

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_lname	Rendering Provider First Name Last Name		MARCUS A SMITH
auth.rendering_lname_fname	Rendering Provider Last Name First Name		SMITH, MARCUS A
auth.rendering_abbreviation	Rendering Provider Abbrev		SMITH
auth.condition_code	Condition Code Chosen		SICK
auth.condition_descr	Condition Code Description		SICK

Case Field ID	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
case.diagcode9	Case Diagnosis 9		R39.12
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
case.diagdesc2	Case Diagnosis 2		Poor Urine Flow
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
case.visit_from	Earliest DOS on case		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_lname_fname	Referring Last, First, Middle		SMITH, JOHN J.
case.rd_fname_lname	Referring First, Middle, Last		JOHN J. SMITH
case.rd_fname	Referring First Name		JOHN
case.rd_lname	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 #		
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		
case.contact_1_address1		For each contact (the "1" increments for each additional contact)	
case.contact_1_address2			
case.contact_1_address2_only			
case.contact_1_address1_2			

pat.lsp_npi	Most Recent Provider - NPI		
pat.lsp_phone	Most Recent Provider - Phone		
pat.lsp_credentials	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_xxxxxxx	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	Marital 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		AI
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_fname_lname	Referring Provider First Name Last Name		SUZAN J BARZA
pat.rd_lname	Referring Provider Last Name		BARZA
pat.rd_lname_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
pat.rd_address2	Referring Provider Address 2		PO BOX 13
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
pat.rd_fax	Referring Provider Fax		666 555-8889
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_lname	Primary Care Provider First Name Last Name		ALLAN JAY BIRD DO
pat.pcp_lname	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
pat.pcp_practice	Primary Care Practice Name		JAY BIRD PRIMARY CARE
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_fax	Primary Care Provider Phone Fax Number		666 123-4569
pat.provid	Provider ID		1
pat.ap_credentials	Assigned Provider Credentials		MD
pat.ap_fname	Assigned Provider First Name		MAVUS
pat.ap_fname_lname	Assigned Provider First Name Last Name	USE This one - Rendering Physician Name	MAVUS A JACOBS
pat.ap_lname	Assigned Provider Last Name		JACOBS
pat.ap_lname_fname	Assigned Provider Last Name First Name		JACOBS, MAVUS A
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_xxxxxxx	Provider Custom Field		
pat.ap_medicare	Patient provider medicare #		
pat.ap_medicaid	Patient provider medicaid #		
pat.ap_licnum	Patient provider license #		
pat.refid	Referring Provider ID		BAR1
pat.sex	Gender		M
pat.ssn	Patient Social Security number		888-99-9900
pat.state	Patient State		NJ
pat.type	Patient Type	What is selected on Demos/ Types are setup in Libraries (ex:WC -workerscomp)	WC
pat.workphone	Patient Work Phone		666 777-7777 7
pat.zip	Patient Zip		7646

		Receipt fields show when printing a receipt and when printing an appointment that has a receipt associated with it.	
rcpt.facility	Facility where services were rendered	If not mapped to something else, such as PayTo	MAVUS A. JACOBS, MD,PA
rcpt.facility_custom_field_xxxxxxx	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
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.reccdate	Received Date		03/06/2016
rcpt.rcptnum	Receipt Number		77396
rcpt.reccdate	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
rcpt.checknumber	Check Reference - Populates Reference Number only if there is a check amount greater than 0.00		
rcpt.cardnumber	Card Reference - Populates Reference Number only if there is a card amount greater than 0.00		
rcpt.cc_type_desc	Card Type		
rcpt.confirm_num	PatientPay Confirmation Number		

Insurance Field ID	Description	Notes	Example Output
ins1.address1	Primary Insurance Address 1	To print the address correctly with or without an address 2 field use this order: pat.address1 pat.address2 pat.address3	PO BOX 99965
ins1.address2	Primary Insurance Address 2		SUITE 2
ins1.address3	Primary Insurance Address 3		ALAFAYA, NJ 32816
ins1.address4	Primary Insurance Address 4		
ins1.city	Primary Insurance City		ALAFAYA
ins1.city_st_zip	Primary Insurance City, State, Zip		ALAFAYA, NJ 32816
address_full	Primary Insurance Full Address		
ins1.copay	Copay (primary)		20.00
ins1.email	Primary Insurance Email		
ins1.note	Note on policy		TEST
ins1.fax	Fax number of Insurance Company		888 556-2128
ins1.groupname	Insurance Plan		BC NAME
ins1.groupno	Group Number "policy number"		BC GROUP
ins1.insurid	insurance id for insurance library		102
ins1.name	name of the insurance company		BCBS FL
ins1.per.address1	Insured Person Address 1	To print the address correctly with or without an address 2 field use this order: pat.address1 pat.address2 pat.address3	123 LESS TRAVELED RD
ins1.per.address2	Insured Person Address 2		APT 3
ins1.per.address3	Insured Person Address 3		CANTON, NJ 07646
ins1.per.address4	Insured Person Address 4		
ins1.per.age	Insured Person Age		21 years
ins1.per.age_detail	Insured Person Age Detail		21 years 2 M
ins1.per.cellphone	Insured Person Cell Phone		987 654-4433
ins1.per.city	Insured Person City		CANTON
ins1.per.city_st_zip	Insured Person City, State Zip		CANTON, NJ 07646
ins1.per.country	Insured Person Country		US
ins1.per.dob	Insured Person Date of Birth mm/dd/yyyy		01/01/1995
ins1.per.dob_dd	Insured Person Date of Birth dd		01
ins1.per.dob_mm	Insured Person Date of Birth mm		01
ins1.per.dob_yy	Insured Person Date of Birth yy		95
ins1.per.dob_yyyy	Insured Person Date of Birth yyyy		1995
ins1.per.dobyy	Insured Person Date of Birth mm/dd/yy		01/01/95
ins1.per.email	Insured Person email		getone@mail.com
ins1.per.fname	Insured Person First Name		LINDA
ins1.per.fname_lname	Insured Person First Name Last Name		LINDA T TEST2
ins1.per.fullname	Insured Person Last Name First Name Middle		TEST2, LINDA T
ins1.per.gender	Insured Person Gender Abbrev.		F
ins1.per.homephone	Insured Person Home Phone		444 555-5555
ins1.per.language	Insured Person Language Abbrev.		EN
ins1.per.lname	Insured Person Last Name		TEST2
ins1.per.lname_fname	Insured Person Last Name First Name		TEST2, LINDA T
ins1.per.middle	Insured Person Middle		T
ins1.per.nsuffix	Insured Person Suffix		MR

ins1.per.pid	Insured Person Person ID		19543
ins1.per.sex	Insured Person Sex Abbrev.		F
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.relytype	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		
chg.address_full	Charge Address Full		33 DEFORD RD GARDENS, FL 334104327
chg.address1	Charge Address 1		33 BEDFORD RD
chg.address2	Charge Address 2	To print the address correctly with or without an address 2 field use this order:	GARDENS,FL 334104327
chg.address3	Charge Address 3	pat.address1	
chg.address4	Charge Address 4	pat.address2	
chg.authnum	Charge Authorization Number	pat.address3	123455
chg.billid	Charge Billing ID		1
chg.dcount	Charge Dunning Count	- Dunning count of individual charge	1
chg.address1_2			
chg.bp	Billing Provider ID		1
chg.bp_credentials	Billing Provider Credentials		MD
chg.bp_fname_lname	Billing Provider Fist Name Last Name		MAVUS A JACOBS
chg.bp_lname	Billing Provider Last Name		JACOBS
chg.bp_lname_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			
chg.bp_custom_field_xxxxxxx	Billing Provider Custom Field		
chg.cpt1	CPT Code Line 1		99215
chg.cpt2	CPT Code Line 2		36415
chg.cpt3	CPT Code Line 3		
chg.cpt4	CPT Code Line 4		
chg.cpt5	CPT Code Line 5		
chg.cpt6	CPT Code Line 6		
chg.line1.custom_field_XXXXXXXXXXXXXX	CPT Library Custom Field	If multiple charge lines with multiple CPT custom fields, change line1 to line2 etc	
chg.desc1	CPT Description Line 1		Office/op visit, est pt, 2 key components:
chg.desc2	CPT Description Line 2		comprehensive hx;c
chg.desc3	CPT Description Line 3		Collection, venous blood, venipuncture
chg.desc4	CPT Description Line 4		
chg.desc5	CPT Description Line 5		
chg.desc6	CPT Description Line 6		
chg.diag1	Diagnosis 1		199.8
chg.diag2	Diagnosis 2		E31.0
chg.diag3	Diagnosis 3		E61.3
chg.diag4	Diagnosis 4		H54.0
chg.diag5	Diagnosis 5		
chg.diag6	Diagnosis 6		
chg.encounterid	Encounter number		45098
chg.facility	Facility (Place of Service Name)		MAVUS A JACOBS, MD
chg.facility_id	Facility ID		1
chg.facility_phone	Facility Phone		
chg.fee1	Fee Per Unit Line 1	NOT Total for the line, Fee per Unit	195.00
chg.fee2	Fee Per Unit Line 2	NOT Total for the line, Fee per Unit	15.00
chg.fee3	Fee Per Unit Line 3	NOT Total for the line, Fee per Unit	
chg.fee4	Fee Per Unit Line 4	NOT Total for the line, Fee per Unit	
chg.fee5	Fee Per Unit Line 5	NOT Total for the line, Fee per Unit	
chg.fee6	Fee Per Unit Line 6	NOT Total for the line, Fee per Unit	
chg.insbal	Charge Insurance Balance		210.00

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		
chg.mod5	Modifiers for CPT on Encounter Line 5		
chg.mod6	Modifiers for CPT on Encounter Line 6		
chg.patbal	Patient Balance		0.00
chg.patpaid	Patient Paid		0.00
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
chg.rd	Referring Provider		BAR1
chg.rd_credentials	Referring Provider Credentials		LPN
chg.rd_fname	Referring Provider First Name		SUZAN
chg.rd_fname_lname	Referring Provider First Name Last Name	Preferred format	SUZAN J BARZA
chg.rd_lname	Referring Provider Last Name		BARZA
chg.rd_lname_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
chg.rd_phone	Referring Provider Phone only		666 7777
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
chg.rd_address_full	Referring Provider Full Address		
chg.rp	Rendering Provider		1
chg.rp_credentials	Rendering Provider Credentials		MD
chg.rp_fname_lname	Rendering Provider First and Last Name	Preferred format	MAVUS A JACOBS
chg.rp_lname	Rendering Provider Last Name		JACOBS
chg.rp_lname_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_XXXXXXXX	Rendering Provider Custom Field		
chg.rp_medicare	Charge rendering medicare #		
chg.rp_medicaid	Charge rendering medicaid #		
chg.rp_licnum	Charge rendering license #		
chg.bp_medicare	Charge billing medicare #		
chg.bp_medicaid	Charge billing medicaid #		
chg.bp_licnum	Charge billing license #		
chg.state	State of charge address		FL
chg.svcdate	DOS - mm/dd/yyyy	Preferred format	03/06/2016
chg.svcdateyy	DOS - mm/dd/yy		03/06/16
chg.total1	Line Item total	Corresponds to HCFA line 1, (Fee per unit X # of units)	195.00
chg.total2	Line Item total	Corresponds to HCFA line 1, (Fee per unit X # of units)	15.00
chg.total3	Line Item total	Corresponds to HCFA line 1, (Fee per unit X # of units)	
chg.total4	Line Item total	Corresponds to HCFA line 1, (Fee per unit X # of units)	
chg.total5	Line Item total	Corresponds to HCFA line 1, (Fee per unit X # of units)	
chg.total6	Line Item total	Corresponds to HCFA line 1, (Fee per unit X # of units)	
chg.totbal	Total Balance for Encounter		210.00
chg.totcharge	Total Charge		210.00
chg.unit1	Units for CPT on Encounter Line 1		1.00
chg.unit2	Units for CPT on Encounter Line 2		1.00
chg.unit3	Units for CPT on Encounter Line 3		
chg.unit4	Units for CPT on Encounter Line 4		
chg.unit5	Units for CPT on Encounter Line 5		
chg.unit6	Units for CPT on Encounter Line 6		

chg.ndc_n1_1	** MUST have all 3 for the complete NDC #1, number at the end of the ID represents the CPT line number			
chg.ndc_n2_1				
chg.ndc_n3_1				
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 address 2 field use this order: pat.address1 pat.address2 pat.address3		
chg.bp_blocation_address2	Billing Provider Bill To Address 2 Only			
chg.bp_blocation_address2_only	Billing Provider Bill To Address 2			
chg.bp_blocation_address3	Billing Provider Bill To Address 3			
chg.bp_blocation_city	Billing Provider Bill To City			
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.rp_blocation_address1	Rendering Provider Bill To Address 1	To print the address correctly with or without an address 2 field use this order: pat.address1 pat.address2 pat.address3		
chg.rp_blocation_address2	Rendering Provider Bill To Address 2 Only			
chg.rp_blocation_address2_only	Rendering Provider Bill To Address 2			
chg.rp_blocation_address3	Rendering Provider Bill To Address 3			
chg.rp_blocation_city	Rendering Provider Bill To City			
chg.rp_blocation_state	Rendering Provider Bill To State			
chg.rp_blocation_zip	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			

Guarantor Field ID when mapping a form to the Appointment and Patient Dashboard	Description	Notes	Example Output
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*Anything that starts with "per." will also work for "guarantor"			
guarantor.address_full	Guarantor full address		123 LESS TRAVELED RD APT B2 CANTON, NJ 07646
guarantor.address1	Guarantor Address 1		123 LESS TRAVELED RD
guarantor_address2	Guarantor Address 2 ---or--- Guarantor City, State Zip	If Guarantor doesn't have an Address 2, it will print their CSZ.	APT B2 ---or--- CANTON, NJ 07646
guarantor_address3	Guarantor City, State Zip ---or--- prints blank	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 2, and Address Line 3 will be blank.	CANTON, NJ 07646 ---or--- (blank)
guarantor_balance	Guarantor Balance		100.00
guarantor.city_state_zip	Guarantor City, State Zip	Refer to guarantor.address2 and guarantor.address3 . You might want to use these instead depending on your situation. If a county for the guarantor's city/zip combo exists in the database it will show the county	CANTON, NJ 07646
guarantor.county	Guarantor Country		
guarantor.dob	Guarantor Date of Birth yyy		1992-11-16
guarantor.fname	Guarantor First Name		JEREMY
guarantor.fname_lname	Guarantor First Name Last Name		JEREMY Z. TEST2 MR
guarantor.homearea	Guarantor Area Code		444
guarantor.homephone	Guarantor Home Phone	(does not include area code)	555-5555
guarantor.id	Guarantor ID		19612
guarantor.lname	Guarantor Last Name		TEST2
guarantor.lname_fname	Guarantor Last Name First Name		TEST2, JEREMY Z MR
guarantor.ssn	Guarantor SSN		888-99-9900
guarantor.employ_status	Guarantor Employee Status		EF
guarantor.employer	Guarantor Employer		DEMO
guarantor.relytype	Relationship code for default guarantor		
guarantor.reldesc	Relationship description for default guarantor		

Person Field ID	Description	Notes	Example Format
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*Anything that starts with "per." will also work for "guarantor"			
per.address1	Person Address Line 1	pat.address2 pat.address3"	123 LESS TRAVELED RD
per.address2	Person Address Line 2		APT B2
per.address3	Person Address Line 3		CANTON, NJ 07646
per.address4	Person Address Line 4		
per.age	Person Age		23 years
per.age_detail	Person Age Detailed		23 years 4 M
per.cellphone	Person Cell Phone		888 999-9999
per.city	Person City		CANTON
per.city_st_zip	Person City, State, Zip		CANTON, NJ 07646
per.country	Person Country		US
per.dob	Person Date of Birth mm/dd/yyyy		11/16/1992
per.dob_dd	Person Date of Birth dd		16
per.dob_mm	Person Date of Birth mm		11
per.dob_yy	Person Date of Birth yy		92

per.dob_yyyy	Person Date of Birth yyyy		1992
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_lname	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
per.homephone	Person Home Phone	Use for guarantor phone number, includes area code (guarantor.homephone)	444 555-5555
per.language	Person Language Abbrev		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
per.pid	Person ID		19541
per.race	Person Race Abbrev		AI
per.sex	Person Sex Abbrev		M
per.ssn	Person Social Security Number		888-99-9900
per.state	Person State		NJ
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 address 2 field use this order: pat.address1 pat.address2 pat.address3	
stmt.rem_addr2			
stmt.rem_addr3			
stmt.rem_addr4			
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	
pat.dcount		Dunning count for patient (encounter with 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

Revised 10/2018