4 ins1.per.age ins1.per.age | Primary Insurance City Primary Insurance City, State. Zip Primary Insurance Full Address Copay (primary) Primary Insurance Email Note on policy Fax number of Insurance Company Insurance Plan Group Number "policy number" insurance id for insurance library name of the insurance company Insured Person Address 1 Insured Person Address 2 Insured Person Address 3 Insured Person Address 4 Insured Person Age Insured Person Age | To print the address correctly with or without an address 2 field use this order: pat.address1 pat.address2 | ALAFAYA, NJ 32816 20.00 TEST 888 556-2128 BC NAME BC GROUP 102 BCBS FL 123 LESS TRAVELED RD APT 3 CANTON, NJ 07646 21 years 21 years 2 M |
| ins1.city ins1.city_st_zip address_full ins1.copay ins1.email ins1.note ins1.fax ins1.groupname ins1.groupno ins1.insurid ins1.name ins1.per.address1 ins1.per.address2 ins1.per.address3 ins1.per.address4 ins1.per.age ins1.per.age ins1.per.age_detail ins1.per.cellphone | Primary Insurance City Primary Insurance City, State. Zip Primary Insurance Full Address Copay (primary) Primary Insurance Email Note on policy Fax number of Insurance Company Insurance Plan Group Number "policy number" insurance id for insurance library name of the insurance company Insured Person Address 1 Insured Person Address 2 Insured Person Address 3 Insured Person Address 4 Insured Person Age Detail Insured Person Cell Phone | To print the address correctly with or without an address 2 field use this order: pat.address1 pat.address2 | ALAFAYA, NJ 32816 20.00 TEST 888 556-2128 BC NAME BC GROUP 102 BCBS FL 123 LESS TRAVELED RD APT 3 CANTON, NJ 07646 21 years 21 years 21 years 2 M 987 654-4433 |
| ins1.city ins1.city_st_zip address_full ins1.copay ins1.email ins1.note ins1.fax ins1.groupname ins1.groupno ins1.insurid ins1.name ins1.per.address1 ins1.per.address2 ins1.per.address3 ins1.per.address4 ins1.per.age ins1.per.age ins1.per.age_detail ins1.per.cellphone ins1.per.city | Primary Insurance City Primary Insurance City, State. Zip Primary Insurance Full Address Copay (primary) Primary Insurance Email Note on policy Fax number of Insurance Company Insurance Plan Group Number "policy number" insurance id for insurance library name of the insurance company Insured Person Address 1 Insured Person Address 2 Insured Person Address 3 Insured Person Address 4 Insured Person Age Insured Person Age Insured Person Age Insured Person Age Detail Insured Person Cell Phone Insured Person City | To print the address correctly with or without an address 2 field use this order: pat.address1 pat.address2 | ALAFAYA, NJ 32816 20.00 TEST 888 556-2128 BC NAME BC GROUP 102 BCBS FL 123 LESS TRAVELED RD APT 3 CANTON, NJ 07646 21 years 21 years 2 M 987 654-4433 CANTON |
| ins1.city ins1.city_st_zip address_full ins1.copay ins1.email ins1.note ins1.fax ins1.groupname ins1.groupno ins1.insurid ins1.name ins1.per.address1 ins1.per.address2 ins1.per.address3 ins1.per.address4 ins1.per.age ins1.per.age ins1.per.age_detail ins1.per.cellphone | Primary Insurance City Primary Insurance City, State. Zip Primary Insurance Full Address Copay (primary) Primary Insurance Email Note on policy Fax number of Insurance Company Insurance Plan Group Number "policy number" insurance id for insurance library name of the insurance company Insured Person Address 1 Insured Person Address 2 Insured Person Address 3 Insured Person Address 4 Insured Person Age Detail Insured Person Cell Phone | To print the address correctly with or without an address 2 field use this order: pat.address1 pat.address2 | ALAFAYA, NJ 32816 20.00 TEST 888 556-2128 BC NAME BC GROUP 102 BCBS FL 123 LESS TRAVELED RD APT 3 CANTON, NJ 07646 21 years 21 years 21 years 2 M 987 654-4433 |
| ins1.city ins1.city_st_zip address_full ins1.copay ins1.email ins1.note ins1.fax ins1.groupname ins1.groupno ins1.insurid ins1.name ins1.per.address1 ins1.per.address2 ins1.per.address3 ins1.per.address4 ins1.per.age ins1.per.age_detail ins1.per.cellphone ins1.per.city ins1.per.city | Primary Insurance City Primary Insurance City, State. Zip Primary Insurance Full Address Copay (primary) Primary Insurace Email Note on policy Fax number of Insurance Company Insurance Plan Group Number "policy number" insurance id for insurance library name of the insurance company Insured Person Address 1 Insured Person Address 2 Insured Person Address 3 Insured Person Address 4 Insured Person Age Insured Person Age Detail Insured Person Cell Phone Insured Person City, State Zip | To print the address correctly with or without an address 2 field use this order: pat.address1 pat.address2 | ALAFAYA, NJ 32816 20.00 TEST 888 556-2128 BC NAME BC GROUP 102 BCBS FL 123 LESS TRAVELED RD APT 3 CANTON, NJ 07646 21 years 21 years 2 M 987 654-4433 CANTON CANTON, NJ 07646 |
| ins1.city ins1.city_st_zip address_full ins1.copay ins1.email ins1.note ins1.groupname ins1.groupname ins1.groupno ins1.insurid ins1.name ins1.per.address1 ins1.per.address2 ins1.per.address3 ins1.per.address4 ins1.per.age ins1.per.age ins1.per.age ins1.per.age ins1.per.eliphone ins1.per.city_st_zip ins1.per.city_st_zip ins1.per.country | Primary Insurance City Primary Insurance City, State. Zip Primary Insurance Full Address Copay (primary) Primary Insurace Email Note on policy Fax number of Insurance Company Insurance Plan Group Number "policy number" insurance id for insurance library name of the insurance company Insured Person Address 1 Insured Person Address 2 Insured Person Address 3 Insured Person Address 4 Insured Person Age Insured Person Age Insured Person Cell Phone Insured Person City Insured Person City, State Zip Insured Person Country | To print the address correctly with or without an address 2 field use this order: pat.address1 pat.address2 | ALAFAYA, NJ 32816 20.00 TEST 888 556-2128 BC NAME BC GROUP 102 BCBS FL 123 LESS TRAVELED RD APT 3 CANTON, NJ 07646 21 years 2 M 987 654-4433 CANTON CANTON, NJ 07646 US |
| ins1.city ins1.city_st_zip address_full ins1.copay ins1.email ins1.note ins1.fax ins1.groupname ins1.groupno ins1.insurid ins1.name ins1.per.address1 ins1.per.address2 ins1.per.address3 ins1.per.address4 ins1.per.age ins1.per.age ins1.per.age ins1.per.cellphone ins1.per.city_st_zip ins1.per.country | Primary Insurance City Primary Insurance City, State. Zip Primary Insurance Full Address Copay (primary) Primary Insurace Email Note on policy Fax number of Insurance Company Insurance Plan Group Number "policy number" insurance id for insurance library name of the insurance company Insured Person Address 1 Insured Person Address 2 Insured Person Address 3 Insured Person Address 4 Insured Person Adges 4 Insured Person Age Insured Person Age Insured Person Cell Phone Insured Person Cell Phone Insured Person City, State Zip Insured Person Country Insured Person Country Insured Person Date of Birth mm/dd/yyyy | To print the address correctly with or without an address 2 field use this order: pat.address1 pat.address2 | ALAFAYA, NJ 32816 20.00 TEST 888 556-2128 BC NAME BC GROUP 102 BCBS FL 123 LESS TRAVELED RD APT 3 CANTON, NJ 07646 21 years 21 years 2 M 987 654-4433 CANTON CANTON, NJ 07646 US 01/01/1995 |
| ins1.city ins1.city_st_zip address_full ins1.copay ins1.email ins1.note ins1.fax ins1.groupname ins1.groupno ins1.insurid ins1.name ins1.per.address1 ins1.per.address2 ins1.per.address3 ins1.per.address4 ins1.per.age ins1.per.age ins1.per.age ins1.per.city ins1.per.city ins1.per.city ins1.per.cobb ins1.per.dob ins1.per.dob ins1.per.dob ins1.per.dob | Primary Insurance City Primary Insurance City, State. Zip Primary Insurance Full Address Copay (primary) Primary Insurance Email Note on policy Fax number of Insurance Company Insurance Plan Group Number "policy number" insurance id for insurance library name of the insurance company Insured Person Address 1 Insured Person Address 2 Insured Person Address 3 Insured Person Address 4 Insured Person Age Insured Person Age Insured Person Cell Phone Insured Person City Insured Person City, State Zip Insured Person Country Insured Person Date of Birth mm/dd/yyyy Insured Person Date of Birth dd | To print the address correctly with or without an address 2 field use this order: pat.address1 pat.address2 | ALAFAYA, NJ 32816 20.00 TEST 888 556-2128 BC NAME BC GROUP 102 BCBS FL 123 LESS TRAVELED RD APT 3 CANTON, NJ 07646 21 years 21 years 2 M 987 654-4433 CANTON CANTON, NJ 07646 US 01/01/1995 01 |
| ins1.city ins1.city_st_zip address_full ins1.copay ins1.email ins1.note ins1.fax ins1.groupname ins1.groupno ins1.insurid ins1.name ins1.per.address1 ins1.per.address2 ins1.per.address3 ins1.per.address4 ins1.per.age ins1.per.age ins1.per.age ins1.per.cellphone ins1.per.city_st_zip ins1.per.country | Primary Insurance City Primary Insurance City, State. Zip Primary Insurance Full Address Copay (primary) Primary Insurace Email Note on policy Fax number of Insurance Company Insurance Plan Group Number "policy number" insurance id for insurance library name of the insurance company Insured Person Address 1 Insured Person Address 2 Insured Person Address 3 Insured Person Address 4 Insured Person Adges 4 Insured Person Age Insured Person Age Insured Person Cell Phone Insured Person Cell Phone Insured Person City, State Zip Insured Person Country Insured Person Country Insured Person Date of Birth mm/dd/yyyy | To print the address correctly with or without an address 2 field use this order: pat.address1 pat.address2 | ALAFAYA, NJ 32816 20.00 TEST 888 556-2128 BC NAME BC GROUP 102 BCBS FL 123 LESS TRAVELED RD APT 3 CANTON, NJ 07646 21 years 21 years 21 years 2 M 987 654-4433 CANTON CANTON, NJ 07646 US 01/01/1995 01 |
| ins1.city ins1.city_st_zip address_full ins1.copay ins1.email ins1.note ins1.fax ins1.groupname ins1.groupno ins1.insurid ins1.name ins1.per.address1 ins1.per.address2 ins1.per.address3 ins1.per.address4 ins1.per.age ins1.per.age ins1.per.age ins1.per.city ins1.per.city ins1.per.city ins1.per.cobb ins1.per.dob ins1.per.dob ins1.per.dob ins1.per.dob | Primary Insurance City Primary Insurance City, State. Zip Primary Insurance Full Address Copay (primary) Primary Insurance Email Note on policy Fax number of Insurance Company Insurance Plan Group Number "policy number" insurance id for insurance library name of the insurance company Insured Person Address 1 Insured Person Address 2 Insured Person Address 3 Insured Person Address 4 Insured Person Age Insured Person Age Insured Person Cell Phone Insured Person City Insured Person City, State Zip Insured Person Country Insured Person Date of Birth mm/dd/yyyy Insured Person Date of Birth dd | To print the address correctly with or without an address 2 field use this order: pat.address1 pat.address2 | ALAFAYA, NJ 32816 20.00 TEST 888 556-2128 BC NAME BC GROUP 102 BCBS FL 123 LESS TRAVELED RD APT 3 CANTON, NJ 07646 21 years 21 years 2 M 987 654-4433 CANTON CANTON, NJ 07646 US 01/01/1995 01 |
| ins1.city ins1.city_st_zip address_full ins1.copay ins1.email ins1.note ins1.fax ins1.groupname ins1.groupno ins1.insurid ins1.name ins1.per.address1 ins1.per.address2 ins1.per.address3 ins1.per.address4 ins1.per.age ins1.per.age ins1.per.age_detail ins1.per.city ins1.per.city_st_zip ins1.per.dob ins1.per.dob ins1.per.dob_dd ins1.per.dob_dd ins1.per.dob_mm ins1.per.dob_mm ins1.per.dob_byy | Primary Insurance City Primary Insurance City, State. Zip Primary Insurance Full Address Copay (primary) Primary Insurance Email Note on policy Fax number of Insurance Company Insurance Plan Group Number "policy number" insurance id for insurance library name of the insurance company Insured Person Address 1 Insured Person Address 2 Insured Person Address 3 Insured Person Address 4 Insured Person Age Insured Person Age Insured Person Cell Phone Insured Person City Insured Person City, State Zip Insured Person Date of Birth mm/dd/yyyy Insured Person Date of Birth mm | To print the address correctly with or without an address 2 field use this order: pat.address1 pat.address2 | ALAFAYA, NJ 32816 20.00 TEST 888 556-2128 BC NAME BC GROUP 102 BCBS FL 123 LESS TRAVELED RD APT 3 CANTON, NJ 07646 21 years 2 M 987 654-4433 CANTON CANTON, NJ 07646 US 01/01/1995 01 01 95 |
| ins1.city ins1.city_st_zip address_full ins1.copay ins1.email ins1.note ins1.fax ins1.groupname ins1.groupno ins1.insurid ins1.ner.address1 ins1.per.address2 ins1.per.address3 ins1.per.address4 ins1.per.address4 ins1.per.age_detail ins1.per.city_ins1.per.city ins1.per.city_st_zip ins1.per.country ins1.per.dob ins1.per.dob ins1.per.dob_mm ins1.per.dob_yyy ins1.per.dob_yyyy | Primary Insurance City Primary Insurance City, State. Zip Primary Insurance Full Address Copay (primary) Primary Insurance Email Note on policy Fax number of Insurance Company Insurance Plan Group Number "policy number" insurance id for insurance library name of the insurance company Insured Person Address 1 Insured Person Address 2 Insured Person Address 3 Insured Person Address 4 Insured Person Age Insured Person Age Insured Person Citl Phone Insured Person Citly Insured Person City Insured Person City Insured Person Date of Birth mm/dd/yyyy Insured Person Date of Birth yy Insured Person Date of Birth yy Insured Person Date of Birth yy Insured Person Date of Birth yyyy | To print the address correctly with or without an address 2 field use this order: pat.address1 pat.address2 | ALAFAYA, NJ 32816 20.00 TEST 888 556-2128 BC NAME BC GROUP 102 BCBS FL 123 LESS TRAVELED RD APT 3 CANTON, NJ 07646 21 years 21 years 2 M 987 654-4433 CANTON CANTON, NJ 07646 US 01/01/1995 01 01 95 1995 |
| ins1.city ins1.city_st_zip address_full ins1.copay ins1.email ins1.note ins1.fax ins1.groupname ins1.groupno ins1.insurid ins1.name ins1.per.address1 ins1.per.address2 ins1.per.address3 ins1.per.address4 ins1.per.address4 ins1.per.aderess4 ins1.per.city_ist_zip ins1.per.city_ist_zip ins1.per.country ins1.per.country ins1.per.country ins1.per.dob_dd ins1.per.dob_yyy ins1.per.dob_yyyy ins1.per.dob_yyyyy ins1.per.dob_yyyy ins1.per.dob_yyyyy ins1 | Primary Insurance City Primary Insurance City, State. Zip Primary Insurance Full Address Copay (primary) Primary Insurance Email Note on policy Fax number of Insurance Company Insurance Plan Group Number "policy number" insurance id for insurance library name of the insurance company Insured Person Address 1 Insured Person Address 2 Insured Person Address 3 Insured Person Address 4 Insured Person Age Insured Person Age Insured Person Cell Phone Insured Person City Insured Person City, State Zip Insured Person Date of Birth mm/dd/yyyy Insured Person Date of Birth yyy Insured Person Date of Birth yyyy Insured Person Date of Birth mm/dd/yyy Insured Person Date of Birth mm/dd/yyy Insured Person Date of Birth yyyy Insured Person Date of Birth mm/dd/yyy Insured Person Date of Birth yyyy Insured Person Date of Birth mm/dd/yyy | To print the address correctly with or without an address 2 field use this order: pat.address1 pat.address2 | ALAFAYA, NJ 32816 20.00 TEST 888 556-2128 BC NAME BC GROUP 102 BCBS FL 123 LESS TRAVELED RD APT 3 CANTON, NJ 07646 21 years 2 M 987 654-4433 CANTON CANTON, NJ 07646 US 01/01/1995 01 01 95 1995 01/01/95 |
| ins1.city ins1.city_st_zip address_full ins1.copay ins1.email ins1.note ins1.fax ins1.groupname ins1.groupno ins1.insurid ins1.name ins1.per.address1 ins1.per.address2 ins1.per.address2 ins1.per.address4 ins1.per.address4 ins1.per.address4 ins1.per.city ins1.per.city ins1.per.city ins1.per.city ins1.per.country ins1.per.dob ins1.per.dob ins1.per.dob_mm ins1.per.dob_yyyyy ins1.per.dobyy ins1.per.dobyy ins1.per.dobyyy ins1.per.email | Primary Insurance City Primary Insurance City, State. Zip Primary Insurance Full Address Copay (primary) Primary Insurance Email Note on policy Fax number of Insurance Company Insurance Plan Group Number "policy number" insurance Plan Group Number "policy number" insurance of for insurance library name of the insurance company Insured Person Address 1 Insured Person Address 2 Insured Person Address 2 Insured Person Address 3 Insured Person Address 4 Insured Person Age Insured Person Age Insured Person Cell Phone Insured Person City Insured Person Country Insured Person Date of Birth mm/dd/yyyy Insured Person Date of Birth mm Insured Person Date of Birth mm Insured Person Date of Birth mm Insured Person Date of Birth mm/dd/yy | To print the address correctly with or without an address 2 field use this order: pat.address1 pat.address2 | ALAFAYA, NJ 32816 20.00 TEST 888 556-2128 BC NAME BC GROUP 102 BCBS FL 123 LESS TRAVELED RD APT 3 CANTON, NJ 07646 21 years 21 years 2 M 987 654-4433 CANTON CANTON, NJ 07646 US 01/01/1995 01 01 95 1995 01/01/195 getone@mail.com |
| ins1.city ins1.city_st_zip address_full ins1.copay ins1.email ins1.note ins1.fax ins1.groupname ins1.groupno ins1.insurid ins1.name ins1.per.address1 ins1.per.address2 ins1.per.address3 ins1.per.address4 ins1.per.address4 ins1.per.aderess4 ins1.per.city_ist_zip ins1.per.city_ist_zip ins1.per.country ins1.per.country ins1.per.country ins1.per.dob_dd ins1.per.dob_yyy ins1.per.dob_yyyy ins1.per.dob_yyyyy ins1.per.dob_yyyy ins1.per.dob_yyyyy ins1 | Primary Insurance City Primary Insurance City, State. Zip Primary Insurance Full Address Copay (primary) Primary Insurance Email Note on policy Fax number of Insurance Company Insurance Plan Group Number "policy number" insurance id for insurance library name of the insurance company Insured Person Address 1 Insured Person Address 2 Insured Person Address 3 Insured Person Address 4 Insured Person Age Insured Person Age Insured Person Cell Phone Insured Person City Insured Person City, State Zip Insured Person Date of Birth mm/dd/yyyy Insured Person Date of Birth yyy Insured Person Date of Birth yyyy Insured Person Date of Birth mm/dd/yyy Insured Person Date of Birth mm/dd/yyy Insured Person Date of Birth yyyy Insured Person Date of Birth mm/dd/yyy Insured Person Date of Birth yyyy Insured Person Date of Birth mm/dd/yyy | To print the address correctly with or without an address 2 field use this order: pat.address1 pat.address2 | ALAFAYA, NJ 32816 20.00 TEST 888 556-2128 BC NAME BC GROUP 102 BCBS FL 123 LESS TRAVELED RD APT 3 CANTON, NJ 07646 21 years 2 M 987 654-4433 CANTON CANTON, NJ 07646 US 01/01/1995 01 01 95 1995 01/01/95 |
| ins1.city ins1.city_st_zip address_full ins1.copay ins1.email ins1.note ins1.fax ins1.groupname ins1.groupno ins1.insurid ins1.name ins1.per.address1 ins1.per.address2 ins1.per.address3 ins1.per.address4 ins1.per.age ins1.per.age ins1.per.detail ins1.per.city ins1.per.city ins1.per.country ins1.per.dob ins1.per.dob ins1.per.dob ins1.per.dob_yyy ins1.per.dob_yyyy ins1.per.dobyyy ins1.per.dobyyy ins1.per.dobyyy ins1.per.dobyyy ins1.per.dobyyy ins1.per.dobyy ins1.per.email ins1.per.email ins1.per.email | Primary Insurance City Primary Insurance City, State. Zip Primary Insurance Full Address Copay (primary) Primary Insurance Email Note on policy Fax number of Insurance Company Insurance Plan Group Number "policy number" insurance id for insurance library name of the insurance company Insured Person Address 1 Insured Person Address 2 Insured Person Address 3 Insured Person Address 4 Insured Person Age Insured Person Age Insured Person Cell Phone Insured Person City Insured Person City Insured Person Date of Birth mm/dd/yyyy Insured Person Date of Birth yyy Insured Person Date of Birth yyy Insured Person Date of Birth mm/dd/yyy Insured Person Date of Birth mm/dd/yy Insured Person Date of Birth yyy Insured Person Date of Birth mm/dd/yy Insured Person Pirst Name | To print the address correctly with or without an address 2 field use this order: pat.address1 pat.address2 | ALAFAYA, NJ 32816 20.00 TEST 888 556-2128 BC NAME BC GROUP 102 BCBS FL 123 LESS TRAVELED RD APT 3 CANTON, NJ 07646 21 years 21 years 2 M 987 654-4433 CANTON CANTON, NJ 07646 US 01/01/1995 01 01 95 1995 01/01/195 getone@mail.com LINDA |
| ins1.city ins1.city_st_zip address_full ins1.copay ins1.email ins1.note ins1.fax ins1.groupname ins1.groupno ins1.insurid ins1.name ins1.per.address1 ins1.per.address2 ins1.per.address3 ins1.per.address4 ins1.per.age ins1.per.age_detail ins1.per.city ins1.per.city_st_zip ins1.per.cobb ins1.per.dob ins1.per.dob_dd ins1.per.dob_dd ins1.per.dob_yy ins1.per.dob_yyy ins1.per.dob_yyy ins1.per.dob_yyy ins1.per.dob_yyy ins1.per.dob_yyy ins1.per.dob_yyy ins1.per.dob_yyy ins1.per.dob_yyy ins1.per.email ins1.per.email ins1.per.email ins1.per.fname ins1.per.fname ins1.per.fname ins1.per.fname | Primary Insurance City Primary Insurance City, State. Zip Primary Insurance Full Address Copay (primary) Primary Insurance Email Note on policy Fax number of Insurance Company Insurance Plan Group Number "policy number" insurance id for insurance library name of the insurance company Insured Person Address 1 Insured Person Address 2 Insured Person Address 3 Insured Person Address 3 Insured Person Age Insured Person Age Insured Person Cell Phone Insured Person City Insured Person City, State Zip Insured Person Date of Birth mm/dd/yyyy Insured Person Date of Birth yy Insured Person Date of Birth yy Insured Person Date of Birth yy Insured Person Date of Birth mm/dd/yy Insured Person Email Insured Person First Name Insured Person First Name | To print the address correctly with or without an address 2 field use this order: pat.address1 pat.address2 | ALAFAYA, NJ 32816 20.00 TEST 888 556-2128 BC NAME BC GROUP 102 BCBS FL 123 LESS TRAVELED RD APT 3 CANTON, NJ 07646 21 years 21 years 2 M 987 654-4433 CANTON CANTON, NJ 07646 US 01/01/1995 01 01 95 1995 01/01/95 getone@mail.com LINDA LINDA LINDA TEST2 |
| ins1.city ins1.city_st_zip address_full ins1.copay ins1.email ins1.note ins1.fax ins1.groupname ins1.groupno ins1.insurid ins1.ner.address1 ins1.per.address2 ins1.per.address3 ins1.per.address3 ins1.per.address4 ins1.per.age ins1.per.age_detail ins1.per.city ins1.per.city ins1.per.city ins1.per.country ins1.per.dob ins1.per.dob ins1.per.dob_dd ins1.per.dob_mm ins1.per.dob_yyyy ins1.per.dob_yyyy ins1.per.dobyy ins1.per.famee ins1.per.fname ins1.per.fname ins1.per.fnamee ins1.per.fullname | Primary Insurance City Primary Insurance City, State. Zip Primary Insurance Full Address Copay (primary) Primary Insurance Email Note on policy Fax number of Insurance Company Insurance Plan Group Number "policy number" insurance id for insurance library name of the insurance company Insured Person Address 1 Insured Person Address 2 Insured Person Address 3 Insured Person Address 4 Insured Person Age Insured Person Age Insured Person City Insured Person City Insured Person City Insured Person City Insured Person Date of Birth mm/dd/yyyy Insured Person Date of Birth yy Insured Person Date of Birth yy Insured Person Date of Birth mm/lod/yy Insured Person Date of Birth yy Insured Person Date of Birth mm/dd/yy Insured Person Date of Birth mm/dd/yy Insured Person Date of Birth yy Insured Person Date of Birth mm/dd/yy Insured Person First Name Insured Person First Name Insured Person Last Name First Name Middle | To print the address correctly with or without an address 2 field use this order: pat.address1 pat.address2 | ALAFAYA, NJ 32816 20.00 TEST 888 556-2128 BC NAME BC GROUP 102 BCBS FL 123 LESS TRAVELED RD APT 3 CANTON, NJ 07646 21 years 21 years 21 years 2 M 987 654-4433 CANTON CANTON, NJ 07646 US 01/01/1995 01 01 95 1995 01/01/95 getone@mail.com LINDA |
| ins1.city ins1.city_st_zip address_full ins1.copay ins1.email ins1.note ins1.fax ins1.groupname ins1.groupno ins1.insurid ins1.ner.address1 ins1.per.address2 ins1.per.address2 ins1.per.address3 ins1.per.address4 ins1.per.address4 ins1.per.adgress4 ins1.per.city_st_zip ins1.per.city_st_zip ins1.per.city_st_zip ins1.per.dob_dd ins1.per.dob_dd ins1.per.dob_mm ins1.per.dob_yyyy ins1.per.dob_yyyy ins1.per.dob_yyyy ins1.per.dobyy ins1.per.email ins1.per.fname ins1.per.fname ins1.per.fname ins1.per.fname ins1.per.fname ins1.per.fname ins1.per.fname ins1.per.fogender | Primary Insurance City Primary Insurance City, State. Zip Primary Insurance Full Address Copay (primary) Primary Insurance Email Note on policy Fax number of Insurance Company Insurance Plan Group Number "policy number" insurance id for insurance library name of the insurance company Insured Person Address 1 Insured Person Address 2 Insured Person Address 3 Insured Person Address 4 Insured Person Age Insured Person Age Insured Person City Insured Person City Insured Person City Insured Person City Insured Person Date of Birth mm/dd/yyyy Insured Person Date of Birth yy Insured Person Date of Birth yy Insured Person Date of Birth yy Insured Person Date of Birth mm/dd/yy Insured Person Date of Birth sume Insured Person First Name Insured Person First Name Insured Person Cander Abbrev. | To print the address correctly with or without an address 2 field use this order: pat.address1 pat.address2 | ALAFAYA, NJ 32816 20.00 TEST 888 556-2128 BC NAME BC GROUP 102 BCBS FL 123 LESS TRAVELED RD APT 3 CANTON, NJ 07646 21 years 2 M 987 654-4433 CANTON CANTON, NJ 07646 US 01/01/1995 01 01 95 1995 01/01/95 getone@mail.com LINDA LINDA LINDA T TEST2 TEST2, LINDA T F |
| ins1.city ins1.city_st_zip address_full ins1.copay ins1.email ins1.note ins1.fax ins1.groupname ins1.groupno ins1.insurid ins1.ner.address1 ins1.per.address2 ins1.per.address3 ins1.per.address3 ins1.per.address4 ins1.per.age ins1.per.age_detail ins1.per.city ins1.per.city ins1.per.city ins1.per.country ins1.per.dob ins1.per.dob ins1.per.dob_dd ins1.per.dob_mm ins1.per.dob_yyyy ins1.per.dob_yyyy ins1.per.dobyy ins1.per.famee ins1.per.fname ins1.per.fname ins1.per.fnamee ins1.per.fullname | Primary Insurance City Primary Insurance City, State. Zip Primary Insurance Full Address Copay (primary) Primary Insurance Email Note on policy Fax number of Insurance Company Insurance Plan Group Number "policy number" insurance id for insurance library name of the insurance company Insured Person Address 1 Insured Person Address 2 Insured Person Address 3 Insured Person Address 4 Insured Person Age Insured Person Age Insured Person City Insured Person City Insured Person City Insured Person City Insured Person Date of Birth mm/dd/yyyy Insured Person Date of Birth yy Insured Person Date of Birth yy Insured Person Date of Birth mm/lod/yy Insured Person Date of Birth yy Insured Person Date of Birth mm/dd/yy Insured Person Date of Birth mm/dd/yy Insured Person Date of Birth yy Insured Person Date of Birth mm/dd/yy Insured Person First Name Insured Person First Name Insured Person Last Name First Name Middle | To print the address correctly with or without an address 2 field use this order: pat.address1 pat.address2 | ALAFAYA, NJ 32816 20.00 TEST 888 556-2128 BC NAME BC GROUP 102 BCBS FL 123 LESS TRAVELED RD APT 3 CANTON, NJ 07646 21 years 21 years 2 M 987 654-4433 CANTON CANTON, NJ 07646 US 01/01/1995 01 01 95 1995 01/01/95 getone@mail.com LINDA LINDA LINDA TEST2 |
| ins1.city ins1.city_st_zip address_full ins1.copay ins1.email ins1.note ins1.fax ins1.groupname ins1.groupno ins1.insurid ins1.name ins1.per.address1 ins1.per.address2 ins1.per.address3 ins1.per.address4 ins1.per.address4 ins1.per.age ins1.per.city ins1.per.city ins1.per.city ins1.per.city ins1.per.country ins1.per.dob ins1.per.dob ins1.per.dob_dd ins1.per.dob_dd ins1.per.dob_yyyy ins1.per.dob_yyyy ins1.per.dobyy ins1.per.fame ins1.per.fame ins1.per.fullname ins1.per.gender ins1.per.gender ins1.per.gender ins1.per.homephone | Primary Insurance City Primary Insurance City, State. Zip Primary Insurance Full Address Copay (primary) Primary Insurance Email Note on policy Fax number of Insurance Company Insurance Plan Group Number "policy number" insurance id for insurance library name of the insurance company Insured Person Address 1 Insured Person Address 2 Insured Person Address 3 Insured Person Address 4 Insured Person Address 4 Insured Person Age Insured Person Oell Phone Insured Person Cell Phone Insured Person City, State Zip Insured Person Date of Birth mm/dd/yyyy Insured Person Date of Birth dd Insured Person Date of Birth yy Insured Person Date of Birth mm Insured Person Date of Birth mm/dd/yy Insured Person Date of Birth mm/dd/yy Insured Person Date of Birth mm/dd/yy Insured Person First Name Insured Person First Name Insured Person Gender Abbrev. Insured Person Gender Abbrev. Insured Person Home Phone | To print the address correctly with or without an address 2 field use this order: pat.address1 pat.address2 | ALAFAYA, NJ 32816 20.00 TEST 888 556-2128 BC NAME BC GROUP 102 BCBS FL 123 LESS TRAVELED RD APT 3 CANTON, NJ 07646 21 years 2 M 987 654-4433 CANTON CANTON, NJ 07646 US 01/01/1995 01 01 95 1995 01/01/95 getone@mail.com LINDA LINDA LINDA T TEST2 TEST2, LINDA T F |
| ins1.city ins1.city_st_zip address_full ins1.copay ins1.email ins1.note ins1.fax ins1.groupname ins1.groupno ins1.insurid ins1.name ins1.per.address1 ins1.per.address2 ins1.per.address2 ins1.per.address3 ins1.per.address4 ins1.per.address4 ins1.per.address4 ins1.per.city ins1.per.city ins1.per.city_st_zip ins1.per.country ins1.per.dob dd ins1.per.dob_dd ins1.per.dob_yy ins1.per.dob_yy ins1.per.dobyy ins1.per.doboyy ins1.per.doboe ins1.per.fulmame ins1.per.fulmame ins1.per.gender ins1.per.lomephone ins1.per.lomephone ins1.per.lomephone ins1.per.lomephone ins1.per.lomephone ins1.per.lomephone | Primary Insurance City Primary Insurance City, State. Zip Primary Insurance Full Address Copay (primary) Primary Insurance Email Note on policy Fax number of Insurance Company Insurance Plan Group Number "policy number" insurance id for insurance library name of the insurance company Insured Person Address 1 Insured Person Address 2 Insured Person Address 2 Insured Person Address 3 Insured Person Address 4 Insured Person Adgess 4 Insured Person Age Insured Person Cell Phone Insured Person City Insured Person City, State Zip Insured Person Country Insured Person Date of Birth mm/dd/yyyy Insured Person Date of Birth yy Insured Person Date of Birth mm Insured Person Date of Birth mm/dd/yy Insured Person First Name Insured Person First Name Insured Person Gender Abbrev. Insured Person Home Phone Insured Person Language Abbrev. | To print the address correctly with or without an address 2 field use this order: pat.address1 pat.address2 | ALAFAYA, NJ 32816 20.00 TEST 888 556-2128 BC NAME BC GROUP 102 BCBS FL 123 LESS TRAVELED RD APT 3 CANTON, NJ 07646 21 years 21 years 2 M 987 654-4433 CANTON CANTON, NJ 07646 US 01/01/1995 01 01 95 1995 01/01/95 getone@mail.com LINDA LINDA T TEST2 TEST2, LINDA T F 444 555-5555 EN |
| ins1.city ins1.city_st_zip address_full ins1.copay ins1.email ins1.note ins1.fax ins1.groupname ins1.groupno ins1.insurid ins1.name ins1.per.address1 ins1.per.address2 ins1.per.address3 ins1.per.address4 ins1.per.age ins1.per.age ins1.per.cellphone ins1.per.city ins1.per.city ins1.per.dob ins1.per.dob ins1.per.dob ins1.per.dob_yy ins1.per.dob_yyy ins1.per.dobyy ins1.per.dobyy ins1.per.dobyy ins1.per.dobyy ins1.per.dobyy ins1.per.dobyy ins1.per.dobyy ins1.per.dobyy ins1.per.doby ins1.per.doby ins1.per.doby ins1.per.doby ins1.per.doby ins1.per.dobyy ins1.per.dobyy ins1.per.dobyy ins1.per.dobyy ins1.per.dobyy ins1.per.dome ins1.per.fname ins1.per.fname ins1.per.fname ins1.per.fname ins1.per.language ins1.per.language ins1.per.language ins1.per.language ins1.per.language ins1.per.language | Primary Insurance City Primary Insurance City, State. Zip Primary Insurance Full Address Copay (primary) Primary Insurance Email Note on policy Fax number of Insurance Company Insurance Plan Group Number "policy number" insurance id for insurance library name of the insurance company Insured Person Address 1 Insured Person Address 2 Insured Person Address 3 Insured Person Address 3 Insured Person Address 4 Insured Person Age Insured Person Age Insured Person Cell Phone Insured Person City Insured Person City Insured Person Date of Birth mm/dd/yyyy Insured Person Date of Birth yyy Insured Person Date of Birth yyy Insured Person Date of Birth mm/loured Person Date of Birth mm/loured Person Date of Birth yyy Insured Person Date of Birth mm/loured Person Date of Birth mm/loured Person Date of Birth yyy Insured Person Date of Birth mm/loured Person Date of Bir | To print the address correctly with or without an address 2 field use this order: pat.address1 pat.address2 | ALAFAYA, NJ 32816 20.00 TEST 888 556-2128 BC NAME BC GROUP 102 BCBS FL 123 LESS TRAVELED RD APT 3 CANTON, NJ 07646 21 years 21 years 2 M 987 654-4433 CANTON CANTON, NJ 07646 US 01/01/1995 01 01 95 1995 01/01/95 getone@mail.com LINDA LINDA T TEST2 TEST2, LINDA T F 444 555-5555 EN |
| ins1.city st_zip address_full ins1.copay ins1.email ins1.note ins1.fax ins1.groupname ins1.groupno ins1.insurid ins1.name ins1.per.address1 ins1.per.address2 ins1.per.address3 ins1.per.address3 ins1.per.address4 ins1.per.age detail ins1.per.city ins1.per.city ins1.per.city ins1.per.city st_zip ins1.per.dob ins1.per.dob ins1.per.dob_dd ins1.per.dob_dd ins1.per.dob_yy ins1.per.dob_per.liame ins1.per.liame_ins1.per.liame ins1.per.liame ins1.per.liame ins1.per.liame ins1.per.liame ins1.per.liame | Primary Insurance City Primary Insurance City, State. Zip Primary Insurance Full Address Copay (primary) Primary Insurance Email Note on policy Fax number of Insurance Company Insurance Plan Group Number "policy number" insurance id for insurance library name of the insurance company Insured Person Address 1 Insured Person Address 2 Insured Person Address 3 Insured Person Address 3 Insured Person Age Insured Person Age Insured Person City Insured Person City Insured Person City Insured Person City Insured Person Date of Birth mm/dd/yyyy Insured Person Date of Birth yy Insured Person Date of Birth yy Insured Person Date of Birth mm/laured Person Date of Birth yy Insured Person Date of Birth yy Insured Person Date of Birth yy Insured Person Date of Birth mm/dd/yy Insured Person Date of Birth yy Insured Person Date of Birth yy Insured Person Date of Birth mm/dd/yy Insured Person Date of Birth yy Insured Person Date of Birth symmed Person Pirst Name Insured Person First Name Insured Person Last Name First Name Middle Insured Person Last Name | To print the address correctly with or without an address 2 field use this order: pat.address1 pat.address2 | ALAFAYA, NJ 32816 20.00 TEST 888 556-2128 BC NAME BC GROUP 102 BCBS FL 123 LESS TRAVELED RD APT 3 CANTON, NJ 07646 21 years 21 years 2 M 987 654-4433 CANTON CANTON, NJ 07646 US 01/01/1995 01 01 95 1995 01/01/95 getone@mail.com LINDA LINDA T TEST2 TEST2, LINDA T F 444 555-5555 EN |
| ins1.city ins1.city_st_zip address_full ins1.copay ins1.email ins1.note ins1.fax ins1.groupname ins1.groupno ins1.insurid ins1.name ins1.per.address1 ins1.per.address2 ins1.per.address3 ins1.per.address4 ins1.per.age ins1.per.age ins1.per.cellphone ins1.per.city ins1.per.city ins1.per.dob ins1.per.dob ins1.per.dob ins1.per.dob_yy ins1.per.dob_yyy ins1.per.dobyy ins1.per.dobyy ins1.per.dobyy ins1.per.dobyy ins1.per.dobyy ins1.per.dobyy ins1.per.dobyy ins1.per.dobyy ins1.per.doby ins1.per.doby ins1.per.doby ins1.per.doby ins1.per.doby ins1.per.dobyy ins1.per.dobyy ins1.per.dobyy ins1.per.dobyy ins1.per.dobyy ins1.per.dome ins1.per.fname ins1.per.fname ins1.per.fname ins1.per.fname ins1.per.language ins1.per.language ins1.per.language ins1.per.language ins1.per.language ins1.per.language | Primary Insurance City Primary Insurance City, State. Zip Primary Insurance Full Address Copay (primary) Primary Insurance Email Note on policy Fax number of Insurance Company Insurance Plan Group Number "policy number" insurance id for insurance library name of the insurance company Insured Person Address 1 Insured Person Address 2 Insured Person Address 3 Insured Person Address 3 Insured Person Address 4 Insured Person Age Insured Person Age Insured Person Cell Phone Insured Person City Insured Person City Insured Person Date of Birth mm/dd/yyyy Insured Person Date of Birth yyy Insured Person Date of Birth yyy Insured Person Date of Birth mm/loured Person Date of Birth mm/loured Person Date of Birth yyy Insured Person Date of Birth mm/loured Person Date of Birth mm/loured Person Date of Birth yyy Insured Person Date of Birth mm/loured Person Date of Bir | To print the address correctly with or without an address 2 field use this order: pat.address1 pat.address2 | ALAFAYA, NJ 32816 20.00 TEST 888 556-2128 BC NAME BC GROUP 102 BCBS FL 123 LESS TRAVELED RD APT 3 CANTON, NJ 07646 21 years 21 years 2 M 987 654-4433 CANTON CANTON, NJ 07646 US 01/01/1/1995 01 01 95 1995 01/01/95 getone@mail.com LINDA LINDA T TEST2 TEST2, LINDA T F 444 555-5555 EN TEST2 |

| ins1.per.pid | Insured Person Person ID | | 19543 |
|---|--|---|---|
| | | | F |
| ins1.per.sex | Insured Person Sex Abbrev. | | • |
| ins1.per.ssn | Insured Person Social Security Number | | 555-88-6444 |
| ins1.per.workphone | Insured Person Work Phone | | 456 789-4564 5 |
| ins1.per.zip | Insured Person Zip | | 7646 |
| ins1.phone | Insurance Phone | | 55 |
| | | | |
| ins1.policyno | Policy number "ID or member number" | | TLB546342334 |
| ins1.reltype | Relationship type | | 01 |
| ins1.reldesc | Description (Self, Spouse, etc) | | Spouse |
| ins1.state | Insurance State | | NJ |
| ins1.subscriber | Subscriber | | TEST2, LINDA T |
| | | | |
| ins1.validfrom | Insurance Valid From yyyy/mm/dd | | 1990-01-01 |
| ins1.validto | Insurance Valid To yyyy/mm/dd | | 2035-02-01 |
| ins1.zip | Insurance Zip | | 32816 |
| | | | |
| Charge/Encounter Field ID | Description | Notes | Example Output |
| | Place of Service Information | | |
| aha addraga full | | | 22 DEFORD DD CARDENS EL 224104227 |
| chg.address_full | Charge Address Full | | 33 DEFORD RD GARDENS, FL 334104327 |
| chg.address1 | Charge Address 1 | To print the address correctly with or without an | 33 BEDFORD RD |
| chg.address2 | Charge Address 2 | address 2 field use this order: | GARDENS,FL 334104327 |
| chg.address3 | Charge Address 3 | | · |
| chg.address4 | Charge Address 4 | pat.address1 | |
| • | | pat.address2 | 100.155 |
| chg.authnum | Charge Authorization Number | pat.address3 | 123455 |
| chg.billid | Charge Billing ID | | 1 |
| chq.dcount | Charge Dunning Count | - Dunning count of individual charge | 1 |
| chg.address1_2 | J | J | |
| 5.1g.3ddi10001_E | | 1 | |
| | I | | |
| <u>chg.bp</u> | Billing Provider ID | | 1 |
| chg.bp credentials | Billing Provider Credentials | | MD |
| chg.bp_fname_Iname | Billing Provider Fist Name Last Name | | MAVUS A JACOBS |
| chg.bp_mame_mame | Billing Provider Last Name | | JACOBS |
| ~ · = | | | |
| chg.bp_Iname_fname | Billing Provider | | JACOBS, MAVUS A |
| chg.bp_middle | Billing Provider | | A |
| chg.bp_npi | Billing Provider | | 1619950169 |
| chg.city | Billing Provider | | GARDENS |
| | | | |
| chg.city_st_zip | Billing Provider | | GARDENS,FL 334104327 |
| chg.bp_blocation_taxid | Billing provider billing location taxid | | 650555825 |
| chg.bp_blocation_npi | | | |
| chg.bp_blocation_phone | | | |
| | Billing Broyider Cuetom Field | | |
| chg.bp_custom_field_xxxxxxxxx | Billing Provider Custom Field | | |
| | | | |
| chg.cpt1 | CPT Code Line 1 | | 99215 |
| chg.cpt2 | CPT Code Line 2 | | 36415 |
| chg.cpt3 | CPT Code Line 3 | | 00110 |
| = - | | | |
| chg.cpt4 | CPT Code Line 4 | | |
| chg.cpt5 | CPT Code Line 5 | | |
| chg.cpt6 | CPT Code Line 6 | | |
| , , , , , , , , , , , , , , , , , , , | | | |
| | | If multiple charge lines with multiple CPT custom | |
| aba ligad acceptant field connections | CDT Library Cycetama Field | | |
| chg.line1.custom_field_xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx | CPT Library Custom Field | fields, change line1 to line2 etc | |
| | | | |
| l | 007.0 | | Office/op visit, est pt, 2 key components: |
| chg.desc1 | CPT Description Line 1 | | comprehensive hx;c |
| chg.desc2 | CPT Description Line 2 | | Collection, venous blood, venipuncture |
| chg.desc3 | CPT Description Line 3 | | · · |
| chg.desc4 | CPT Description Line 4 | | |
| | | 1 | |
| chg.desc5 | CPT Description Line 5 | | |
| chg.desc6 | CPT Description Line 6 | | |
| | 1 | | |
| | | | 199.8 |
| chq.diaq1 | Diagnosis 1 | | |
| chg.diag1 | Diagnosis 1 | | |
| chg.diag2 | Diagnosis 2 | | E31.0 |
| chg.diag2 chg.diag3 | Diagnosis 2 Diagnosis 3 | | E31.0 E61.3 |
| chg.diag2 chg.diag3 chg.diag4 | Diagnosis 2 Diagnosis 3 Diagnosis 4 | | E31.0 |
| chg.diag2 chg.diag3 | Diagnosis 2 Diagnosis 3 | | E31.0 E61.3 |
| chg.diag2 chg.diag3 chg.diag4 chg.diag5 | Diagnosis 2 Diagnosis 3 Diagnosis 4 Diagnosis 5 | | E31.0 E61.3 |
| chg.diag2 chg.diag3 chg.diag4 | Diagnosis 2 Diagnosis 3 Diagnosis 4 | | E31.0 E61.3 |
| chg.diag2 chg.diag3 chg.diag4 chg.diag5 chg.diag6 | Diagnosis 2 Diagnosis 3 Diagnosis 4 Diagnosis 5 Diagnosis 6 | | E31.0 E61.3 H54.0 |
| chg.diag2 chg.diag3 chg.diag4 chg.diag5 chg.diag6 | Diagnosis 2 Diagnosis 3 Diagnosis 4 Diagnosis 5 Diagnosis 6 Encounter number | | E31.0 E61.3 H54.0 |
| chg.diag2 chg.diag3 chg.diag4 chg.diag5 chg.diag6 chg.encounterid chg.facility | Diagnosis 2 Diagnosis 3 Diagnosis 4 Diagnosis 5 Diagnosis 6 Encounter number Facility (Place of Service Name) | | E31.0 E61.3 H54.0 |
| chg.diag2 chg.diag3 chg.diag4 chg.diag5 chg.diag6 | Diagnosis 2 Diagnosis 3 Diagnosis 4 Diagnosis 5 Diagnosis 6 Encounter number | | E31.0 E61.3 H54.0 |
| chg.diag2 chg.diag3 chg.diag4 chg.diag5 chg.diag6 chg.encounterid chg.facility chg.facility_id | Diagnosis 2 Diagnosis 3 Diagnosis 4 Diagnosis 5 Diagnosis 6 Encounter number Facility (Place of Service Name) Facility ID | | E31.0 E61.3 H54.0 |
| chg.diag2 chg.diag3 chg.diag4 chg.diag5 chg.diag6 chg.encounterid chg.facility | Diagnosis 2 Diagnosis 3 Diagnosis 4 Diagnosis 5 Diagnosis 6 Encounter number Facility (Place of Service Name) | | E31.0 E61.3 H54.0 |
| chg.diag2 chg.diag3 chg.diag4 chg.diag5 chg.diag6 chg.encounterid chg.facility chg.facility_id chg.facility_phone | Diagnosis 2 Diagnosis 3 Diagnosis 4 Diagnosis 5 Diagnosis 6 Encounter number Facility (Place of Service Name) Facility ID Facility Phone | | E31.0 E61.3 H54.0 45098 MAVUS A JACOBS, MD |
| chg.diag2 chg.diag3 chg.diag4 chg.diag5 chg.diag6 chg.encounterid chg.facility chg.facility_id chg.facility_phone chg.fee1 | Diagnosis 2 Diagnosis 3 Diagnosis 4 Diagnosis 5 Diagnosis 6 Encounter number Facility (Place of Service Name) Facility ID Facility Phone Fee Per Unit Line 1 | NOT Total for the line, Fee per Unit | E31.0 E61.3 H54.0 45098 MAVUS A JACOBS, MD 1 |
| chg.diag2 chg.diag3 chg.diag4 chg.diag5 chg.diag6 chg.encounterid chg.facility chg.facility_id chg.facility_phone | Diagnosis 2 Diagnosis 3 Diagnosis 4 Diagnosis 5 Diagnosis 6 Encounter number Facility (Place of Service Name) Facility ID Facility Phone | NOT Total for the line, Fee per Unit NOT Total for the line, Fee per Unit | E31.0 E61.3 H54.0 45098 MAVUS A JACOBS, MD |
| chg.diag2 chg.diag3 chg.diag4 chg.diag5 chg.diag6 chg.encounterid chg.facility chg.facility_phone chg.fee1 chg.fee2 | Diagnosis 2 Diagnosis 3 Diagnosis 4 Diagnosis 5 Diagnosis 6 Encounter number Facility (Place of Service Name) Facility ID Facility Phone Fee Per Unit Line 1 Fee Per Unit Line 2 | NOT Total for the line, Fee per Unit | E31.0 E61.3 H54.0 45098 MAVUS A JACOBS, MD 1 |
| chg.diag2 chg.diag3 chg.diag4 chg.diag5 chg.diag6 chg.encounterid chg.facility chg.facility_phone chg.fee1 chg.fee2 chg.fee3 | Diagnosis 2 Diagnosis 3 Diagnosis 4 Diagnosis 5 Diagnosis 6 Encounter number Facility (Place of Service Name) Facility ID Facility Phone Fee Per Unit Line 1 Fee Per Unit Line 2 Fee Per Unit Line 3 | NOT Total for the line, Fee per Unit NOT Total for the line, Fee per Unit | E31.0 E61.3 H54.0 45098 MAVUS A JACOBS, MD 1 |
| chg.diag2 chg.diag3 chg.diag4 chg.diag5 chg.diag6 chg.encounterid chg.facility chg.facility_id chg.facility_phone chg.fee1 chg.fee2 chg.fee3 chg.fee4 | Diagnosis 2 Diagnosis 3 Diagnosis 4 Diagnosis 5 Diagnosis 6 Encounter number Facility (Place of Service Name) Facility ID Facility Phone Fee Per Unit Line 1 Fee Per Unit Line 2 Fee Per Unit Line 3 Fee Per Unit Line 4 | NOT Total for the line, Fee per Unit NOT Total for the line, Fee per Unit NOT Total for the line, Fee per Unit | E31.0 E61.3 H54.0 45098 MAVUS A JACOBS, MD 1 |
| chg.diag2 chg.diag3 chg.diag4 chg.diag5 chg.diag6 chg.encounterid chg.facility chg.facility_id chg.facility_phone chg.fee1 chg.fee2 chg.fee3 chg.fee4 chg.fee5 | Diagnosis 2 Diagnosis 3 Diagnosis 4 Diagnosis 5 Diagnosis 6 Encounter number Facility (Place of Service Name) Facility ID Facility Phone Fee Per Unit Line 1 Fee Per Unit Line 2 Fee Per Unit Line 3 Fee Per Unit Line 4 Fee Per Unit Line 5 | NOT Total for the line, Fee per Unit | E31.0 E61.3 H54.0 45098 MAVUS A JACOBS, MD 1 |
| chg.diag2 chg.diag3 chg.diag4 chg.diag5 chg.diag6 chg.encounterid chg.facility chg.facility_id chg.facility_phone chg.fee1 chg.fee2 chg.fee3 chg.fee4 | Diagnosis 2 Diagnosis 3 Diagnosis 4 Diagnosis 5 Diagnosis 6 Encounter number Facility (Place of Service Name) Facility ID Facility Phone Fee Per Unit Line 1 Fee Per Unit Line 2 Fee Per Unit Line 3 Fee Per Unit Line 4 | NOT Total for the line, Fee per Unit NOT Total for the line, Fee per Unit NOT Total for the line, Fee per Unit | E31.0 E61.3 H54.0 45098 MAVUS A JACOBS, MD 1 |
| chg.diag2 chg.diag3 chg.diag4 chg.diag5 chg.diag6 chg.encounterid chg.facility chg.facility_id chg.facility_phone chg.fee1 chg.fee2 chg.fee3 chg.fee4 chg.fee5 | Diagnosis 2 Diagnosis 3 Diagnosis 4 Diagnosis 5 Diagnosis 6 Encounter number Facility (Place of Service Name) Facility ID Facility Phone Fee Per Unit Line 1 Fee Per Unit Line 2 Fee Per Unit Line 3 Fee Per Unit Line 4 Fee Per Unit Line 5 | NOT Total for the line, Fee per Unit | E31.0 E61.3 H54.0 45098 MAVUS A JACOBS, MD 1 |
| chg.diag2 chg.diag3 chg.diag4 chg.diag5 chg.diag6 chg.encounterid chg.facility chg.facility_id chg.facility_phone chg.fee1 chg.fee2 chg.fee3 chg.fee4 chg.fee5 chg.fee6 | Diagnosis 2 Diagnosis 3 Diagnosis 4 Diagnosis 5 Diagnosis 6 Encounter number Facility (Place of Service Name) Facility ID Facility Phone Fee Per Unit Line 1 Fee Per Unit Line 2 Fee Per Unit Line 3 Fee Per Unit Line 4 Fee Per Unit Line 5 Fee Per Unit Line 6 | NOT Total for the line, Fee per Unit | E31.0 E61.3 H54.0 45098 MAVUS A JACOBS, MD 1 |
| chg.diag2 chg.diag3 chg.diag4 chg.diag5 chg.diag6 chg.encounterid chg.facility chg.facility_id chg.facility_phone chg.fee1 chg.fee2 chg.fee3 chg.fee4 chg.fee5 | Diagnosis 2 Diagnosis 3 Diagnosis 4 Diagnosis 5 Diagnosis 6 Encounter number Facility (Place of Service Name) Facility ID Facility Phone Fee Per Unit Line 1 Fee Per Unit Line 2 Fee Per Unit Line 3 Fee Per Unit Line 4 Fee Per Unit Line 5 | NOT Total for the line, Fee per Unit | E31.0 E61.3 H54.0 45098 MAVUS A JACOBS, MD 1 |

| 1 12 | | | |
|--|---|---|---|
| chg.mod1 | Modifiers for CPT on Encounter Line 1 | | 25 |
| chg.mod2 | Modifiers for CPT on Encounter Line 2 | | |
| • | | | |
| chg.mod3 | Modifiers for CPT on Encounter Line 3 | | |
| chg.mod4 | Modifiers for CPT on Encounter Line 4 | | |
| • | Modifiers for CPT on Encounter Line 5 | | |
| chg.mod5 | | | |
| chg.mod6 | Modifiers for CPT on Encounter Line 6 | | |
| | | | |
| chg.patbal | Patient Balance | | 0.00 |
| | Patient Paid | | 0.00 |
| chg.patpaid | | | |
| chg.pos | Place of Service | | 11 |
| chg.postdate | Posting Date | | 2016-02-08 |
| | | | |
| chg.procedures | Procedure Lines - DOS, CPT, DX pointers, Charged amt | | 03/06/2016 99215 1234 195.00 03/06/2016 36415 1234 15.00 |
| | Charged aniit | | 03/00/2010 30413 1234 13.00 |
| | | | |
| chg.rd | Referring Provider | | BAR1 |
| chg.rd credentials | Referring Provider Credentials | | LPN |
| · · - | • | | SUZAN |
| chg.rd_fname | Referring Provider First Name | | |
| chg.rd_fname_lname | Referring Provider First Name Last Name | Preferred format | SUZAN J BARZA |
| chg.rd Iname | Referring Provider Last Name | | BARZA |
| | | | |
| chg.rd_Iname_fname | Referring Provider Last Name, First Name | | BARZA, SUZAN J |
| chg.rd middle | Referring Provider Middle Initial | | J |
| chg.rd npi | Referring Provider NPI | | 1215019111 |
| | | | |
| chg.rd_phone_full | Referring Provider Full Phone Number | | 444 666 7777 |
| chg.rd area | Referring Provider Area code only | | 444 |
| chq.rd phone | Referring Provider Phone only | | 666 7777 |
| 0 1 | | | |
| chg.rd_fax_full | Referring Provider Full Fax Number | | 444 666 7778 |
| chg.rd address1 | Referring Provider Address 1 | | 521 JONES ST |
| · - | | | |
| chg.rd_address2 | Referring Provider Address 2 | | SUITE B |
| chg.rd_address1_2 | Referring Provider Address 1 and 2 | | 521 JONES ST SUITE B |
| chg.rd_city_state_zip | Referring Provider City, State Zip | | 522 JONES ST SUITE B CANTON, NJ 07465 |
| | | | OLL CONLOCT COTTL D CANTON, NO 07400 |
| chg.rd_address_full | Referring Provider Full Address | | |
| | | | |
| chg.rp | Rendering Provider | | 1 |
| | | | • |
| chg.rp_credentials | Rendering Provider Credentials | | MD |
| chg.rp_fname_Iname | Rendering Provider First and Last Name | Preferred format | MAVUS A JACOBS |
| | - | | JACOBS |
| chg.rp_Iname | Rendering Provider Last Name | | |
| chg.rp_Iname_fname | Rendering Provider Last Name First Name | | JACOBS, MAVUS A |
| chg.rp_middle | Rendering Provider Middle Initial | | A |
| | | | |
| chg.rp_npi | Rendering Provider NPI | | 1619950111 |
| chg.rp_blocation_taxid | Rendering provider billing location taxid | | 825555926 |
| chg.rp blocation npi | Rendering provider billing location NPI | | 6547891023 |
| | | | |
| chg.rp_blocation_phone | Rendering provider billing location Phone | | 564 454-5555 |
| chg.rp_phone_full | Rendering Provider Full Phone | | 564 454-5555 |
| | - | | |
| chg.rp_fax_full | Rendering Provider Full Fax | | 564 454-5565 |
| chg.rp_custom_field_xxxxxxxxxx | Rendering Provider Custom Field | | |
| | | | |
| chg.rp medicare | Charge rendering medicare # | | |
| | | | |
| chg.rp_medicaid | Charge rendering medicaid # | | |
| chg.rp_licnum | Charge rendering license # | | |
| | onal go rondoning nooned n | | |
| | | | |
| | | | |
| chg.bp medicare | Charge billing medicare # | | |
| chg.bp_medicare | | | |
| chg.bp_medicaid | Charge billing medicaid # | | |
| | | | |
| chg.bp_medicaid | Charge billing medicaid # | | |
| chg.bp_medicaid | Charge billing medicaid # | | |
| chg.bp_medicaid chg.bp_licnum | Charge billing medicaid # Charge billing license # | | |
| chg.bp_medicaid chg.bp_licnum chg.state | Charge billing medicaid # Charge billing license # State of charge address | | FL |
| chg.bp_medicaid chg.bp_licnum | Charge billing medicaid # Charge billing license # | Preferred format | FL 03/06/2016 |
| chg.bp_medicaid chg.bp_licnum chg.state chg.svcdate | Charge billing medicaid # Charge billing license # State of charge address | Preferred format | |
| chg.bp_medicaid chg.bp_licnum chg.state | Charge billing medicaid # Charge billing license # State of charge address DOS - mm/dd/yyyy | Preferred format | 03/06/2016 |
| chg.bp_medicaid chg.bp_licnum chg.state chg.svcdate | Charge billing medicaid # Charge billing license # State of charge address DOS - mm/dd/yyyy | | 03/06/2016 03/06/16 |
| chg.bp_medicaid chg.bp_licnum chg.state chg.svcdate chg.svcdateyy | Charge billing medicaid # Charge billing license # State of charge address DOS - mm/dd/yyyy DOS - mm/dd/yyy | Corresponds to HCFA line 1, (Fee per unit X# of | 03/06/2016 03/06/16 |
| chg.bp_medicaid chg.bp_licnum chg.state chg.svcdate | Charge billing medicaid # Charge billing license # State of charge address DOS - mm/dd/yyyy | | 03/06/2016 03/06/16 |
| chg.bp_medicaid chg.bp_licnum chg.state chg.svcdate chg.svcdateyy | Charge billing medicaid # Charge billing license # State of charge address DOS - mm/dd/yyyy DOS - mm/dd/yyy | Corresponds to HCFA line 1, (Fee per unit X # of units) | 03/06/2016 03/06/16 |
| chg.bp_medicaid chg.bp_licnum chg.state chg.svcdate chg.svcdateyy chg.total1 | Charge billing medicaid # Charge billing license # State of charge address DOS - mm/dd/yyy DOS - mm/dd/yyy | Corresponds to HCFA line 1, (Fee per unit X # of units) Corresponds to HCFA line 1, (Fee per unit X # of | 03/06/2016 03/06/16 195.00 |
| chg.bp_medicaid chg.bp_licnum chg.state chg.svcdate chg.svcdateyy | Charge billing medicaid # Charge billing license # State of charge address DOS - mm/dd/yyyy DOS - mm/dd/yyy | Corresponds to HCFA line 1, (Fee per unit X # of units) Corresponds to HCFA line 1, (Fee per unit X # of units) | 03/06/2016 03/06/16 |
| chg.bp_medicaid chg.bp_licnum chg.state chg.svcdate chg.svcdateyy chg.total1 | Charge billing medicaid # Charge billing license # State of charge address DOS - mm/dd/yyy DOS - mm/dd/yyy | Corresponds to HCFA line 1, (Fee per unit X # of units) Corresponds to HCFA line 1, (Fee per unit X # of | 03/06/2016 03/06/16 195.00 |
| chg.bp_medicaid chg.bp_licnum chg.state chg.svcdate chg.svcdateyy chg.total1 chg.total2 | Charge billing medicaid # Charge billing license # State of charge address DOS - mm/dd/yyy DOS - mm/dd/yyy | Corresponds to HCFA line 1, (Fee per unit X # of units) Corresponds to HCFA line 1, (Fee per unit X # of units) | 03/06/2016 03/06/16 195.00 |
| chg.bp_medicaid chg.bp_licnum chg.state chg.svcdate chg.svcdateyy chg.total1 | Charge billing medicaid # Charge billing license # State of charge address DOS - mm/dd/yyyy DOS - mm/dd/yyy Line Item total Line Item total | Corresponds to HCFA line 1, (Fee per unit X # of units) Corresponds to HCFA line 1, (Fee per unit X # of units) Corresponds to HCFA line 1, (Fee per unit X # of units) | 03/06/2016 03/06/16 195.00 15.00 |
| chg.bp_medicaid chg.bp_licnum chg.state chg.svcdate chg.svcdateyy chg.total1 chg.total2 chg.total3 | Charge billing medicaid # Charge billing license # State of charge address DOS - mm/dd/yyy DOS - mm/dd/yy Line Item total Line Item total Line Item total | Corresponds to HCFA line 1, (Fee per unit X # of units) Corresponds to HCFA line 1, (Fee per unit X # of units) Corresponds to HCFA line 1, (Fee per unit X # of units) Corresponds to HCFA line 1, (Fee per unit X # of units) | 03/06/2016 03/06/16 195.00 15.00 |
| chg.bp_medicaid chg.bp_licnum chg.state chg.svcdate chg.svcdateyy chg.total1 chg.total2 | Charge billing medicaid # Charge billing license # State of charge address DOS - mm/dd/yyyy DOS - mm/dd/yyy Line Item total Line Item total | Corresponds to HCFA line 1, (Fee per unit X # of units) Corresponds to HCFA line 1, (Fee per unit X # of units) Corresponds to HCFA line 1, (Fee per unit X # of units) Corresponds to HCFA line 1, (Fee per unit X # of units) | 03/06/2016 03/06/16 195.00 15.00 |
| chg.bp_medicaid chg.bp_licnum chg.state chg.svcdate chg.svcdateyy chg.total1 chg.total2 chg.total3 chg.total4 | Charge billing medicaid # Charge billing license # State of charge address DOS - mm/dd/yyyy DOS - mm/dd/yyy Line Item total Line Item total Line Item total Line Item total | Corresponds to HCFA line 1, (Fee per unit X # of units) Corresponds to HCFA line 1, (Fee per unit X # of units) Corresponds to HCFA line 1, (Fee per unit X # of units) Corresponds to HCFA line 1, (Fee per unit X # of units) | 03/06/2016 03/06/16 195.00 15.00 |
| chg.bp_medicaid chg.bp_licnum chg.state chg.svcdate chg.svcdateyy chg.total1 chg.total2 chg.total3 chg.total4 | Charge billing medicaid # Charge billing license # State of charge address DOS - mm/dd/yyy DOS - mm/dd/yy Line Item total Line Item total Line Item total | Corresponds to HCFA line 1, (Fee per unit X # of units) Corresponds to HCFA line 1, (Fee per unit X # of units) Corresponds to HCFA line 1, (Fee per unit X # of units) Corresponds to HCFA line 1, (Fee per unit X # of units) | 03/06/2016 03/06/16 195.00 15.00 |
| chg.bp_medicaid chg.bp_licnum chg.state chg.svcdate chg.svcdateyy chg.total1 chg.total2 chg.total3 | Charge billing medicaid # Charge billing license # State of charge address DOS - mm/dd/yyyy DOS - mm/dd/yyy Line Item total Line Item total Line Item total Line Item total | Corresponds to HCFA line 1, (Fee per unit X # of units) Corresponds to HCFA line 1, (Fee per unit X # of units) Corresponds to HCFA line 1, (Fee per unit X # of units) Corresponds to HCFA line 1, (Fee per unit X # of units) Corresponds to HCFA line 1, (Fee per unit X # of units) | 03/06/2016 03/06/16 195.00 15.00 |
| chg.bp_medicaid chg.bp_licnum chg.state chg.svcdate chg.svcdateyy chg.total1 chg.total2 chg.total3 chg.total4 chg.total5 | Charge billing medicaid # Charge billing license # State of charge address DOS - mm/dd/yyy DOS - mm/dd/yyy Line Item total | Corresponds to HCFA line 1, (Fee per unit X # of units) Corresponds to HCFA line 1, (Fee per unit X # of units) Corresponds to HCFA line 1, (Fee per unit X # of units) Corresponds to HCFA line 1, (Fee per unit X # of units) Corresponds to HCFA line 1, (Fee per unit X # of units) Corresponds to HCFA line 1, (Fee per unit X # of units) Corresponds to HCFA line 1, (Fee per unit X # of units) | 03/06/2016 03/06/16 195.00 15.00 |
| chg.bp_medicaid chg.bp_licnum chg.state chg.svcdate chg.svcdateyy chg.total1 chg.total2 chg.total3 chg.total4 chg.total5 chg.total6 | Charge billing medicaid # Charge billing license # State of charge address DOS - mm/dd/yyy DOS - mm/dd/yy Line Item total | Corresponds to HCFA line 1, (Fee per unit X # of units) Corresponds to HCFA line 1, (Fee per unit X # of units) Corresponds to HCFA line 1, (Fee per unit X # of units) Corresponds to HCFA line 1, (Fee per unit X # of units) Corresponds to HCFA line 1, (Fee per unit X # of units) | 03/06/2016 03/06/16 195.00 15.00 |
| chg.bp_medicaid chg.bp_licnum chg.state chg.svcdate chg.svcdateyy chg.total1 chg.total2 chg.total3 chg.total4 chg.total5 | Charge billing medicaid # Charge billing license # State of charge address DOS - mm/dd/yyy DOS - mm/dd/yyy Line Item total | Corresponds to HCFA line 1, (Fee per unit X # of units) Corresponds to HCFA line 1, (Fee per unit X # of units) Corresponds to HCFA line 1, (Fee per unit X # of units) Corresponds to HCFA line 1, (Fee per unit X # of units) Corresponds to HCFA line 1, (Fee per unit X # of units) Corresponds to HCFA line 1, (Fee per unit X # of units) Corresponds to HCFA line 1, (Fee per unit X # of units) | 03/06/2016 03/06/16 195.00 15.00 |
| chg.bp_medicaid chg.bp_licnum chg.state chg.svcdate chg.svcdateyy chg.total1 chg.total2 chg.total3 chg.total4 chg.total5 chg.total6 chg.total6 chg.total4 | Charge billing medicaid # Charge billing license # State of charge address DOS - mm/dd/yyy DOS - mm/dd/yyy Line Item total Total Balance for Encounter | Corresponds to HCFA line 1, (Fee per unit X # of units) Corresponds to HCFA line 1, (Fee per unit X # of units) Corresponds to HCFA line 1, (Fee per unit X # of units) Corresponds to HCFA line 1, (Fee per unit X # of units) Corresponds to HCFA line 1, (Fee per unit X # of units) Corresponds to HCFA line 1, (Fee per unit X # of units) Corresponds to HCFA line 1, (Fee per unit X # of units) | 03/06/2016 03/06/16 195.00 15.00 |
| chg.bp_medicaid chg.bp_licnum chg.state chg.svcdate chg.svcdateyy chg.total1 chg.total2 chg.total3 chg.total4 chg.total5 chg.total6 | Charge billing medicaid # Charge billing license # State of charge address DOS - mm/dd/yyy DOS - mm/dd/yy Line Item total | Corresponds to HCFA line 1, (Fee per unit X # of units) Corresponds to HCFA line 1, (Fee per unit X # of units) Corresponds to HCFA line 1, (Fee per unit X # of units) Corresponds to HCFA line 1, (Fee per unit X # of units) Corresponds to HCFA line 1, (Fee per unit X # of units) Corresponds to HCFA line 1, (Fee per unit X # of units) Corresponds to HCFA line 1, (Fee per unit X # of units) | 03/06/2016 03/06/16 195.00 15.00 |
| chg.bp_medicaid chg.bp_licnum chg.state chg.svcdate chg.svcdateyy chg.total1 chg.total2 chg.total3 chg.total4 chg.total5 chg.total6 chg.total6 chg.total4 | Charge billing medicaid # Charge billing license # State of charge address DOS - mm/dd/yyy DOS - mm/dd/yyy Line Item total Total Balance for Encounter | Corresponds to HCFA line 1, (Fee per unit X # of units) Corresponds to HCFA line 1, (Fee per unit X # of units) Corresponds to HCFA line 1, (Fee per unit X # of units) Corresponds to HCFA line 1, (Fee per unit X # of units) Corresponds to HCFA line 1, (Fee per unit X # of units) Corresponds to HCFA line 1, (Fee per unit X # of units) Corresponds to HCFA line 1, (Fee per unit X # of units) | 03/06/2016 03/06/16 195.00 15.00 |
| chg.bp_medicaid chg.bp_licnum chg.state chg.svcdate chg.svcdateyy chg.total1 chg.total2 chg.total3 chg.total4 chg.total5 chg.total6 chg.totbal chg.totbal chg.totcharge | Charge billing medicaid # Charge billing license # State of charge address DOS - mm/dd/yyy DOS - mm/dd/yyy Line Item total Total Balance for Encounter | Corresponds to HCFA line 1, (Fee per unit X # of units) Corresponds to HCFA line 1, (Fee per unit X # of units) Corresponds to HCFA line 1, (Fee per unit X # of units) Corresponds to HCFA line 1, (Fee per unit X # of units) Corresponds to HCFA line 1, (Fee per unit X # of units) Corresponds to HCFA line 1, (Fee per unit X # of units) Corresponds to HCFA line 1, (Fee per unit X # of units) | 03/06/2016 03/06/16 195.00 15.00 |
| chg.bp_medicaid chg.bp_licnum chg.state chg.svcdate chg.svcdateyy chg.total1 chg.total2 chg.total3 chg.total4 chg.total5 chg.total6 chg.totbal chg.totbal chg.totbal chg.totcharge | Charge billing medicaid # Charge billing license # State of charge address DOS - mm/dd/yyy DOS - mm/dd/yyy Line Item total Unite Item total Line Item total | Corresponds to HCFA line 1, (Fee per unit X # of units) Corresponds to HCFA line 1, (Fee per unit X # of units) Corresponds to HCFA line 1, (Fee per unit X # of units) Corresponds to HCFA line 1, (Fee per unit X # of units) Corresponds to HCFA line 1, (Fee per unit X # of units) Corresponds to HCFA line 1, (Fee per unit X # of units) Corresponds to HCFA line 1, (Fee per unit X # of units) | 03/06/2016 03/06/16 195.00 15.00 210.00 210.00 |
| chg.bp_medicaid chg.bp_licnum chg.state chg.svcdate chg.svcdateyy chg.total1 chg.total2 chg.total3 chg.total4 chg.total5 chg.total6 chg.totbal chg.totbal chg.totbal chg.totbal chg.totbal | Charge billing medicaid # Charge billing license # State of charge address DOS - mm/dd/yyy DOS - mm/dd/yy Line Item total Unite Item total Units for CPT on Encounter Line 1 Units for CPT on Encounter Line 2 | Corresponds to HCFA line 1, (Fee per unit X # of units) Corresponds to HCFA line 1, (Fee per unit X # of units) Corresponds to HCFA line 1, (Fee per unit X # of units) Corresponds to HCFA line 1, (Fee per unit X # of units) Corresponds to HCFA line 1, (Fee per unit X # of units) Corresponds to HCFA line 1, (Fee per unit X # of units) Corresponds to HCFA line 1, (Fee per unit X # of units) | 03/06/2016 03/06/16 195.00 15.00 210.00 210.00 |
| chg.bp_medicaid chg.bp_licnum chg.state chg.svcdate chg.svcdateyy chg.total1 chg.total2 chg.total3 chg.total4 chg.total5 chg.total6 chg.totbal chg.totbal chg.totbal chg.totcharge | Charge billing medicaid # Charge billing license # State of charge address DOS - mm/dd/yyy DOS - mm/dd/yyy Line Item total Unite Item total Line Item total | Corresponds to HCFA line 1, (Fee per unit X # of units) Corresponds to HCFA line 1, (Fee per unit X # of units) Corresponds to HCFA line 1, (Fee per unit X # of units) Corresponds to HCFA line 1, (Fee per unit X # of units) Corresponds to HCFA line 1, (Fee per unit X # of units) Corresponds to HCFA line 1, (Fee per unit X # of units) Corresponds to HCFA line 1, (Fee per unit X # of units) | 03/06/2016 03/06/16 195.00 15.00 210.00 210.00 |
| chg.bp_medicaid chg.bp_licnum chg.state chg.svcdate chg.svcdateyy chg.total1 chg.total2 chg.total3 chg.total4 chg.total5 chg.total6 chg.total6 chg.totala chg.totcharge chg.unit1 chg.unit2 chg.unit3 | Charge billing medicaid # Charge billing license # State of charge address DOS - mm/dd/yyy DOS - mm/dd/yyy Line Item total Units for CPT on Encounter Line 1 Units for CPT on Encounter Line 2 Units for CPT on Encounter Line 2 Units for CPT on Encounter Line 3 | Corresponds to HCFA line 1, (Fee per unit X # of units) Corresponds to HCFA line 1, (Fee per unit X # of units) Corresponds to HCFA line 1, (Fee per unit X # of units) Corresponds to HCFA line 1, (Fee per unit X # of units) Corresponds to HCFA line 1, (Fee per unit X # of units) Corresponds to HCFA line 1, (Fee per unit X # of units) Corresponds to HCFA line 1, (Fee per unit X # of units) | 03/06/2016 03/06/16 195.00 15.00 210.00 210.00 |
| chg.bp_medicaid chg.bp_licnum chg.state chg.svcdate chg.svcdateyy chg.total1 chg.total2 chg.total3 chg.total4 chg.total5 chg.total6 chg.totbal chg.totcharge chg.unit1 chg.unit2 chg.unit3 chg.unit4 | Charge billing medicaid # Charge billing license # State of charge address DOS - mm/dd/yyy DOS - mm/dd/yyy Line Item total Units for CPT on Encounter Line 1 Units for CPT on Encounter Line 2 Units for CPT on Encounter Line 3 Units for CPT on Encounter Line 3 Units for CPT on Encounter Line 4 | Corresponds to HCFA line 1, (Fee per unit X # of units) Corresponds to HCFA line 1, (Fee per unit X # of units) Corresponds to HCFA line 1, (Fee per unit X # of units) Corresponds to HCFA line 1, (Fee per unit X # of units) Corresponds to HCFA line 1, (Fee per unit X # of units) Corresponds to HCFA line 1, (Fee per unit X # of units) Corresponds to HCFA line 1, (Fee per unit X # of units) | 03/06/2016 03/06/16 195.00 15.00 210.00 210.00 |
| chg.bp_medicaid chg.bp_licnum chg.state chg.svcdate chg.svcdateyy chg.total1 chg.total2 chg.total3 chg.total4 chg.total5 chg.total6 chg.total6 chg.totcharge chg.unit1 chg.unit2 chg.unit3 chg.unit4 chg.unit5 | Charge billing medicaid # Charge billing license # State of charge address DOS - mm/dd/yyyy DOS - mm/dd/yyy Line Item total Units for CPT on Encounter Line 1 Units for CPT on Encounter Line 2 Units for CPT on Encounter Line 3 Units for CPT on Encounter Line 4 Units for CPT on Encounter Line 4 Units for CPT on Encounter Line 5 | Corresponds to HCFA line 1, (Fee per unit X # of units) Corresponds to HCFA line 1, (Fee per unit X # of units) Corresponds to HCFA line 1, (Fee per unit X # of units) Corresponds to HCFA line 1, (Fee per unit X # of units) Corresponds to HCFA line 1, (Fee per unit X # of units) Corresponds to HCFA line 1, (Fee per unit X # of units) Corresponds to HCFA line 1, (Fee per unit X # of units) | 03/06/2016 03/06/16 195.00 15.00 210.00 210.00 |
| chg.bp_medicaid chg.bp_licnum chg.state chg.svcdate chg.svcdateyy chg.total1 chg.total2 chg.total3 chg.total4 chg.total5 chg.total6 chg.totbal chg.totcharge | Charge billing medicaid # Charge billing license # State of charge address DOS - mm/dd/yyy DOS - mm/dd/yyy Line Item total Units for CPT on Encounter Line 1 Units for CPT on Encounter Line 2 Units for CPT on Encounter Line 3 Units for CPT on Encounter Line 3 Units for CPT on Encounter Line 4 | Corresponds to HCFA line 1, (Fee per unit X # of units) Corresponds to HCFA line 1, (Fee per unit X # of units) Corresponds to HCFA line 1, (Fee per unit X # of units) Corresponds to HCFA line 1, (Fee per unit X # of units) Corresponds to HCFA line 1, (Fee per unit X # of units) Corresponds to HCFA line 1, (Fee per unit X # of units) Corresponds to HCFA line 1, (Fee per unit X # of units) | 03/06/2016 03/06/16 195.00 15.00 210.00 210.00 |

| chg.ndc_n1_1 | | | |
|---|--|--|---|
| | ** MUST have all 3 for the complete NDC #1, | | |
| chg.ndc_n2_1 | number at the end of the ID represents the CPT | | |
| chg.ndc_n3_1 | line number | | |
| s.igiuo_i.o_i | | | |
| alia ata | A district of a section of the second and a second | and be such as a | 004404007 |
| chg.zip | 4 digit zip code of charge address | no hyphen | 334104327 |
| | | | |
| chg.bp blocation address1 | Billing Provider Bill To Address 1 | To print the address correctly with or without an | |
| chg.bp blocation address2 | Billing Provider Bill To Address 2 Only | address 2 field use this order: | |
| chg.bp_blocation_address2_only | Billing Provider Bill To Address 2 | pat.address1 | |
| clig.bp_blocation_addressz_only | Billing Flovider Bill 10 Address 2 | pat.address2 | |
| chg.bp blocation address3 | Billing Provider Bill To Address 3 | pat.address3 | |
| chg.bp_blocation_city | Billing Provider Bill To City | patiadaresso | |
| | | | |
| chg.bp_blocation_state | Billing Provider Bill To State | | |
| chg.bp_blocation_zip | Billing Provider Bill To Zip | | |
| chg.bp_blocation_city_st_zip | Billing Provider Bill To City, State, Zip | | |
| chg.bp_blocation_npi | Billing Provider Bill To NPI | | |
| chg.bp_blocation_phone | Billing Provider Bill To Phone | | |
| chg.bp_blocation_phone | Billing I Tovider Bill To I Hone | | |
| | | | |
| chg.rp_blocation_address1 | Rendering Provider Bill To Adress 1 | To print the address correctly with or without an | |
| chg.rp blocation address2 | Rendering Provider Bill To Adress 2 Only | address 2 field use this order: | |
| | , , | pat.address1 | |
| chg.rp_blocation_address2_only | Rendering Provider Bill To Adress 2 | pat.address2 | |
| chg.rp_blocation_address3 | Rendering Provider Bill To Adress 3 | pat.address3 | |
| chg.rp_blocation_city | Rendering Provider Bill To City | | |
| chg.rp_blocation_state | Rendering Provider Bill To State | | |
| chg.rp_blocation_state | Rendering Provider Bill To Zip | | |
| | | | |
| chg.rp_blocation_city_st_zip | Rendering Provider Bill To City State Zip | | |
| chg.rp_blocation_npi | Rendering Provider Bill To NPI | | |
| chg.rp blocation phone | Rendering Provider Bill To Phone | | |
| gp | | | |
| 0 (5: 1115 | | | |
| Guarantor Field ID | | | |
| when mapping a form to the | | | |
| | | | |
| Appointment and Patient | | | |
| Dashboard | Description | Notes | Example Output |
| | • | 140103 | Example Output |
| *Anything that starts with "per." will also | work for "guarantor" | | |
| | | | 123 LESS TRAVELED RD APT B2 CANTON, |
| guarantor.address full | Guarantor full address | | NJ 07646 |
| guarantor.address1 | Guarantor Address 1 | | 123 LESS TRAVELERED RD |
| guarantor.address i | | If Consenter describ have an Address O it will | 123 EE33 TRAVELEIRED RD |
| augrantar addraga? | Guarantor Address 2or Guarantor City, | If Guarantor doesn't have an Address 2, it will | ADT DO CANTON NILOZO40 |
| guarantor_address2 | State Zip | print their CSZ. | APT B2or CANTON, NJ 07646 |
| | | If Guarantor has Address Line 2, it will print CSZ | |
| | | on Address Line 3. If Guarantor doesn't have | |
| | | Address Line 2, it will print CSZ on Address Line | |
| guarantor_address3 | Guarantor City, State Zipor prints blank | 2, and Address Line 3 will be blank. | CANTON, NJ 07646or (blank) |
| guarantor balance | Guarantor Balance | | 100.00 |
| g | | Refer to guarantor.address2 and guarantor. | |
| | | address3. You might want to use these instead | |
| Ī | | Taddiesss. Tod might want to use these instead | |
| guarantor city state. Zin | Guaranter City, State Zin | | CANTON NI 07646 |
| guarantor.city_state_zip | Guarantor City, State Zip | depending on your situation. | CANTON, NJ 07646 |
| | | depending on your situation. If a county for the guarantor's city/zip combo | CANTON, NJ 07646 |
| guarantor.county | Guarantor Country | depending on your situation. | |
| | | depending on your situation. If a county for the guarantor's city/zip combo | CANTON, NJ 07646 1992-11-16 |
| guarantor.county | Guarantor Country | depending on your situation. If a county for the guarantor's city/zip combo | |
| guarantor.county guarantor.dob guarantor.fname | Guarantor Country Guarantor Date of Birth yyy Guarantor First Name | depending on your situation. If a county for the guarantor's city/zip combo | 1992-11-16 JEREMY |
| guarantor.county guarantor.dob guarantor.fname guarantor.fname_lname | Guarantor Country Guarantor Date of Birth yyy Guarantor First Name Guarantor First Name Last Name | depending on your situation. If a county for the guarantor's city/zip combo | 1992-11-16 JEREMY JEREMY Z. TEST2 MR |
| guarantor.county guarantor.dob guarantor.fname guarantor.fname_Iname guarantor.homearea | Guarantor Country Guarantor Date of Birth yyy Guarantor First Name Guarantor First Name Last Name Guarantor Area Code | depending on your situation. If a county for the guarantor's city/zip combo exists in the database it will show the county | 1992-11-16 JEREMY JEREMY Z. TEST2 MR 444 |
| guarantor.county guarantor.dob guarantor.fname guarantor.fname_Iname guarantor.homearea guarantor.homephone | Guarantor Country Guarantor Date of Birth yyy Guarantor First Name Guarantor First Name Last Name Guarantor Area Code Guarantor Home Phone | depending on your situation. If a county for the guarantor's city/zip combo | 1992-11-16 JEREMY JEREMY Z. TEST2 MR 444 555-5555 |
| guarantor.county guarantor.dob guarantor.fname guarantor.fname_lname guarantor.homearea guarantor.homephone guarantor.id | Guarantor Country Guarantor Date of Birth yyy Guarantor First Name Guarantor First Name Last Name Guarantor Area Code | depending on your situation. If a county for the guarantor's city/zip combo exists in the database it will show the county | 1992-11-16 JEREMY JEREMY Z. TEST2 MR 444 555-5555 19612 |
| guarantor.county guarantor.dob guarantor.fname guarantor.fname_Iname guarantor.homearea guarantor.homephone | Guarantor Country Guarantor Date of Birth yyy Guarantor First Name Guarantor First Name Last Name Guarantor Area Code Guarantor Home Phone | depending on your situation. If a county for the guarantor's city/zip combo exists in the database it will show the county | 1992-11-16 JEREMY JEREMY Z. TEST2 MR 444 555-5555 |
| guarantor.county guarantor.dob guarantor.fname guarantor.fname_lname guarantor.homearea guarantor.homephone guarantor.id guarantor.lname | Guarantor Country Guarantor Date of Birth yyy Guarantor First Name Guarantor First Name Last Name Guarantor Area Code Guarantor Home Phone Guarantor ID | depending on your situation. If a county for the guarantor's city/zip combo exists in the database it will show the county | 1992-11-16 JEREMY JEREMY Z. TEST2 MR 444 555-5555 19612 TEST2 |
| guarantor.county guarantor.dob guarantor.fname guarantor.fname_lname guarantor.homearea guarantor.homephone guarantor.id guarantor.lname guarantor.lname | Guarantor Country Guarantor Date of Birth yyy Guarantor First Name Guarantor First Name Last Name Guarantor Area Code Guarantor Home Phone Guarantor ID Guarantor Last Name Guarantor Last Name Guarantor Last Name | depending on your situation. If a county for the guarantor's city/zip combo exists in the database it will show the county | 1992-11-16 JEREMY JEREMY Z. TEST2 MR 444 555-5555 19612 TEST2 TEST2, JEREMY Z MR |
| guarantor.county guarantor.dob guarantor.fname guarantor.fname_Iname guarantor.homearea guarantor.homephone guarantor.iname guarantor.iname guarantor.iname guarantor.iname | Guarantor Country Guarantor Date of Birth yyy Guarantor First Name Guarantor First Name Last Name Guarantor Area Code Guarantor Home Phone Guarantor ID Guarantor Last Name Guarantor Last Name Guarantor Last Name Guarantor SSN | depending on your situation. If a county for the guarantor's city/zip combo exists in the database it will show the county | 1992-11-16 JEREMY JEREMY Z. TEST2 MR 444 555-5555 19612 TEST2 TEST2 TEST2, JEREMY Z MR 888-99-9900 |
| guarantor.county guarantor.dob guarantor.fname guarantor.fname_Iname guarantor.homearea guarantor.homephone guarantor.id guarantor.lname guarantor.lname guarantor.sname_fname guarantor.ssn guarantor.employ_status | Guarantor Country Guarantor Date of Birth yyy Guarantor First Name Guarantor First Name Last Name Guarantor Area Code Guarantor Home Phone Guarantor ID Guarantor Last Name Guarantor Last Name Guarantor SSN Guarantor Employee Status | depending on your situation. If a county for the guarantor's city/zip combo exists in the database it will show the county | 1992-11-16 JEREMY JEREMY Z. TEST2 MR 444 555-5555 19612 TEST2 TEST2, JEREMY Z MR 888-99-9900 EF |
| guarantor.county guarantor.dob guarantor.fname guarantor.fname_Iname guarantor.homearea guarantor.homephone guarantor.id guarantor.lname guarantor.lname guarantor.ssn guarantor.employ_status guarantor.employer | Guarantor Country Guarantor Date of Birth yyy Guarantor First Name Guarantor First Name Last Name Guarantor Area Code Guarantor Home Phone Guarantor ID Guarantor Last Name Guarantor Last Name First Name Guarantor SSN Guarantor Employee Status Guarantor Employer | depending on your situation. If a county for the guarantor's city/zip combo exists in the database it will show the county | 1992-11-16 JEREMY JEREMY Z. TEST2 MR 444 555-5555 19612 TEST2 TEST2 TEST2, JEREMY Z MR 888-99-9900 |
| guarantor.county guarantor.dob guarantor.fname guarantor.fname_Iname guarantor.homearea guarantor.homephone guarantor.id guarantor.lname guarantor.lname guarantor.sname_fname guarantor.ssn guarantor.employ_status | Guarantor Country Guarantor Date of Birth yyy Guarantor First Name Guarantor First Name Last Name Guarantor Area Code Guarantor Home Phone Guarantor ID Guarantor Last Name Guarantor Last Name Guarantor SSN Guarantor Employee Status | depending on your situation. If a county for the guarantor's city/zip combo exists in the database it will show the county | 1992-11-16 JEREMY JEREMY Z. TEST2 MR 444 555-5555 19612 TEST2 TEST2, JEREMY Z MR 888-99-9900 EF |
| guarantor.county guarantor.dob guarantor.fname guarantor.fname_Iname guarantor.homearea guarantor.iomephone guarantor.lname guarantor.lname guarantor.ssn guarantor.employ_status guarantor.employer guarantor.entlype | Guarantor Country Guarantor Date of Birth yyy Guarantor First Name Guarantor First Name Last Name Guarantor Area Code Guarantor Home Phone Guarantor Last Name Guarantor Last Name Guarantor Last Name First Name Guarantor Employee Status Guarantor Employer Relationship code for default guarantor | depending on your situation. If a county for the guarantor's city/zip combo exists in the database it will show the county | 1992-11-16 JEREMY JEREMY Z. TEST2 MR 444 555-5555 19612 TEST2 TEST2, JEREMY Z MR 888-99-9900 EF |
| guarantor.county guarantor.dob guarantor.fname guarantor.fname_Iname guarantor.homearea guarantor.homephone guarantor.id guarantor.lname guarantor.lname guarantor.ssn guarantor.employ_status guarantor.employer | Guarantor Country Guarantor Date of Birth yyy Guarantor First Name Guarantor First Name Last Name Guarantor Area Code Guarantor Home Phone Guarantor ID Guarantor Last Name Guarantor Last Name First Name Guarantor SSN Guarantor Employee Status Guarantor Employer | depending on your situation. If a county for the guarantor's city/zip combo exists in the database it will show the county | 1992-11-16 JEREMY JEREMY Z. TEST2 MR 444 555-5555 19612 TEST2 TEST2, JEREMY Z MR 888-99-9900 EF |
| guarantor.county guarantor.dob guarantor.fname guarantor.fname_Iname guarantor.homearea guarantor.id guarantor.lname guarantor.lname guarantor.sname_fname guarantor.employ_status guarantor.employer guarantor.reltype guarantor.reldesc | Guarantor Country Guarantor Date of Birth yyy Guarantor First Name Guarantor First Name Last Name Guarantor Area Code Guarantor Home Phone Guarantor Last Name Guarantor Last Name Guarantor Last Name First Name Guarantor Employee Status Guarantor Employer Relationship code for default guarantor Relationship description for default guarantor | depending on your situation. If a county for the guarantor's city/zip combo exists in the database it will show the county (does not include area code) | 1992-11-16 JEREMY JEREMY Z. TEST2 MR 444 555-5555 19612 TEST2 TEST2 TEST2, JEREMY Z MR 888-99-9900 EF DEMO |
| guarantor.county guarantor.dob guarantor.fname guarantor.fname_Iname guarantor.homearea guarantor.iomephone guarantor.lname guarantor.lname guarantor.ssn guarantor.employ_status guarantor.employer guarantor.entlype | Guarantor Country Guarantor Date of Birth yyy Guarantor First Name Guarantor First Name Last Name Guarantor Area Code Guarantor Home Phone Guarantor Last Name Guarantor Last Name Guarantor Last Name First Name Guarantor Employee Status Guarantor Employer Relationship code for default guarantor Relationship description for default guarantor | depending on your situation. If a county for the guarantor's city/zip combo exists in the database it will show the county | 1992-11-16 JEREMY JEREMY Z. TEST2 MR 444 555-5555 19612 TEST2 TEST2 TEST2, JEREMY Z MR 888-99-9900 EF DEMO |
| guarantor.county guarantor.dob guarantor.fname guarantor.fname_Iname guarantor.homearea guarantor.id guarantor.lname guarantor.lname guarantor.sname guarantor.ssn guarantor.employ_status guarantor.employer guarantor.reltype guarantor.reldesc Person Field ID | Guarantor Country Guarantor Date of Birth yyy Guarantor First Name Guarantor First Name Last Name Guarantor Area Code Guarantor Home Phone Guarantor Last Name Guarantor Last Name Guarantor Last Name First Name Guarantor SSN Guarantor Employee Status Guarantor Employer Relationship code for default guarantor Relationship description | depending on your situation. If a county for the guarantor's city/zip combo exists in the database it will show the county (does not include area code) | 1992-11-16 JEREMY JEREMY Z. TEST2 MR 444 555-5555 19612 TEST2 TEST2, JEREMY Z MR 888-99-9900 EF |
| guarantor.county guarantor.dob guarantor.fname guarantor.fname_Iname guarantor.homearea guarantor.homephone guarantor.lname guarantor.lname guarantor.ssn guarantor.employ_status guarantor.employer guarantor.reltype guarantor.reldesc Person Field ID *Anything that starts with "per." will also | Guarantor Country Guarantor Date of Birth yyy Guarantor First Name Guarantor First Name Last Name Guarantor Area Code Guarantor Home Phone Guarantor Last Name Guarantor Last Name Guarantor Last Name First Name Guarantor SSN Guarantor Employee Status Guarantor Employer Relationship code for default guarantor Relationship description for default guarantor | depending on your situation. If a county for the guarantor's city/zip combo exists in the database it will show the county (does not include area code) | 1992-11-16 JEREMY JEREMY Z. TEST2 MR 444 555-5555 19612 TEST2 TEST2 TEST2, JEREMY Z MR 888-99-9900 EF DEMO Example Format |
| guarantor.county guarantor.dob guarantor.fname guarantor.fname_Iname guarantor.homearea guarantor.id guarantor.lname guarantor.lname guarantor.sname guarantor.ssn guarantor.employ_status guarantor.employer guarantor.reltype guarantor.reldesc Person Field ID | Guarantor Country Guarantor Date of Birth yyy Guarantor First Name Guarantor First Name Last Name Guarantor Area Code Guarantor Home Phone Guarantor Last Name Guarantor Last Name Guarantor Last Name First Name Guarantor SSN Guarantor Employee Status Guarantor Employer Relationship code for default guarantor Relationship description | depending on your situation. If a county for the guarantor's city/zip combo exists in the database it will show the county (does not include area code) Notes | 1992-11-16 JEREMY JEREMY Z. TEST2 MR 444 555-5555 19612 TEST2 TEST2 TEST2, JEREMY Z MR 888-99-9900 EF DEMO |
| guarantor.county guarantor.dob guarantor.fname guarantor.fname_Iname guarantor.homearea guarantor.homephone guarantor.lname guarantor.lname guarantor.ssn guarantor.employ_status guarantor.employer guarantor.reltype guarantor.reldesc Person Field ID *Anything that starts with "per." will also per.address1 | Guarantor Country Guarantor Date of Birth yyy Guarantor First Name Guarantor First Name Last Name Guarantor Area Code Guarantor Home Phone Guarantor Last Name Guarantor Last Name Guarantor Last Name First Name Guarantor SSN Guarantor Employee Status Guarantor Employer Relationship code for default guarantor Relationship description for default guarantor Description work for "guarantor" Person Address Line 1 | depending on your situation. If a county for the guarantor's city/zip combo exists in the database it will show the county (does not include area code) | 1992-11-16 JEREMY JEREMY Z. TEST2 MR 444 555-5555 19612 TEST2 TEST2, JEREMY Z MR 888-99-9900 EF DEMO Example Format 123 LESS TRAVELED RD |
| guarantor.county guarantor.dob guarantor.fname guarantor.fname_Iname guarantor.homearea guarantor.homephone guarantor.lname guarantor.lname guarantor.lname guarantor.ssn guarantor.employ_status guarantor.employer guarantor.reltype guarantor.reldesc Person Field ID *Anything that starts with "per." will also per.address1 per.address2 | Guarantor Country Guarantor Date of Birth yyy Guarantor First Name Guarantor First Name Last Name Guarantor Area Code Guarantor Home Phone Guarantor ID Guarantor Last Name Guarantor Last Name First Name Guarantor Last Name First Name Guarantor Employee Status Guarantor Employer Relationship code for default guarantor Relationship description for default guarantor Description work for "guarantor" Person Address Line 1 Person Address Line 2 | depending on your situation. If a county for the guarantor's city/zip combo exists in the database it will show the county (does not include area code) Notes | 1992-11-16 JEREMY JEREMY Z. TEST2 MR 444 555-5555 19612 TEST2 TEST2, JEREMY Z MR 888-99-9900 EF DEMO Example Format 123 LESS TRAVELED RD APT B2 |
| guarantor.county guarantor.dob guarantor.fname guarantor.fname_Iname guarantor.homearea guarantor.homephone guarantor.lname guarantor.lname guarantor.lname guarantor.ssn guarantor.employ_status guarantor.employer guarantor.reltype guarantor.reldesc Person Field ID *Anything that starts with "per." will also per.address1 per.address2 per.address3 | Guarantor Country Guarantor Date of Birth yyy Guarantor First Name Guarantor First Name Last Name Guarantor Area Code Guarantor Home Phone Guarantor Lost Name Guarantor Last Name Guarantor Last Name First Name Guarantor Last Name First Name Guarantor Employee Status Guarantor Employer Relationship code for default guarantor Relationship description for default guarantor Description work for "guarantor" Person Address Line 1 Person Address Line 2 Person Address Line 3 | depending on your situation. If a county for the guarantor's city/zip combo exists in the database it will show the county (does not include area code) Notes | 1992-11-16 JEREMY JEREMY Z. TEST2 MR 444 555-5555 19612 TEST2 TEST2, JEREMY Z MR 888-99-9900 EF DEMO Example Format 123 LESS TRAVELED RD |
| guarantor.county guarantor.dob guarantor.fname guarantor.fname_Iname guarantor.homearea guarantor.homephone guarantor.lname guarantor.lname guarantor.lname guarantor.ssn guarantor.employ_status guarantor.reltype guarantor.reldesc Person Field ID *Anything that starts with "per." will also per.address1 per.address2 per.address3 per.address4 | Guarantor Country Guarantor Date of Birth yyy Guarantor First Name Guarantor First Name Last Name Guarantor Area Code Guarantor Home Phone Guarantor ID Guarantor Last Name Guarantor Last Name First Name Guarantor SSN Guarantor Employee Status Guarantor Employer Relationship code for default guarantor Relationship description for default guarantor Description work for "guarantor" Person Address Line 1 Person Address Line 2 Person Address Line 3 Person Address Line 4 | depending on your situation. If a county for the guarantor's city/zip combo exists in the database it will show the county (does not include area code) Notes | 1992-11-16 JEREMY JEREMY JEREMY Z. TEST2 MR 444 555-5555 19612 TEST2 TEST2 TEST2, JEREMY Z MR 888-99-9900 EF DEMO Example Format 123 LESS TRAVELED RD APT B2 CANTON, NJ 07646 |
| guarantor.county guarantor.dob guarantor.fname guarantor.fname_Iname guarantor.homearea guarantor.homephone guarantor.lname guarantor.lname guarantor.lname guarantor.ssn guarantor.employ_status guarantor.employer guarantor.reltype guarantor.reldesc Person Field ID *Anything that starts with "per." will also per.address1 per.address2 per.address3 | Guarantor Country Guarantor Date of Birth yyy Guarantor First Name Guarantor First Name Last Name Guarantor Area Code Guarantor Home Phone Guarantor Lost Name Guarantor Last Name Guarantor Last Name First Name Guarantor Last Name First Name Guarantor Employee Status Guarantor Employer Relationship code for default guarantor Relationship description for default guarantor Description work for "guarantor" Person Address Line 1 Person Address Line 2 Person Address Line 3 | depending on your situation. If a county for the guarantor's city/zip combo exists in the database it will show the county (does not include area code) Notes | 1992-11-16 JEREMY JEREMY Z. TEST2 MR 444 555-5555 19612 TEST2 TEST2, JEREMY Z MR 888-99-9900 EF DEMO Example Format 123 LESS TRAVELED RD APT B2 |
| guarantor.county guarantor.dob guarantor.fname guarantor.fname_Iname guarantor.homearea guarantor.homephone guarantor.lname guarantor.lname guarantor.lname guarantor.ssn guarantor.employ_status guarantor.employer guarantor.reltype guarantor.reldesc Person Field ID *Anything that starts with "per." will also per.address1 per.address3 per.address4 per.age | Guarantor Country Guarantor Date of Birth yyy Guarantor First Name Guarantor First Name Last Name Guarantor First Name Last Name Guarantor Area Code Guarantor Home Phone Guarantor Last Name Guarantor Last Name First Name Guarantor SSN Guarantor Employee Status Guarantor Employer Relationship code for default guarantor Relationship description for default guarantor Description work for "guarantor" Person Address Line 1 Person Address Line 2 Person Address Line 4 Person Age | depending on your situation. If a county for the guarantor's city/zip combo exists in the database it will show the county (does not include area code) Notes | 1992-11-16 JEREMY JEREMY JEREMY Z. TEST2 MR 444 555-5555 19612 TEST2 TEST2 TEST2, JEREMY Z MR 888-99-9900 EF DEMO Example Format 123 LESS TRAVELED RD APT B2 CANTON, NJ 07646 23 years |
| guarantor.county guarantor.dob guarantor.fname guarantor.fname_Iname guarantor.homearea guarantor.homephone guarantor.id guarantor.lname guarantor.lname guarantor.ssn guarantor.employ_status guarantor.employer guarantor.reltype guarantor.reldesc Person Field ID *Anything that starts with "per." will also oper.address1 per.address2 per.address4 per.age per.age_detail | Guarantor Country Guarantor Date of Birth yyy Guarantor First Name Guarantor First Name Last Name Guarantor First Name Last Name Guarantor Area Code Guarantor Home Phone Guarantor ID Guarantor Last Name Guarantor Last Name First Name Guarantor Employee Status Guarantor Employer Relationship code for default guarantor Relationship description for default guarantor Work for "guarantor" Person Address Line 1 Person Address Line 2 Person Address Line 4 Person Age Person Age | depending on your situation. If a county for the guarantor's city/zip combo exists in the database it will show the county (does not include area code) Notes | 1992-11-16 JEREMY JEREMY JEREMY Z. TEST2 MR 444 555-5555 19612 TEST2 TEST2 TEST2, JEREMY Z MR 888-99-9900 EF DEMO Example Format 123 LESS TRAVELED RD APT B2 CANTON, NJ 07646 23 years 23 years 4 M |
| guarantor.county guarantor.dob guarantor.fname guarantor.fname_Iname guarantor.homearea guarantor.homephone guarantor.id guarantor.lname guarantor.lname_fname guarantor.ssn guarantor.employ_status guarantor.employer guarantor.reltype guarantor.reldesc Person Field ID *Anything that starts with "per." will also oper.address1 per.address2 per.address3 per.address4 per.age per.age_detail per.cellphone | Guarantor Country Guarantor Date of Birth yyy Guarantor First Name Guarantor First Name Last Name Guarantor Area Code Guarantor Home Phone Guarantor Last Name Guarantor Last Name Guarantor SSN Guarantor Employee Status Guarantor Employer Relationship code for default guarantor Relationship description for default guarantor Description work for "guarantor" Person Address Line 1 Person Address Line 2 Person Address Line 3 Person Address Line 4 Person Age Person Age Person Age Person Age Person Age Person Cell Phone | depending on your situation. If a county for the guarantor's city/zip combo exists in the database it will show the county (does not include area code) Notes | 1992-11-16 JEREMY JEREMY JEREMY Z. TEST2 MR 444 555-5555 19612 TEST2 TEST2 TEST2, JEREMY Z MR 888-99-9900 EF DEMO Example Format 123 LESS TRAVELED RD APT B2 CANTON, NJ 07646 23 years 23 years 23 years 4 M 888 999-9999 |
| guarantor.county guarantor.dob guarantor.fname guarantor.fname_Iname guarantor.homearea guarantor.homephone guarantor.iname guarantor.lname guarantor.lname guarantor.ssn guarantor.employ_status guarantor.employer guarantor.reltype guarantor.reldesc Person Field ID *Anything that starts with "per." will also per.address1 per.address2 per.address3 per.address4 per.age per.age_detail per.cellphone per.city | Guarantor Country Guarantor Date of Birth yyy Guarantor First Name Guarantor First Name Last Name Guarantor First Name Last Name Guarantor Home Phone Guarantor Home Phone Guarantor Last Name Guarantor Last Name First Name Guarantor Employee Status Guarantor Employee Status Guarantor Employer Relationship code for default guarantor Relationship description for default guarantor Description work for "guarantor" Person Address Line 1 Person Address Line 2 Person Address Line 3 Person Age Person Age Person Age Person Age Person Age Person Cell Phone Person City | depending on your situation. If a county for the guarantor's city/zip combo exists in the database it will show the county (does not include area code) Notes | 1992-11-16 JEREMY JEREMY JEREMY Z. TEST2 MR 444 555-5555 19612 TEST2 TEST2 TEST2, JEREMY Z MR 888-99-9900 EF DEMO Example Format 123 LESS TRAVELED RD APT B2 CANTON, NJ 07646 23 years 23 years 4 M 888 999-9999 CANTON |
| guarantor.county guarantor.dob guarantor.fname guarantor.fname_Iname guarantor.homearea guarantor.homephone guarantor.id guarantor.lname guarantor.lname_fname guarantor.ssn guarantor.employ_status guarantor.employer guarantor.reltype guarantor.reldesc Person Field ID *Anything that starts with "per." will also oper.address1 per.address2 per.address3 per.address4 per.age per.age_detail per.cellphone | Guarantor Country Guarantor Date of Birth yyy Guarantor First Name Guarantor First Name Last Name Guarantor Area Code Guarantor Home Phone Guarantor Last Name Guarantor Last Name Guarantor SSN Guarantor Employee Status Guarantor Employer Relationship code for default guarantor Relationship description for default guarantor Description work for "guarantor" Person Address Line 1 Person Address Line 2 Person Address Line 3 Person Address Line 4 Person Age Person Age Person Age Person Age Person Age Person Cell Phone | depending on your situation. If a county for the guarantor's city/zip combo exists in the database it will show the county (does not include area code) Notes | 1992-11-16 JEREMY JEREMY JEREMY Z. TEST2 MR 444 555-5555 19612 TEST2 TEST2 TEST2, JEREMY Z MR 888-99-9900 EF DEMO Example Format 123 LESS TRAVELED RD APT B2 CANTON, NJ 07646 23 years 23 years 23 years 4 M 888 999-9999 |
| guarantor.county guarantor.dob guarantor.fname guarantor.fname_Iname guarantor.homearea guarantor.homephone guarantor.lname guarantor.lname guarantor.lname guarantor.ssn guarantor.employ_status guarantor.employer guarantor.reltype guarantor.reldesc Person Field ID *Anything that starts with "per." will also per.address1 per.address2 per.address3 per.address4 per.age per.age_detail per.cellphone per.city_per.city_st_zip | Guarantor Country Guarantor Date of Birth yyy Guarantor First Name Guarantor First Name Last Name Guarantor First Name Last Name Guarantor Home Phone Guarantor Home Phone Guarantor Last Name Guarantor Last Name First Name Guarantor Employee Status Guarantor Employee Status Guarantor Employer Relationship code for default guarantor Relationship description for default guarantor Description work for "guarantor" Person Address Line 1 Person Address Line 2 Person Address Line 3 Person Age Person Age Person Age Person Age Person Age Person Cell Phone Person City | depending on your situation. If a county for the guarantor's city/zip combo exists in the database it will show the county (does not include area code) Notes | 1992-11-16 JEREMY JEREMY JEREMY Z. TEST2 MR 444 555-5555 19612 TEST2 TEST2 TEST2, JEREMY Z MR 888-99-9900 EF DEMO Example Format 123 LESS TRAVELED RD APT B2 CANTON, NJ 07646 23 years 23 years 4 M 888 999-9999 CANTON |
| guarantor.county guarantor.dob guarantor.fname guarantor.fname_lname guarantor.homearea guarantor.homephone guarantor.lname guarantor.lname guarantor.lname guarantor.ssn guarantor.employ_status guarantor.reltype guarantor.reldesc Person Field ID *Anything that starts with "per." will also per.address1 per.address2 per.address3 per.address4 per.age per.age_detail per.cellphone per.city_st_zip per.country | Guarantor Country Guarantor Date of Birth yyy Guarantor First Name Guarantor First Name Last Name Guarantor First Name Last Name Guarantor Home Phone Guarantor Last Name Guarantor Last Name Guarantor Last Name First Name Guarantor Employee Status Guarantor Employer Relationship code for default guarantor Relationship description for default guarantor Description work for "guarantor" Person Address Line 1 Person Address Line 2 Person Address Line 3 Person Address Line 4 Person Age Person Cell Phone Person City Person City Person City Person Country | depending on your situation. If a county for the guarantor's city/zip combo exists in the database it will show the county (does not include area code) Notes | 1992-11-16 JEREMY JEREMY JEREMY Z. TEST2 MR 444 555-5555 19612 TEST2 TEST2 TEST2, JEREMY Z MR 888-99-9900 EF DEMO Example Format 123 LESS TRAVELED RD APT B2 CANTON, NJ 07646 23 years 23 years 4 M 888 999-9999 CANTON CANTON, NJ 07646 US |
| guarantor.county guarantor.dob guarantor.fname guarantor.fname_Iname guarantor.homearea guarantor.homephone guarantor.lname guarantor.lname guarantor.lname guarantor.ssn guarantor.employ_status guarantor.employer guarantor.reltype guarantor.reldesc Person Field ID *Anything that starts with "per." will also per.address1 per.address3 per.address3 per.address4 per.age per.age_detail per.cellphone per.city_st_zip per.country per.dob | Guarantor Country Guarantor Date of Birth yyy Guarantor First Name Guarantor First Name Last Name Guarantor First Name Last Name Guarantor Area Code Guarantor Home Phone Guarantor Last Name Guarantor Last Name Guarantor SSN Guarantor Employee Status Guarantor Employer Relationship code for default guarantor Relationship description for default guarantor Work for "guarantor" Person Address Line 1 Person Address Line 2 Person Address Line 3 Person Address Line 4 Person Age Person Age Person Age Detailed Person City Person City, State, Zip Person Country Person Date of Birth mm/dd/yyyy | depending on your situation. If a county for the guarantor's city/zip combo exists in the database it will show the county (does not include area code) Notes | 1992-11-16 JEREMY JEREMY JEREMY Z. TEST2 MR 444 555-5555 19612 TEST2 TEST2 TEST2, JEREMY Z MR 888-99-9900 EF DEMO Example Format 123 LESS TRAVELED RD APT B2 CANTON, NJ 07646 23 years 23 years 4 M 888 999-9999 CANTON CANTON, NJ 07646 US 11/16/1992 |
| guarantor.county guarantor.dob guarantor.fname guarantor.fname_Iname guarantor.homearea guarantor.homephone guarantor.lname guarantor.lname guarantor.lname guarantor.ssn guarantor.employ_status guarantor.employer guarantor.reltype guarantor.reldesc Person Field ID *Anything that starts with "per." will also per.address1 per.address2 per.address3 per.address4 per.age per.age_detail per.cellphone per.city_st_zip per.country per.dob per.dob_dd | Guarantor Country Guarantor Date of Birth yyy Guarantor First Name Guarantor First Name Last Name Guarantor First Name Last Name Guarantor Area Code Guarantor Home Phone Guarantor Last Name Guarantor Last Name First Name Guarantor SSN Guarantor Employee Status Guarantor Employer Relationship code for default guarantor Relationship description for default guarantor Work for "guarantor" Person Address Line 1 Person Address Line 2 Person Address Line 3 Person Address Line 4 Person Age Person Age Person Cell Phone Person City Person Country Person Date of Birth mm/dd/yyyy Person Date of Birth mm/dd/yyyy Person Date of Birth dd | depending on your situation. If a county for the guarantor's city/zip combo exists in the database it will show the county (does not include area code) Notes | 1992-11-16 JEREMY JEREMY JEREMY Z. TEST2 MR 444 555-5555 19612 TEST2 TEST2 TEST2, JEREMY Z MR 888-99-9900 EF DEMO Example Format 123 LESS TRAVELED RD APT B2 CANTON, NJ 07646 23 years 23 years 4 M 888 999-9999 CANTON CANTON, NJ 07646 US 11/16/1992 16 |
| guarantor.county guarantor.dob guarantor.fname guarantor.fname_lname guarantor.homearea guarantor.iname guarantor.iname guarantor.iname guarantor.iname guarantor.ssn guarantor.employ_status guarantor.reltype guarantor.reltype guarantor.reldesc Person Field ID *Anything that starts with "per." will also per.address1 per.address2 per.address3 per.address4 per.age per.age_detail per.cellphone per.city_st_zip per.country per.dob per.dob_dd per.dob_mm | Guarantor Country Guarantor Date of Birth yyy Guarantor First Name Guarantor First Name Last Name Guarantor First Name Last Name Guarantor Home Phone Guarantor Last Name Guarantor Last Name Guarantor Last Name First Name Guarantor Employee Status Guarantor Employee Status Guarantor Employer Relationship description for default guarantor Relationship description for default guarantor Person Address Line 1 Person Address Line 1 Person Address Line 2 Person Address Line 3 Person Age Person Age Person Age Person Age Person Cell Phone Person City, State, Zip Person Date of Birth mm/dd/yyyy Person Date of Birth mm | depending on your situation. If a county for the guarantor's city/zip combo exists in the database it will show the county (does not include area code) Notes | 1992-11-16 JEREMY JEREMY JEREMY Z. TEST2 MR 444 555-5555 19612 TEST2 TEST2 TEST2, JEREMY Z MR 888-99-9900 EF DEMO Example Format 123 LESS TRAVELED RD APT B2 CANTON, NJ 07646 23 years 23 years 4 M 888 999-9999 CANTON CANTON, NJ 07646 US 11/16/1992 16 |
| guarantor.county guarantor.dob guarantor.fname guarantor.fname_Iname guarantor.homearea guarantor.lomephone guarantor.lname guarantor.lname guarantor.lname guarantor.ssn guarantor.employ_status guarantor.reltype guarantor.reltype guarantor.reldesc Person Field ID *Anything that starts with "per." will also per.address1 per.address2 per.address3 per.address4 per.age per.age_detail per.cellphone per.city_st_zip per.country per.city_st_zip per.dob per.dob_dd | Guarantor Country Guarantor Date of Birth yyy Guarantor First Name Guarantor First Name Last Name Guarantor First Name Last Name Guarantor Area Code Guarantor Home Phone Guarantor Last Name Guarantor Last Name First Name Guarantor SSN Guarantor Employee Status Guarantor Employer Relationship code for default guarantor Relationship description for default guarantor Work for "guarantor" Person Address Line 1 Person Address Line 2 Person Address Line 3 Person Address Line 4 Person Age Person Age Person Cell Phone Person City Person Country Person Date of Birth mm/dd/yyyy Person Date of Birth mm/dd/yyyy Person Date of Birth dd | depending on your situation. If a county for the guarantor's city/zip combo exists in the database it will show the county (does not include area code) Notes | 1992-11-16 JEREMY JEREMY JEREMY Z. TEST2 MR 444 555-5555 19612 TEST2 TEST2 TEST2, JEREMY Z MR 888-99-9900 EF DEMO Example Format 123 LESS TRAVELED RD APT B2 CANTON, NJ 07646 23 years 23 years 4 M 888 999-9999 CANTON CANTON, NJ 07646 US 11/16/1992 16 |

| I dab | Dancer Date of Birth | | 1992 |
|-------------------------------|--|--|--------------------|
| per.dob_yyyy | Person Date of Birth yyyy | | |
| per.dobyy | Person Date of Birth mm/dd/yy | | 11/16/92 |
| per.email | Person Email Address | | newemail@new.com |
| per.fname | Person First Name | | JEREMY |
| per.fname_Iname | Person First Name Last Name | | JEREMY Z TEST2 MR |
| per.fullname | Person Full Name (Last, First Middle Suffix) | | TEST2, JEREMY Z MR |
| per.gender | Person Gender Abbrev | | M |
| | | Use for guarantor phone number, includes area code | |
| per.homephone | Person Home Phone | (guarantor.homephone) | 444 555-5555 |
| per.language | Person Language Abbrev | (guarantor.nomephone) | EN |
| per.lname | Person Last Name | | TEST2 |
| per.lname fname | Person Last Name. First Name Middle Initial | | TEST2, JEREMY Z MR |
| per.middle | Person Middle Name | | Z |
| per.nsuffix | Person Suffix | | MR |
| • | Person ID | | 19541 |
| per.pid | Person Race Abbrev | | Al |
| per.race | Person Race Abbrev Person Sex Abbrev | | M |
| per.sex | | | 888-99-9900 |
| per.ssn | Person Social Security Number | | NJ |
| per.state | Person State | | 1 |
| per.workphone | Person Work Phone plus Extension | | 666 777-7777 7 |
| per.zip | Person Zip Code | | 7646 |
| | | | |
| Statement Field ID | Description | Notes | Example Format |
| stmt. =ONLY USED IN STATEMENT | | | |
| MAPPINGS | | | |
| stmt.bill email | | | |
| stmt.rem_addr1 | | To print the address correctly with or without an | |
| stmt.rem_addr2 | | address 2 field use this order: | |
| stmt.rem addr3 | | pat.address1 pat.address2 | |
| stmt.rem_addr4 | | pat.address3 | |
| stmt.rem_city | | , | |
| stmt.rem city st zip | | | |
| stmt.rem state | | | |
| stmt.rem_zip | | | |
| | | | |
| stmt.ret addr1 | | | |
| stmt.ret addr2 | | | |
| stmt.ret addr3 | | | |
| stmt.ret_addr4 | | | |
| stmt.ret city | | | |
| stmt.ret city st zip | | | |
| stmt.ret_state | | | |
| stmt.ret zip | | | |
| | | | |
| chg.dcount | | - Dunning count of individual charge | |
| J | | Dunning count for patient (encounter with | |
| pat.dcount | | highest dunning that still has a patient balance) | 0 |
| pat.lpaydate | | - Received date on the most recent receipt | 03/04/2016 |
| pat.lpayamt | | - Received Amount on the most recent receipt | 30.00 |
| i : . | | | Revised 10/2018 |