

# **NEW 837P 5010 Crosswalk (Loops and Segments)**

## **NEW 837P 5010 Crosswalk (Loops and Segments)**

### **1 ISA**

1.1	Segment: ISA	11
1.2	Segment: GS	13
1.3	Segment: ST	16
1.4	Segment: BHT	17

### **2 LOOP 1000A-Submitter Name**

2.1	Segment: NM1	19
2.2	Segment: PER	29

### **3 LOOP 1000B-Receiver Name**

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### **4 LOOP 2000A-Billing/Pay-To Provider**

4.1	Segment: HL	43
4.2	Segment: PRV	44

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5.1	Segment: N3	48
5.2	Segment: N4	52
5.3	Segment: NM1	59
5.4	Segment: REF	68
5.5	Segment: PER-TBD	74

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6.1	Segment: NM1	76
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<b>7</b>	<b>LOOP 2010AC-TBD</b>	
7.1	Segment:	78
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8.1	Segment: HL	80
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8.3	Segment: PAT	87
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9.1	Segment: NM1	91
9.2	Segment: N3	98
9.3	Segment: N4	100
9.4	Segment: DMG	103
9.5	Segment: REF	105
9.6	Segment: PER	107
<b>10</b>	<b>LOOP 2010BB-Payer Name</b>	
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10.3	Segment: N4	115
10.4	Segment: REF	118
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11.1	Segment: HL	125
11.2	Segment: PAT	126

## **12 LOOP 2010CA-Patient Name**

12.1	Segment: NM1	131
12.2	Segment: N3	136
12.3	Segment: N4	138
12.4	Segment: REF	141
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13.1	Segment: CLM	148
13.2	Segment: DTP	161
13.3	Segment: PWK	177
13.4	Segment: CN1	180
13.5	Segment: AMT	181
13.6	Segment: REF	182
13.7	Segment: K3	193
13.8	Segment: NTE	194
13.9	Segment: CR1	196
13.10	Segment: CR2	201
13.11	Segment: CRC (Ambulance)	204
13.12	Segment: CRC (Vision)	210
13.13	Segment: CRC (Homebound Indicator Code Category)	217
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13.17	Segment: HI (Condition Information)	226



**14    Loop 2310A-Referring Provider Name**

14.1	Segment: NM1	228
14.2	Segment: REF	233

**15    Loop 2310B-Rendering Provider Name**

15.1	Segment: NM1	237
15.2	Segment: PRV	243
15.3	Segment: REF	245

**16    Loop 2310C-Service Facility Location**

16.1	Segment: NM1	250
16.2	Segment: N3	253
16.3	Segment: N4	255
16.4	Segment: REF	258
16.5	Segment: PER	259

**17    Loop 2310D-Supervising Provider Name**

17.1	Segment: NM1	263
17.2	Segment: REF	268

**18    Loop 2310E-Ambulance Pick-Up Location**

18.1	Segment: NM1	270
18.2	Segment: N3	271
18.3	Segment: N4	273

**19    Loop 2310F-ambulance Drop-Off Location**

19.1	Segment: NM1	277
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19.2	Segment: N3	278
19.3	Segment: N4	280
<b>20</b>	<b>Loop 2330A-Other Subscriber Name</b>	
20.1	Segment: NM1	284
20.2	Segment: N3	291
20.3	Segment: N4	293
20.4	Segment: REF	296
<b>21</b>	<b>Loop 2330B-Other Payer Name</b>	
21.1	Segment: NM1	298
21.2	Segment: N3	300
21.3	Segment: N4	302
21.4	Segment: DTP (Not implemented)	305
21.5	Segment: REF	306
<b>22</b>	<b>Loop 2330C-Other Payer Referring Provider</b>	
22.1	Segment: NM1	311
22.2	Segment: REF	312
<b>23</b>	<b>Loop 2330D-Other Payer Rendering Provider</b>	
23.1	Segment: NM1	314
23.2	Segment: REF	315
<b>24</b>	<b>Loop 2330E-Other Payer Service Facility Location</b>	
24.1	Segment: NM1	317
24.2	Segment: REF	318

## **25    Loop 2330F-Other Payer Supervising Provider**

25.1	Segment: NM1	320
25.2	Segment: REF	321

## **26    Loop 2330G-Other Payer Billing Provider**

26.1	Segment: NM1	323
26.2	Segment: REF	324

## **27    Loop 2400**

27.1	Segment: LX	326
27.2	Segment: SV1	327
27.3	Segment: SV5	346
27.4	Segment: PWK01	352
27.5	Segment: CR1	356
27.6	Segment: CR3	362
27.7	Segment: CRC	364
27.8	Segment: DTP	379
27.9	Segment: QTY	391
27.10	Segment: MEA	393
27.11	Segment: CN1	399
27.12	Segment: REF	400
27.13	Segment: AMT	408
27.14	Segment: K3	410
27.15	Segment: NTE	411
27.16	Segment: PS1	413
27.17	Segment: HCP (N/A)	414

## **28    Loop 2410-Drug Identification**

28.1	Segment: LIN	416
28.2	Segment: CTP	417
28.3	Segment: REF	419

## **29    Loop 2420B-Purchased Service Provider**

29.1	NM1	422
29.2	REF	423

## **30    Loop 2420C-Service Facility Location Name**

30.1	Segment: NM1	426
30.2	Segment: N3	428
30.3	Segment: N4	430
30.4	Segment: REF	433

## **31    Loop 2420D-Supervising Provider Name**

31.1	Segment: NM1	435
31.2	Segment: REF	436

## **32    Loop 2420E-Ordering Provider Name**

32.1	Segment: NM1	438
32.2	Segment: N3	439
32.3	Segment: N4	440
32.4	Segment: REF	441
32.5	Segment: PER	442

**33    Loop 2420F-Referring Provider Name**

33.1   Segment: NM1 444

33.2   Segment: REF 446

**34    Loop 2420G-Ambulance Pick-Up Location**

34.1   Segment: NM1 449

34.2   Segment: N3 450

34.3   Segment: N4 452

**35    Loop 2420H-Ambulance Drop-Off Location**

35.1   Segment: NM1 456

35.2   Segment: N3 457

35.3   Segment: N4 459

**36    Loop 2440-Form Identification Code**

36.1   Segment: LQ 463

36.2   Segment: FRM 465

**37    SE - Transaction Set Trailer**

37.1   Segment: SE 471

# ISA

## Segment: ISA

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837p Segment: ISA

### **Element: ISA01 (Authorization Information Qualifier)**

Hard coded to '03'

### **Element: ISA02 (Authorization Information)**

Hard coded to 'SOAPWARE'

### **Element: ISA03 (Security Information Qualifier)**

Hard coded to '00'

### **Element: ISA04 (Security Information)**

Hard coded to ''

### **Element: ISA05 (Interchange ID Qualifier) (Sender)**

Tools->Insurance Companies->Edit Insurance Company->Edit Provider->Submitter Qualifier (Info entered in Tools->Billing Info->Claims Options)

### **Element: ISA06 (Interchange Sender ID)**

Tools->Insurance Companies->Edit Insurance Company->Edit Provider->Submitter ID (Info entered in Tools->Billing Info->Claims Options)

### **Element: ISA07 (Interchange ID Qualifier (Receiver))**

Tools->Insurance Companies->Edit Company-> Receiver Qualifier (Info entered in Tools->Billing Info->Claims Options)

### **Element: ISA08 (Interchange Receiver ID)**

Tools->Insurance Companies->Edit Company-> Receiver ID (Info entered in Tools->Billing Info->Claims Options)

**Element: ISA09 (Interchange Date)**

Generated at time of submission

**Element: ISA10 (Interchange Time)**

Generated at time of submission

**Element: ISA11 (Interchange Control standards ID)**

Hard coded to 'U'

**Element: ISA12 (Interchange Control Version Number)**

Needs to be Hard coded to '00501'

**Element: ISA13 (Interchange Control Version Number)**

Generated at time of submission

**Element: ISA14 (Acknowledgement Requested)**

Hard coded to '1'

**Element: ISA15 (Usage Indicator)**

Tools->Billing Maintenance->Claims Options->Testing

**Element: ISA16 (Component Element Separator)**

Hard coded to ':'

**Element: ISA**



## Segment: GS

837p Segment: GS

### 01 (Functional Identifier Code)

Hard coded to 'HC'

### Element: GS02 (Application Sender Code)

The screenshot shows the 'Edit Billing Information' window with the following sections and fields:

- Insurance Payment To**
  - ☒ Override Group Values
  - Name: Professional Groups, Inc.
  - Street: 123 Any Street
  - Street 2:
  - City: Springdale State: AR
  - Zip: 72764-1234
  - Phone: (479)555-1234
  - Entity Type: ☐ Person ☒ Non Person
  - Tax ID: ☒ EIN ☐ SSN 70-1111111
  - Paper**
    - NPI: PaytoNPI
    - Legacy ID: Provider Taxonomy - ZZ BILLTAXONOM
- Electronic**
  - Submitter ID: Mutually Defined - ZZ **V2AB**
  - Location #:
  - Provider Commercial #:
  - UPIN: +
  - State License: +
- Pay-To Address**
  - Street: POB 1234
  - Street 2:
  - City: Springdale State: AR
  - Zip: 72765-1234
- Eligibility Request Info**
  - Receiver ID:
  - Eligibility NPI: ☒ Group NPI ☐ Rendering Provider NPI
- Provider Information**
  - Paper**
    - Legacy ID: Provider Taxonomy - ZZ RendTaxonomy
  - Electronic**
    - Location #:
    - Provider Commercial #:
    - UPIN: +
    - State License: +
    - Taxonomy:

Buttons: Save, Cancel

Tools->Insurance Companies->Edit Insurance Company->Edit Provider->Submitter ID (Defaults to Info entered in Tools->Billing Info->Claims Options)




## Element: GS03 (Application Receiver Code)

**Edit Insurance Company**

Company Name	BCBS AR			<b>Electronic Submission Info</b>	
Address	PO Box 2181			Payer Qualifier	Mutually Defined - ZZ
Address 2				Payer ID	00181
City	Little Rock			Clearinghouse Name	Gateway EDI
State	AR	Zip	72203-____	Clearinghouse ID	431420764
Phone	(501)378-1111	ext	____	Type	Blue Cross/Blue Shield - BL
Fax	(____)____-____			Receiver Qualifier	Mutually Defined - ZZ
NPI				Receiver ID	431420764000000
Type (CMS 1500)	Group Health Plan			<b>Additional IDs</b>	
Eligibility ID Qualifier				EIN	
Group Provider (Legacy)				Claim Office #	
Fee Schedule (Legacy)				NAIC Code	
Fee Schedule	BCBS AR				

Active ☒ Show Legacy IDs ☒ Default Electronic ☒

**Provider Setup**

Name ▲	Pay To NPI	Pay To Legacy ID	Rendering NPI	Rendering Legacy ID
Randall Oates	1234567890	TAXXNGRP	1234567890	over
▶ Terrie S. Treat, MD	1234567893		1234567893	

OK Cancel

Tools->Insurance Companies->Edit Insurance Company->Edit Provider->Receiver ID (Defaults to info entered in Tools->Billing Info->Claims Options)

## Element: GS04 (Functional Group Creation Date)

Generated at time of submission

## Element: GS05

Generated at time of submission

**Element: GS06 (Group Control Number)**

Hard coded to '987654321'

**Element: GS07 (Responsible Agency Code)**

Hard coded to 'X'

**Element: GS08 (Version Identifier Code)**

Needs to be Hard coded to '005010X222A1'

## Segment: ST

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837p Segment: ST

**Element: ST01 (Transaction Set Identifier Code)**

Hard coded to '837'

**Element: ST02 (Transaction Set Control Number)**

Hard coded to '100000000'

**Element: ST03 (Implementation Convention Reference)**

Needs to be Hard coded to '005010X222A1'

## Segment: BHT

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837p Segment: BHT

<b>Element: BHT01 (Hierarchical Structure Code)</b>
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Hard coded to '0019'

<b>Element: BHT02 (Transaction Set Purpose Code)</b>
--

Hard coded to '00' (We don't keep the actual transmission, just the claims on them)

<b>Element: BHT03 (Originator Application Transaction Identifier)</b>
---

Generated at time of submission

<b>Element: BHT04 (Transaction Set Creation Date)</b>
---

Generated at time of submission

<b>Element: BHT05 (Transaction Set Creation Time)</b>
---

Generated at time of submission

<b>Element: BHT06 (Claim or Encounter Identifier)</b>
---

Hard coded to 'CH' (We don't use 837p for reporting)

# LOOP 1000A-Submitter Name

## Segment: NM1

Loop: 1000A Segment: NM1

### Element: NM101 (Submitter Entity Identifier Code)

Hard Coded to 41

### Element: NM102 (Submitter Entity Type Qualifier)

The screenshot shows the 'Edit Group' window with the following sections:

- Contact Information:**
  - Name: Professional Groups, Inc.
  - Street: 123 Elm St
  - Street 2:
  - City: Springdale State: AR
  - Zip: 72764-\_\_\_\_
  - Phone: (479)555-1234
  - Entity Type: ☐ Person ☒ Non Person
- Id Numbers:**
  - Tax ID: ☒ EIN ☐ SSN 70-1111111
  - NPI: Group NPI#
- Electronic:**
  - Submitter ID: Mutually Defined - ZZ ID: V2AB
  - UPIN:
  - State License:
- Pay-To Address:**
  - Street: PO Box 1234
  - Street 2:
  - City: Fayetteville State: AR
  - Zip: 72702-2702
- Paper:**
  - Legacy ID: ID:
- Insurance Information:**
  - Company: AARP, Aetna, Arkansas Firstsource, Arkansas Medicaid, BCBS AR, Blue Cross, Blue Shield IN, Champus, Cigna, Cigna, Commercial Insurance, Farmers Insurance, Health Choice, Humana, Humana Gold Choice, Indiana Medicaid Operations, Medicare, Missouri Medicaid, New Test, Palmetto GBA, Shelter, Test Insurance

Buttons: Save, Cancel

Tools menu -> Manage Groups -> Entity Type

**Element: NM103 (Submitter Last Name or Organization Name) Limit 60**

Edit Group

Contact Information

Name Professional Groups, Inc.

Street 123 Elm St

Street 2

City Springdale State AR

Zip 72764-\_\_\_\_\_

Phone (479)555-1234

Entity Type ☐ Person ☒ Non Person

Id Numbers

Tax ID ☒ EIN ☐ SSN 70-1111111

NPI Group NPI#

Electronic

Submitter ID Mutually Defined - ZZ ID V2AB

UPIN

State License

Pay-To Address

Street PO Box 1234

Street 2

City Fayetteville State AR

Zip 72702-2702

Paper

Legacy ID ID

Insurance Information

Company

- AARP
- Aetna
- Arkansas Firstsource
- Arkansas Medicaid
- BCBS AR
- Blue Cross
- Blue Shield IN
- Champus
- Cigna
- Cigna
- Commercial Insurance
- Farmers Insurance
- Health Choice
- Humana
- Humana Gold Choice
- Indiana Medicaid Operations
- Medicare
- Missouri Medicaid
- New Test
- Palmetto GBA
- Shelter
- Test Insurance

Save Cancel

Tools menu -> Manage Groups -> Name



The screenshot shows a web application window titled "Providers" with a close button (X) in the top right corner. On the left is a list of providers: "Test Five", "Tammy Trent", "S Smith", "Randall Oates", "Jay Jackson, MD" (highlighted in blue), and "David Smith". Above the list are two icons: a document with a plus sign and a download arrow. On the right is a detailed form for the selected provider, "Jay Jackson, MD". The form has tabs for "General", "Misc", "Codes", and "Signature", with "General" being the active tab. The "Name" section includes fields for Title, First (Jay), M, Last (Jackson, highlighted with a red box), and Suffix (MD). The "Address" section includes Clinic (DOCS Clinic), Street (123 Some St.), City (Fayetteville), State (AR), and Zip Code (72703-1234). The "Contact Information" section includes Phone # ((479) 555-4444), Fax # ((479) 444-5555), and Email (jj@email.com). The "Physician Numbers" section includes DEA # (1234567890), State ID, NPI# (1234567891), UPIN#, and Taxonomy. At the bottom of the form is a checkbox labeled "Is Supervisor" which is checked, and an "Update" button.

Providers				
Test Five				
Tammy Trent				
S Smith				
Randall Oates				
Jay Jackson, MD				
David Smith				

Providers

General

Misc

Codes

Signature

Name

Title

First

M

Last

Suffix

Jay

Jackson

MD

Address

Clinic

DOCS Clinic

Street

123 Some St.

City

Fayetteville

State

AR

Zip Code

72703-1234

Contact Information

Phone #

(479) 555-4444

Fax #

(479) 444-5555

Email

jj@email.com

Physician Numbers

DEA #

1234567890

State ID

NPI#

1234567891

UPIN#

Taxonomy

☒ Is Supervisor

Update

Tools->Provider Manager->Last Name

**Element: NM103 (Submitter Last Name or Organization Name) Overridden in Insurance Company. Limit 60**

**Edit Billing Information**

Insurance Payment To

☒ Override Group Values

Name **Professional Groups, Inc.**

Street 456 Test St

Street 2

City Springdale State AR

Zip 72764-1234

Phone (479)555-1234

Entity Type ☐ Person ☒ Non Person

Tax ID ☒ EIN ☐ SSN 70-1111111

**Paper**

NPI 222222222

Legacy ID

**Electronic**

Submitter ID Mutually Defined - ZZ T123

Location #

Provider Commercial #

UPIN

State License

**Pay-To Address**

Street POB 1234

Street 2

City Springdale State AR

Zip 72765-1234

**Eligibility Request Info**

Receiver ID

Eligibility NPI ☒ Group NPI ☐ Rendering Provider NPI

**Provider Information**

**Paper**

Legacy ID

**Electronic**

Location #

Provider Commercial #

UPIN

State License

Taxonomy

Save Cancel

Tools->Insurance Companies->Edit Provider->Override Group Values->Name

Providers

Providers

David Smith

Jay Jackson, MD

Randall Oates

S Smith

Tammy Trent

Test Five

General

Misc

Codes

Signature

Name

Title

First

M

Last

Suffix

Jay

Jackson

MD

Address

Clinic

DOCS Clinic

Street

123 Some St.

City

Fayetteville

State

AR

Zip Code

72703-1234

Contact Information

Phone #

(479) 555-4444

Fax #

(479) 444-5555

Email

jj@email.com

Physician Numbers

DEA #

1234567890

State ID

NPI#

1234567891

UPIN#

Taxonomy

☒ Is Supervisor

Update

Tools->Provider Manager->First Name

**Element: NM104 (Submitter First Name) Overridden in Insurance Company. Limit 35**

**Edit Billing Information**

**Insurance Payment To**

☒ **Override Group Values**

Name: Professional Groups, Inc.

Street: 456 Test St

Street 2:

City: Springdale State: AR

Zip: 72764-1234

Phone: (479)555-1234

Entity Type: ☐ Person ☒ Non Person

Tax ID: ☒ EIN ☐ SSN 70-1111111

**Paper**

NPI: 222222222

Legacy ID: Provider Taxonomy - ZZ 12345X0000P

**Electronic**

Submitter ID: Mutually Defined - ZZ T123

Location #:

Provider Commercial #:

UPIN: +

State License: +

**Pay-To Address**

Street: POB 1234

Street 2:

City: Springdale State: AR

Zip: 72765-1234

**Eligibility Request Info**

Receiver ID:

Eligibility NPI: ☒ Group NPI ☐ Rendering Provider NPI

**Provider Information**

**Paper**

Legacy ID: Provider Taxonomy - ZZ RendTaxonomy

**Electronic**

Location #:

Provider Commercial #:

UPIN: +

State License: +

Taxonomy:

Save Cancel

Tools->Insurance Companies->Edit Provider->Override Group Values-Name

**Element: NM105 (Submitter Middle Name) Limit 25**

The screenshot shows a software interface for managing providers. On the left is a list of providers: James R. Bolinger, Randall Oates, Slim Shady, and Terrie S. Treat, MD. The right side contains a form for the selected provider, Terrie S. Treat, MD. The form has tabs for General, Misc, Codes, and Signature. The General tab is active and contains sections for Name, Address, Contact Information, and Physician Numbers. In the Name section, the middle name field contains the letter 'S', which is circled in red. The Address section includes fields for Clinic, Street, City, State, and Zip Code. The Contact Information section includes fields for Phone #, Fax #, and Email. The Physician Numbers section includes fields for DEA #, NPI#, State ID, UPIN#, and Taxonomy. There is also a checkbox for 'Is Supervisor' and an 'Update' button at the bottom right.

Providers				
James R. Bolinger				
Randall Oates				
Slim Shady				
Terrie S. Treat, MD				

General				
Name				
Title	First	M	Last	Suffix
	Terrie	S	Treat	MD
Address				
Clinic	Family Clinic			
Street	4081 Any Ave.			
City	State	Zip Code		
Springdale	AR	72762-1234		
Contact Information				
Phone #	(479) 555-4444			
Fax #	(866) 555-3333			
Email	tt@email.com			
Physician Numbers				
DEA #	123456	State ID		
NPI#	1234567893	UPIN#		
Taxonomy				
<input checked="" type="checkbox"/> Is Supervisor				
Update				

Tools->Provider Manager->Middle Name

**Element: NM105 (Submitter Middle Name) Overridden in Insurance Company**

**Edit Billing Information**

**Insurance Payment To**

☒ **Override Group Values**

Name: Professional Groups, Inc.

Street: 456 Test St

Street 2:

City: Springdale State: AR

Zip: 72764-1234

Phone: (479)555-1234

Entity Type: ☐ Person ☒ Non Person

Tax ID: ☒ EIN ☐ SSN 70-1111111

**Paper**

NPI: 222222222

Legacy ID: Provider Taxonomy - ZZ 12345X0000P

**Electronic**

Submitter ID: Mutually Defined - ZZ T123

Location #:

Provider Commercial #:

UPIN: +

State License: +

**Pay-To Address**

Street: POB 1234

Street 2:

City: Springdale State: AR

Zip: 72765-1234

**Eligibility Request Info**

Receiver ID:

Eligibility NPI: ☒ Group NPI ☐ Rendering Provider NPI

**Provider Information**

**Paper**

Legacy ID: Provider Taxonomy - ZZ RendTaxonomy

**Electronic**

Location #:

Provider Commercial #:

UPIN: +

State License: +

Taxonomy:

Save Cancel

Tools->Insurance Companies->Edit Provider->Override Group Values-Middle Name

**Element: NM108 (Submitter Identification Code Qualifier)**

Hard Coded to 46

## Element: NM109 (Submitter Identification Code)

Edit Group

Contact Information

Name: Professional Groups, Inc.

Street: 123 Elm St

Street 2:

City: Springdale State: AR

Zip: 72764-\_\_\_\_

Phone: (479)555-1234

Entity Type: ☐ Person ☒ Non Person

Id Numbers

Tax ID: ☒ EIN ☐ SSN 70-1111111

NPI: Group NPI#

Electronic

Submitter ID: Mutually Defined - ZZ ID: V2AB

UPIN:

State License:

Pay-To Address

Street: PO Box 1234

Street 2:

City: Fayetteville State: AR

Zip: 72702-2702

Paper

Legacy ID: ID:

Insurance Information

Company:

- AARP
- Aetna
- Arkansas Firstsource
- Arkansas Medicaid
- BCBS AR
- Blue Cross
- Blue Shield IN
- Champus
- Cigna
- Cigna
- Commercial Insurance
- Farmers Insurance
- Health Choice
- Humana
- Humana Gold Choice
- Indiana Medicaid Operations
- Medicare
- Missouri Medicaid
- New Test
- Palmetto GBA
- Shelter
- Test Insurance

Save Cancel

Tools->Manage Groups->Submitter ID

**Element: NM109 (Submitter Identification Code) Overridden in Insurance Company. Limit 2-80**

**Edit Billing Information**

**Insurance Payment To**

☒ **Override Group Values**

Name: Professional Groups, Inc.  
Street: 456 Test St  
Street 2:  
City: Springdale State: AR  
Zip: 72764-1234  
Phone: (479)555-1234  
Entity Type: ☐ Person ☒ Non Person  
Tax ID: ☒ EIN ☐ SSN 70-1111111

**Paper**  
NPI: 222222222  
Legacy ID: Provider Taxonomy - ZZ 12345X0000P

**Electronic**  
Submitter ID: Mutually Defined - ZZ T123  
Location #:  
Provider Commercial #:  
UPIN: +  
State License: +

**Pay-To Address**  
Street: POB 1234  
Street 2:  
City: Springdale State: AR  
Zip: 72765-1234

**Eligibility Request Info**  
Receiver ID:  
Eligibility NPI: ☒ Group NPI ☐ Rendering Provider NPI

**Provider Information**

**Paper**  
Legacy ID: Provider Taxonomy - ZZ RendTaxonomy

**Electronic**  
Location #:  
Provider Commercial #:  
UPIN: +  
State License: +  
Taxonomy:

Save Cancel

Tools->Insurance Companies->Edit Provider->Override Group Values->Submitter ID



## Segment: PER

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Loop: 1000A Segment: PER

### Element: PER01 (Submitter Contact Function Code)

Hard Coded to 'IC'

### Element: PER02 (Submitter Contact Name) Limit 60

The screenshot shows the 'Claims Options' dialog box with the following fields and values:

- Paper Options:**
  - Default Printer: Gestetner SP C430DN PCL 6
  - ☐ Print Full CMS Form
- Electronic Options:**
  - Office Contact: T Trent (highlighted with a red rectangle)
  - Office Contact Phone: (479)555-4444
  - Office Contact Fax: (479)555-5555
  - Office Contact Email: tt@email.com
  - Output Path: U:\Tammy\Gateway EDI
  - ☒ Auto Submit
  - ☒ Save Local Copy
- Clearinghouse Options:**
  - Name: Gateway EDI
  - Clearinghouse ID: 431420764
  - Receiver Qualifier: Mutually Defined - ZZ
  - Receiver ID: 431420764000000
  - User Name: X123
  - Password: \*\*\*\*\*
  - Server: sftp.gatewayedi.com
  - ☐ Testing
- Accept Assignment:** Yes
- Buttons:** OK, Cancel

Tools->Billing Maintenance->Claims Options->Office Contact

### Element: PER03 (SubmitterContact Communication Number Qualifier 1)

Hard Coded to 'TE'

**Element: PER04 (Submitter Contact Communication Number 1)**

The screenshot shows the 'Claims Options' dialog box with the following fields and values:

- Paper Options:**
  - Default Printer: Gestetner SP C430DN PCL 6
  - Print Full CMS Form: ☐
- Electronic Options:**
  - Office Contact: T Trent
  - Office Contact Phone: (479)555-4444 (highlighted with a red rectangle) | Ex:
  - Office Contact Fax: (479)555-5555
  - Office Contact Email: tt@email.com
  - Output Path: U:\Tammy\Gateway EDI
  - Auto Submit: ☒
  - Save Local Copy: ☒
- Clearinghouse Options:**
  - Name: Gateway EDI
  - Clearinghouse ID: 431420764
  - Receiver Qualifier: Mutually Defined - ZZ
  - Receiver ID: 431420764000000
  - User Name: X123
  - Password: \*\*\*\*\*
  - Server: sftp.gatewayedi.com
  - Testing: ☐
- Accept Assignment:** Yes
- Buttons:** OK, Cancel

Tools->Billing Maintenance->Claims Options->Office Contact Phone/Office Contact Ex

**Element: PER05 (Submitter contact Communication Number Qualifier 2)**

The screenshot shows the 'Claims Options' dialog box with three main sections: Paper Options, Electronic Options, and Clearinghouse Options. The 'Office Contact Fax' field in the Electronic Options section is highlighted with a red circle.

Paper Options	
Default Printer	Gestetner SP C430DN PCL 6
<input type="checkbox"/> Print Full CMS Form	

Electronic Options	
Office Contact	T Trent
Office Contact Phone	(479)555-4444 Ex
Office Contact Fax	(479)555-5555
Office Contact Email	tt@email.com
Output Path	U:\Tammy\Gateway EDI ...
<input checked="" type="checkbox"/> Auto Submit	
<input checked="" type="checkbox"/> Save Local Copy	

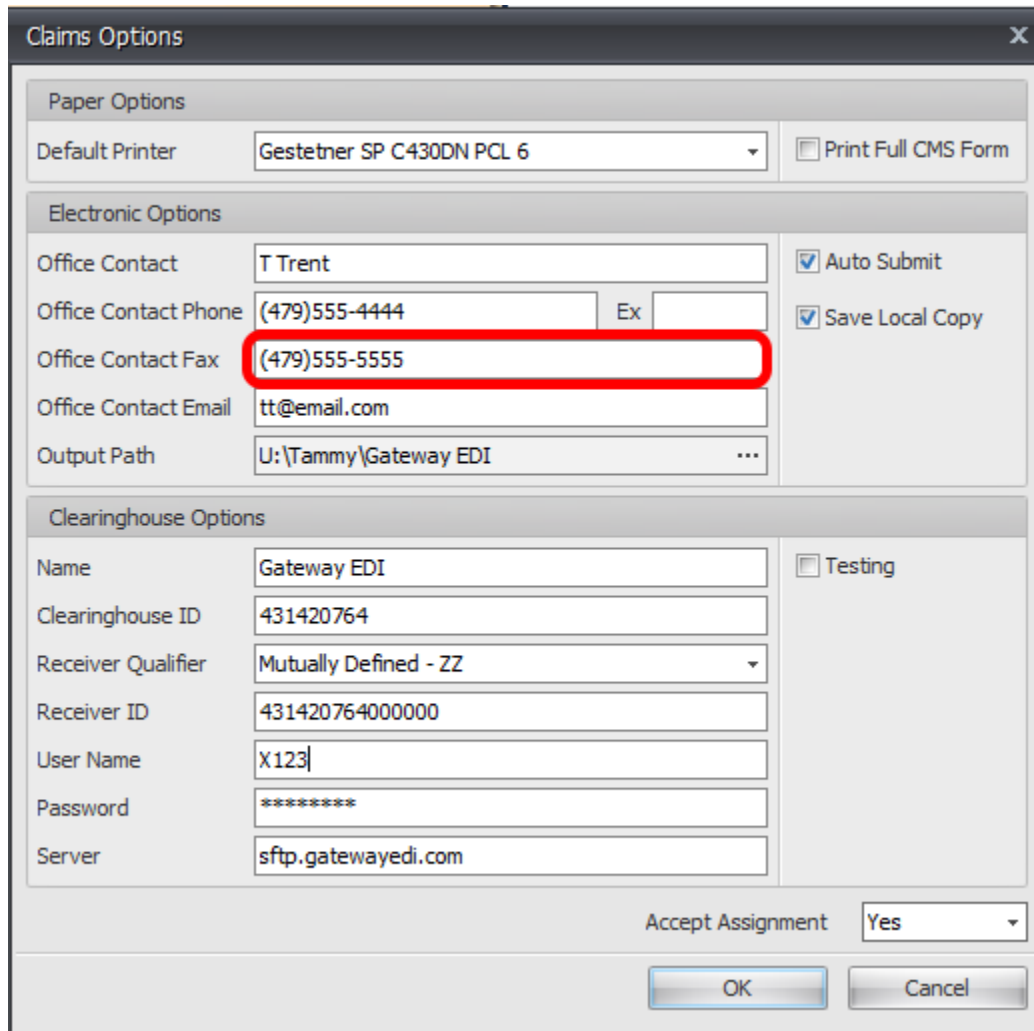
Clearinghouse Options	
Name	Gateway EDI
Clearinghouse ID	431420764
Receiver Qualifier	Mutually Defined - ZZ
Receiver ID	431420764000000
User Name	X123
Password	*****
Server	sftp.gatewayedi.com
<input type="checkbox"/> Testing	

Accept Assignment: Yes

OK Cancel

Tools->Billing Maintenance->Claims Options->Office Contact Fax

**Element: PER06 (Submitter contact Communication Number 2)**



The image shows a 'Claims Options' dialog box with three main sections: Paper Options, Electronic Options, and Clearinghouse Options. The 'Office Contact Fax' field in the Electronic Options section is highlighted with a red rectangle and contains the value '(479)555-5555'. The 'Accept Assignment' dropdown at the bottom is set to 'Yes'.

Paper Options	
Default Printer	Gestetner SP C430DN PCL 6
<input type="checkbox"/> Print Full CMS Form	

Electronic Options	
Office Contact	T Trent
Office Contact Phone	(479)555-4444 Ex
Office Contact Fax	(479)555-5555
Office Contact Email	tt@email.com
Output Path	U:\Tammy\Gateway EDI ...
<input checked="" type="checkbox"/> Auto Submit	
<input checked="" type="checkbox"/> Save Local Copy	

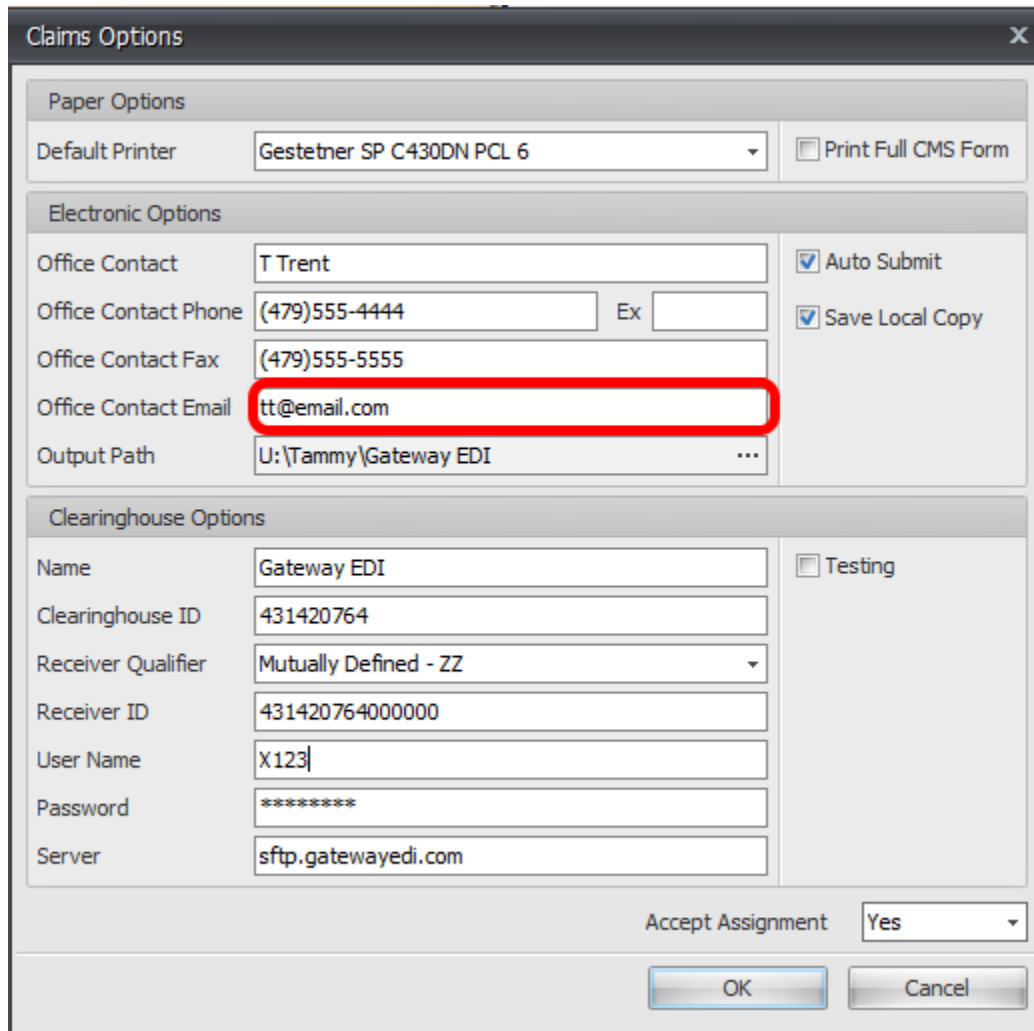
Clearinghouse Options	
Name	Gateway EDI
Clearinghouse ID	431420764
Receiver Qualifier	Mutually Defined - ZZ
Receiver ID	431420764000000
User Name	X123
Password	*****
Server	sftp.gatewayedi.com
<input type="checkbox"/> Testing	

Accept Assignment: Yes

OK Cancel

Tools->Billing Maintenance->Claims Options->Office Contact Fax

**Element: PER07 (Submitter Contact Communication Number Qualifier 3)**



The image shows a 'Claims Options' dialog box with three main sections: Paper Options, Electronic Options, and Clearinghouse Options. The 'Office Contact Email' field in the Electronic Options section is highlighted with a red rectangle.

Paper Options	
Default Printer	Gestetner SP C430DN PCL 6
<input type="checkbox"/> Print Full CMS Form	

Electronic Options	
Office Contact	T Trent
Office Contact Phone	(479)555-4444 Ex
Office Contact Fax	(479)555-5555
Office Contact Email	tt@email.com
Output Path	U:\Tammy\Gateway EDI ...
<input checked="" type="checkbox"/> Auto Submit	
<input checked="" type="checkbox"/> Save Local Copy	

Clearinghouse Options	
Name	Gateway EDI
Clearinghouse ID	431420764
Receiver Qualifier	Mutually Defined - ZZ
Receiver ID	431420764000000
User Name	X123
Password	*****
Server	sftp.gatewayedi.com
<input type="checkbox"/> Testing	

Accept Assignment: Yes

OK Cancel

Tools->Billing Maintenance->Claims Options->Office Contact Email

**Element: PER08 (Submitter Contact Communication Number 3)**

The screenshot shows a 'Claims Options' dialog box with three main sections: Paper Options, Electronic Options, and Clearinghouse Options. The 'Office Contact Email' field in the Electronic Options section is highlighted with a red rectangle.

Paper Options	
Default Printer	Gestetner SP C430DN PCL 6
<input type="checkbox"/> Print Full CMS Form	

Electronic Options	
Office Contact	T Trent
Office Contact Phone	(479)555-4444 Ex
Office Contact Fax	(479)555-5555
Office Contact Email	tt@email.com
Output Path	U:\Tammy\Gateway EDI ...
<input checked="" type="checkbox"/> Auto Submit	
<input checked="" type="checkbox"/> Save Local Copy	

Clearinghouse Options	
Name	Gateway EDI
Clearinghouse ID	431420764
Receiver Qualifier	Mutually Defined - ZZ
Receiver ID	431420764000000
User Name	X123
Password	*****
Server	sftp.gatewayedi.com
<input type="checkbox"/> Testing	

Accept Assignment: Yes

OK Cancel

Tools->Billing Maintenance->Claims Options->Office Contact Email

# LOOP 1000B-Receiver Name

## Segment: NM1

---

Loop: 1000B Segment: NM1

### Element: NM101 (Receiver Entity Identifier Code)

Hard coded to '40'

### Element: NM102 (Receiver Entity Type Qualifier)

Hard coded to '2'

### Element: NM103 (Receiver Last Name or Organization Name)

**Claims Options**

**Paper Options**

Default Printer: Gestetner SP C430DN PCL 6 ☐ Print Full CMS Form

**Electronic Options**

Office Contact: T Trent ☒ Auto Submit  
Office Contact Phone: (479)555-4444 Ex:  ☒ Save Local Copy  
Office Contact Fax: (479)555-5555  
Office Contact Email: tt@email.com  
Output Path: U:\Tammy\Gateway EDI ...

**Clearinghouse Options**

Name: **Gateway EDI** ☐ Testing  
Clearinghouse ID: 431420764  
Receiver Qualifier: Mutually Defined - ZZ  
Receiver ID: 431420764000000  
User Name: X123  
Password: \*\*\*\*\*  
Server: sftp.gatewayedi.com

Accept Assignment: Yes

OK Cancel

Tools->Billing Maintenance->Claims Options->Clearinghouse Name






**Element: NM103 (Receiver Last Name or Organization Name)**

**Edit Insurance Company**

Company Name	BCBS AR			<b>Electronic Submission Info</b>	
Address	PO Box 2181			Payer Qualifier	Mutually Defined - ZZ
Address 2				Payer ID	00181
City	Little Rock			Clearinghouse Name	Gateway EDI
State	AR	Zip	72203-____	Clearinghouse ID	431420764
Phone	(501)378-1111	ext	____	Type	Blue Cross/Blue Shield - BL
Fax	(____)____-____			Receiver Qualifier	Mutually Defined - ZZ
NPI				Receiver ID	431420764000000
Type (CMS 1500)	Group Health Plan			<b>Additional IDs</b>	
Eligibility ID Qualifier				EIN	
Group Provider (Legacy)				Claim Office #	
Fee Schedule (Legacy)				NAIC Code	
Fee Schedule	BCBS AR				

Active ☒ Show Legacy IDs ☒ Default Electronic ☒

**Provider Setup**

					
Name	Pay To NPI	Pay To Legacy ID	Rendering NPI	Rendering Legacy ID	
Randall Oates	1234567890	TAXXNGRP	1234567890	over	
> Terrie S. Treat, MD	Group NPI#		1234567893		

OK Cancel

Tools->Insurance Companies->Clearinghouse Name

**Element: NM108 (Receiver Identification Code Qualifier)**

Hard Coded to '46'

**Element: NM109 (Receiver Identification Code)**

**Claims Options** [X]

**Paper Options**

Default Printer:  ☐ Print Full CMS Form

**Electronic Options**

Office Contact:  ☒ Auto Submit

Office Contact Phone:  Ex:  ☒ Save Local Copy

Office Contact Fax:

Office Contact Email:

Output Path:  ...

**Clearinghouse Options**

Name:  ☐ Testing

Clearinghouse ID:

Receiver Qualifier:

Receiver ID:

User Name:

Password:

Server:

Accept Assignment:

Tools->Billing Maintenance->Claims Options->Clearinghouse ID

## Element: NM109 (Receiver Identification Code)

**Edit Insurance Company**

Company Name	BCBS AR		
Address	PO Box 2181		
Address 2			
City	Little Rock		
State	AR	Zip	72203-____
Phone	(501)378-1111	ext	____
Fax	(____)____-____		
NPI			
Type (CMS 1500)	Group Health Plan		
Eligibility ID Qualifier			
Group Provider (Legacy)			
Fee Schedule (Legacy)			
Fee Schedule	BCBS AR		

Electronic Submission Info




Payer Qualifier	Mutually Defined - ZZ
Payer ID	00181
Clearinghouse Name	Gateway EDI
Clearinghouse ID	431420764
Type	Blue Cross/Blue Shield - BL
Receiver Qualifier	Mutually Defined - ZZ
Receiver ID	431420764000000

Additional IDs

EIN	
Claim Office #	
NAIC Code	

Active ☒ Show Legacy IDs ☒ Default Electronic ☒

**Provider Setup**

Name ▲	Pay To NPI	Pay To Legacy ID	Rendering NPI	Rendering Legacy ID
Randall Oates	1234567890	TAXXNGRP	1234567890	over
> Terrie S. Treat, MD	Group NPI#		1234567893	

OK Cancel

Tools->Insurance Companies->Clearinghouse ID entered in Claims Options

## Element: NM109 (Receiver Identification Code)

**Claims Options** [X]

**Paper Options**

Default Printer:  ☐ Print Full CMS Form

**Electronic Options**

Office Contact:  ☒ Auto Submit

Office Contact Phone:  Ex:  ☒ Save Local Copy

Office Contact Fax:

Office Contact Email:

Output Path:  ...

**Clearinghouse Options**

Name:  ☐ Testing

Clearinghouse ID:

Receiver Qualifier:

Receiver ID:

User Name:

Password:

Server:

Accept Assignment:

Tools->Billing Maintenance->Claims Options->Receiver ID

## Element: NM109 (Receiver Identification Code)

**Edit Insurance Company**

Company Name	BCBS AR		
Address	PO Box 2181		
Address 2			
City	Little Rock		
State	AR	Zip	72203-____
Phone	(501)378-1111	ext	____
Fax	(____)____-____		
NPI			
Type (CMS 1500)	Group Health Plan		
Eligibility ID Qualifier			
Group Provider (Legacy)			
Fee Schedule (Legacy)			
Fee Schedule	BCBS AR		

Electronic Submission Info




Payer Qualifier	Mutually Defined - ZZ
Payer ID	00181
Clearinghouse Name	Gateway EDI
Clearinghouse ID	431420764
Type	Blue Cross/Blue Shield - BL
Receiver Qualifier	Mutually Defined - ZZ
Receiver ID	431420764000000

Additional IDs

EIN	
Claim Office #	
NAIC Code	

Active ☒ Show Legacy IDs ☒ Default Electronic ☒

**Provider Setup**

Name ▲	Pay To NPI	Pay To Legacy ID	Rendering NPI	Rendering Legacy ID
Randall Oates	1234567890	TAXXNGRP	1234567890	over
> Terrie S. Treat, MD	Group NPI#		1234567893	

OK Cancel

Tools->Insurance Companies->Receiver ID entered in Claims Options

# **LOOP 2000A-Billing/Pay-To Provider**

## Segment: HL

---

Loop: 2000A Segment: HL

### Element: HL01 (Billing Provider Hierarchical ID Number)

Hard Coded Billing Provider Information

### Element: HL02 (Billing Provider Hierarchical Parent ID Number)

Hard Coded to "

### Element: HL03 (Billing Provider Hierarchical Level Code)

Hard Coded to '23'

### Element: HL04 (Billing Provider Hierarchical Child Code)

Hard Coded to '1'. 2000B is a child of 2000A

## Segment: PRV

---

Loop: 2000ASegment: PRV

<b>Element: PRV01 (Billing Provider Specialty Information Provider Code)</b>
--

Hard Coded to 'BI'

<b>Element: PRV02 (Billing Provider Specialty Reference Identification Qualifier)</b>
---

Hard Coded Billing Provider Information



<p><b>Element: PRV03 (Billing Provider Specialty Reference Identification)</b></p>
--

Contact Information		Insurance Information	
Name	Professional Groups, Inc.	<div> <div> </div> <div> <div>Company</div> <div>Test Insurance</div> <div>Shelter</div> <div>Shelter</div> <div>Palmetto GBA</div> <div>New Test</div> <div>New Insurance</div> <div>Missouri Medicaid</div> <div>Met Advantage</div> <div>Medicare</div> <div>Indiana Medicaid Operations</div> <div>Humana Gold Choice</div> <div>Humana</div> <div>Health Choice</div> <div>Golden Rule</div> <div>Farmers Insurance</div> <div>Commercial Insurance</div> <div>Cigna</div> <div>Cigna</div> <div>Champus</div> <div>Blue Shield IN</div> <div>Blue Cross</div> <div>BCBS AR</div> <div>Arkansas Medicaid</div> </div> </div>	
Street	456 Test St		
Street 2			
City	Springdale	State	AR
Zip	72764-1234		
Phone	(479)555-1234		
Entity Type	<input type="radio"/> Person <input checked="" type="radio"/> Non Person		
Id Numbers			
Tax ID	<input checked="" type="radio"/> EIN <input type="radio"/> SSN           70-1111111		
NPI	222222222		
Electronic			
Submitter ID	Mutually Defined - ZZ	ID	T123
UPIN			
State License			
Pay-To Address			
Street	POB 1234		
Street 2			
City	Springdale	State	AR
Zip	72765-1234		
Paper			
Legacy ID	Provider Taxonomy - ZZ	ID	12345X0000P

Tools-&gt;Manage Groups-&gt;Legacy ID (If ZZ-Billing Provider Taxonomy)

## Element: PRV03 (Billing Provider Specialty Reference Identification)

**Edit Billing Information**

**Insurance Payment To**

☒ **Override Group Values**

Name: Professional Groups, Inc.  
Street: 123 Any Street  
Street 2:  
City: Springdale State: AR  
Zip: 72764-1234  
Phone: (479)555-1234  
Entity Type: ☐ Person ☒ Non Person  
Tax ID: ☒ EIN ☐ SSN 70-1111111

**Paper**

NPI: PaytoNPI  
Legacy ID: **Provider Taxonomy - ZZ** BillTaxonomy

**Electronic**

Submitter ID: Mutually Defined - ZZ V2AB  
Location #:  
Provider Commercial #:  
UPIN: +  
State License: +

**Pay-To Address**

Street: POB 1234  
Street 2:  
City: Springdale State: AR  
Zip: 72765-1234

**Eligibility Request Info**

Receiver ID:  
Eligibility NPI: ☒ Group NPI ☐ Rendering Provider NPI

**Provider Information**

**Paper**

Legacy ID:

**Electronic**

Location #:  
Provider Commercial #:  
UPIN: +  
State License: +  
Taxonomy: 12345600000X

**Save** **Cancel**

Tools->Insurance Companies->Edit Provider->Override Group Values-Legacy ID ( If ZZ-Billing ProviderTaxonomy)




# **LOOP 2010AA-Billing Provider Name**

## Segment: N3

Loop: 2010AASegment: N3

### Element: N301 (Billing Provider Address Information) Limit 55

Edit Group

Contact Information		Insurance Information	
Name	Professional Groups, Inc.	  	
Street	456 Test St	Company	
Street 2		Woodsman of America	
City	Springdale	Test Insurance	
State	AR	Shelter	
Zip	72764-1234	Shelter	
Phone	(479)555-1234	Palmetto GBA	
Entity Type	<input type="radio"/> Person <input checked="" type="radio"/> Non Person	New Test	
Id Numbers		New Insurance	
Tax ID	<input checked="" type="radio"/> EIN <input type="radio"/> SSN 70-1111111	Missouri Medicaid	
NPI	1234567890	Met Advantage	
Electronic		Medicare	
Submitter ID	Mutually Defined - ZZ	Indiana Medicaid Operations	
ID	V2AB	Humana Gold Choice	
UPIN		Humana	
State License		Health Choice	
Pay-To Address		Farmers Insurance	
Street	POB 1234	Commercial Insurance	
Street 2		Cigna	
City	Springdale	Cigna	
State	AR	Champus	
Zip	72765-1234	Blue Shield IN	
Paper		Blue Cross	
Legacy ID	Provider Taxonomy - ZZ	BCBS AR	
ID	12345X0000P	Arkansas Medicaid	

Save Cancel

Tools->Manage Groups->Street

**Element: N301 (Billing Provider Address Information) If Overridden in Insurance Company.  
Limit 55**

**Edit Billing Information**

Insurance Payment To

☒ Override Group Values

Name: Randall Oates

Street: 456 Test St

Street 2:

City: Springdale State: AR

Zip: 72764-1234

Phone: (479)555-1234

Entity Type: ☐ Person ☒ Non Person

Tax ID: ☒ EIN ☐ SSN 70-1111111

Paper

NPI: IndividualNPI

Legacy ID: Provider Taxonomy - ZZ billtaxonomy

Electronic

Submitter ID: Mutually Defined - ZZ V2AB

Location #:

Provider Commercial #:

UPIN: +

State License: +

Pay-To Address

Street: POB 1234

Street 2:

City: Springdale State: AR

Zip: 72765-1234

Eligibility Request Info

Receiver ID:

Eligibility NPI: ☒ Group NPI ☐ Rendering Provider NPI

Provider Information

Paper

Legacy ID: Provider Taxonomy - ZZ RendTaxonomy

Electronic

Location #:

Provider Commercial #:

UPIN: +

State License: +

Taxonomy:

Save Cancel

Tools->Insurance Companies->Edit Provider->Override Group Values->Street

## Element: N302 (Billing Provider Address Information 2)

**Edit Billing Information**

**Insurance Payment To**

☒ Override Group Values

Name:

Street:

Street 2:

City:  State:

Zip:

Phone:

Entity Type: ☐ Person ☒ Non Person

Tax ID: ☒ EIN ☐ SSN

**Paper**

NPI:

Legacy ID:

**Electronic**

Submitter ID:

Location #:

Provider Commercial #:

UPIN:  +

State License:  +

**Pay-To Address**

Street:

Street 2:

City:  State:

Zip:

**Eligibility Request Info**

Receiver ID:

Eligibility NPI: ☒ Group NPI ☐ Rendering Provider NPI

**Provider Information**

**Paper**

Legacy ID:

**Electronic**

Location #:

Provider Commercial #:

UPIN:  +

State License:  +

Taxonomy:

Tools->Manage Groups->Street 2

**Element: N302 (Billing Provider Address Information 2) If Overridden in Insurance Company.  
Limit 55**

**Edit Billing Information**

**Insurance Payment To**

☒ Override Group Values

Name: Randall Oates

Street: 456 Test St

Street 2:

City: Springdale State: AR

Zip: 72764-1234

Phone: (479)555-1234

Entity Type: ☐ Person ☒ Non Person

Tax ID: ☒ EIN ☐ SSN 70-1111111

**Paper**

NPI: IndividualNPI

Legacy ID: Provider Taxonomy - ZZ billtaxonomy

**Electronic**

Submitter ID: Mutually Defined - ZZ V2AB

Location #:

Provider Commercial #:

UPIN: +

State License: +

**Pay-To Address**

Street: POB 1234

Street 2:

City: Springdale State: AR

Zip: 72765-1234

**Eligibility Request Info**

Receiver ID:

Eligibility NPI: ☒ Group NPI ☐ Rendering Provider NPI

**Provider Information**

**Paper**

Legacy ID: Provider Taxonomy - ZZ RendTaxonomy

**Electronic**

Location #:

Provider Commercial #:

UPIN: +

State License: +

Taxonomy:

Save Cancel




Tools->Insurance Companies->Edit Provider->Override Group Values->Street 2

## Segment: N4

Loop: 2010AASegment: N4

### Element: N401 (Billing Provider City) Limit 30

Edit Group

Contact Information		Insurance Information	
Name	Professional Groups, Inc.	  	
Street	456 Test St	Company	
Street 2		Woodsman of America	
City	Springdale	Test Insurance	
State	AR	Shelter	
Zip	72764-1234	Palmetto GBA	
Phone	(479)555-1234	New Test	
Entity Type	<input type="radio"/> Person <input checked="" type="radio"/> Non Person	Missouri Medicaid	
Id Numbers		Medicare	
Tax ID	<input checked="" type="radio"/> EIN <input type="radio"/> SSN 70-1111111	Indiana Medicaid Operations	
NPI	1234567890	Humana	
Electronic		Health Choice	
Submitter ID	Mutually Defined - ZZ	Farmers Insurance	
ID	V2AB	Farmers Insurance	
UPIN		Farmers Insurance	
State License		Farmers Insurance	
Pay-To Address		Farmers Insurance	
Street	POB 1234	Farmers Insurance	
Street 2		Farmers Insurance	
City	Springdale	Farmers Insurance	
State	AR	Farmers Insurance	
Zip	72765-1234	Farmers Insurance	
Paper		Commercial Insurance	
Legacy ID	Provider Taxonomy - ZZ	Cigna	
ID	1234500000X	Cigna	

Save Cancel

Tools->Manage Groups->City



**Element: N401 (Billing Provider City) If Overridden in Insurance Company. Limit 30**

Edit Billing Information

Insurance Payment To

☒ Override Group Values

Name Professional Groups, Inc.

Street 456 Test St

Street 2

City Springdale State AR

Zip 72764-1234

Phone (479)555-1234

Entity Type ☐ Person ☒ Non Person

Tax ID ☒ EIN ☐ SSN 70-1111111

Paper

NPI PaytoNPI

Legacy ID Provider Taxonomy - ZZ BILLTAXONOM

Electronic

Submitter ID Mutually Defined - ZZ V2AB

Location #

Provider Commercial #

UPIN

State License

Pay-To Address

Street POB 1234

Street 2

City Springdale State AR

Zip 72765-1234

Eligibility Request Info

Receiver ID

Eligibility NPI ☒ Group NPI ☐ Rendering Provider NPI

Provider Information

Paper

Legacy ID Provider Taxonomy - ZZ RendTaxonomy

Electronic

Location #

Provider Commercial #

UPIN

State License


Taxonomy

Save Cancel

Tools->Insurance Companies->Edit Provider->Override Group Values->City

## Element: N402 (Billing Provider State Code)

Edit Group

Contact Information	Insurance Information
Name Professional Groups, Inc.	
Street 456 Test St	Company ▼
Street 2 	Woodsman of America
City Springdale	Test Insurance
State AR	Shelter
Zip 72764-1234	Palmetto GBA
Phone (479)555-1234	New Test
Entity Type <input type="radio"/> Person <input checked="" type="radio"/> Non Person	Missouri Medicaid
Id Numbers	Medicare
Tax ID <input checked="" type="radio"/> EIN <input type="radio"/> SSN 70-1111111	Indiana Medicaid Operations
NPI 1234567890	Humana
Electronic	Health Choice
Submitter ID Mutually Defined - ZZ ID V2AB	Farmers Insurance
UPIN	Farmers Insurance
State License	Farmers Insurance
Pay-To Address	Farmers Insurance
Street POB 1234	Farmers Insurance
Street 2	Farmers Insurance
City Springdale State AR	Farmers Insurance
Zip 72765-1234	Farmers Insurance
Paper	Commercial Insurance
Legacy ID Provider Taxonomy - ZZ ID 1234500000X	Cigna
	Cigna

Save Cancel

Tools->Manage Groups->State (All caps)

**Element: N402 (Billing Provider State Code) If Overridden in Insurance Company**

**Edit Billing Information**

**Insurance Payment To**

☒ **Override Group Values**

Name: Professional Groups, Inc.  
Street: 456 Test St  
Street 2:  
City: Springdale State: AR  
Zip: 72764-1234  
Phone: (479)555-1234  
Entity Type: ☐ Person ☒ Non Person  
Tax ID: ☒ EIN ☐ SSN 70-1111111

**Paper**  
NPI: PaytoNPI  
Legacy ID: Provider Taxonomy - ZZ BILLTAXONOM

**Electronic**  
Submitter ID: Mutually Defined - ZZ V2AB  
Location #:  
Provider Commercial #:  
UPIN:  
State License:

**Pay-To Address**  
Street: POB 1234  
Street 2:  
City: Springdale State: AR  
Zip: 72765-1234

**Eligibility Request Info**  
Receiver ID:  
Eligibility NPI: ☒ Group NPI ☐ Rendering Provider NPI

**Provider Information**

**Paper**  
Legacy ID: Provider Taxonomy - ZZ RendTaxonomy

**Electronic**  
Location #:  
Provider Commercial #:  
UPIN:  
State License:  
Taxonomy:

Save Cancel

Tools->Insurance Companies->Edit Provider->Override Group Values->State

## Element: N403 (Billing Provider Postal Code)

Edit Group

Contact Information	Insurance Information
Name: Professional Groups, Inc.	
Street: 456 Test St	Company: Woodsman of America
Street 2:	Test Insurance
City: Springdale State: AR	Shelter
Zip: 72764-1234	Palmetto GBA
Phone: (479)555-1234	New Test
Entity Type: <input type="radio"/> Person <input checked="" type="radio"/> Non Person	Missouri Medicaid
	Medicare
	Indiana Medicaid Operations
	Humana
	Health Choice
	Farmers Insurance
	Farmers Insurance
	Farmers Insurance
	Farmers Insurance
	Farmers Insurance
	Farmers Insurance
	Farmers Insurance
	Farmers Insurance
	Farmers Insurance
	Commercial Insurance
	Cigna
	Cigna

Id Numbers	
Tax ID: <input checked="" type="radio"/> EIN <input type="radio"/> SSN	70-1111111
NPI: 1234567890	

Electronic	
Submitter ID: Mutually Defined - ZZ	ID: V2AB
UPIN:	
State License:	

Pay-To Address	
Street: POB 1234	
Street 2:	
City: Springdale State: AR	
Zip: 72765-1234	

Paper	
Legacy ID: Provider Taxonomy - ZZ	ID: 1234500000X

Save Cancel

Tools->Manage Groups->Zip

## Element: N403 (Billing Provider Postal Code) If Overridden in Insurance Company

**Edit Billing Information**

**Insurance Payment To**

☒ **Override Group Values**

Name: Professional Groups, Inc.  
Street: 456 Test St  
Street 2:  
City: Springdale State: AR  
Zip: 72764-1234  
Phone: (479)555-1234

Entity Type: ☐ Person ☒ Non Person  
Tax ID: ☒ EIN ☐ SSN 70-1111111

**Paper**

NPI: PaytoNPI  
Legacy ID: Provider Taxonomy - ZZ BILLTAXONOM

**Electronic**

Submitter ID: Mutually Defined - ZZ V2AB  
Location #:  
Provider Commercial #:  
UPIN: +  
State License: +

**Pay-To Address**

Street: POB 1234  
Street 2:  
City: Springdale State: AR  
Zip: 72765-1234

**Eligibility Request Info**

Receiver ID:  
Eligibility NPI: ☒ Group NPI ☐ Rendering Provider NPI

**Provider Information**

**Paper**

Legacy ID: Provider Taxonomy - ZZ RendTaxonomy

**Electronic**

Location #:  
Provider Commercial #:  
UPIN: +  
State License: +  
Taxonomy:

Save Cancel

Tools->Insurance Companies->Edit Provider->Override Group Values->Zip

## Element: N404 (Billing Provider Country Code) Not Implemented

Add only if doing outside US, territories and Canada. Limit 3

**Element: N407 (Billing Provider Country Code) Not Implemented**

Add only if doing outside US, territories and Canada. Limit 3

## Segment: NM1

Loop: 2010AASegment: NM1

### Element: NM101 (Billing Provider Entity Type Qualifier)

Hard Coded to '85'

### Element: NM102 (Billing Provider Entity Type Qualifier)

**Edit Billing Information**

Insurance Payment To

☒ Override Group Values

Name: Professional Groups, Inc.

Street: PO Box 1234

Street 2:

City: Springdale State: AR

Zip: 72764-1234

Phone: (479)555-1234

Entity Type: ☐ Person ☒ Non Person

Tax ID: ☒ EIN ☐ SSN 70-1111111

Paper

NPI: 1234567893

Legacy ID: [Dropdown] [Text]

Electronic

Submitter ID: Mutually Defined - ZZ V2AB

Location #: [Text]

Provider Commercial #: [Text]

UPIN: [Text] +

State License: [Text] +

Pay-To Address

Street: 123 Elm St

Street 2: [Text]

City: Fayetteville State: AR

Zip: 72702-1234

Eligibility Request Info

Receiver ID: [Text]

Provider Information

Paper

Legacy ID: Provider Taxonomy - ZZ RENDTAXOMY

Electronic

Location #: [Text]

Provider Commercial #: [Text]

UPIN: [Text] +

State License: [Text] +

Save Cancel

Tools->Insurance Companies->Edit Provider->Override Group Values->Entity Type

**Element: NM103 Billing Provider Last Name or Organization Name. Limit 60**

Edit Group

Contact Information

Name Professional Groups, Inc.

Street 123 Elm St

Street 2

City Springdale State AR

Zip 72764-\_\_\_\_\_

Phone (479)555-1234

Entity Type ☐ Person ☒ Non Person

Id Numbers

Tax ID ☒ EIN ☐ SSN 70-1111111

NPI Group NPI#

Electronic

Submitter ID Mutually Defined - ZZ ID V2AB

UPIN

State License

Pay-To Address

Street PO Box 1234

Street 2

City Fayetteville State AR

Zip 72702-2702

Paper

Legacy ID ID

Insurance Information

Company

- AARP
- Aetna
- Arkansas Firstsource
- Arkansas Medicaid
- BCBS AR
- Blue Cross
- Blue Shield IN
- Champus
- Cigna
- Cigna
- Commercial Insurance
- Farmers Insurance
- Health Choice
- Humana
- Humana Gold Choice
- Indiana Medicaid Operations
- Medicare
- Missouri Medicaid
- New Test
- Palmetto GBA
- Shelter
- Test Insurance

Save Cancel

Tools->Manage Groups->Name



**Element: NM103 (Billing Provider Last Name or Organization Name) Override for Insurance Company**

Edit Billing Information

Insurance Payment To

☒ Override Group Values

Name Professional Groups, Inc.

Street PO Box 1234

Street 2

City Springdale State AR

Zip 72764-1234

Phone (479)555-1234

Entity Type ☐ Person ☒ Non Person

Tax ID ☒ EIN ☐ SSN 70-1111111

Paper

NPI 1234567893

Legacy ID

Electronic

Submitter ID Mutually Defined - ZZ V2AB

Location #

Provider Commercial #

UPIN

State License

Pay-To Address

Street 123 Elm St

Street 2

City Fayetteville State AR

Zip 72702-1234

Eligibility Request Info

Receiver ID

Provider Information

Paper

Legacy ID Provider Taxonomy - ZZ RENDTAXOMY

Electronic

Location #

Provider Commercial #

UPIN

State License

Save Cancel

Tools->Insurance Companies->Edit Provider->Override Group Values->Name

**Element: NM103 (Billing Provider Last Name or Organization Name)**

The screenshot shows a software window titled "Providers" with a list of providers on the left and a detailed form on the right. The list on the left includes: James R. Bolinger, Randall Oates, Slim Shady, and Terrie S. Treat, MD (highlighted). The form on the right has tabs for "General", "Misc", "Codes", and "Signature". The "General" tab is active, showing fields for Name, Address, Contact Information, and Physician Numbers. The "Name" section has fields for Title, First, M, Last, and Suffix. The "Last" field contains the text "Treat" and is circled in red. The "Address" section has fields for Clinic, Street, City, State, and Zip Code. The "Contact Information" section has fields for Phone #, Fax #, and Email. The "Physician Numbers" section has fields for DEA #, State ID, NPI#, UPIN#, and Taxonomy. There is also a checkbox for "Is Supervisor" and an "Update" button.

Name				
Title	First	M	Last	Suffix
	Terrie	S	Treat	MD

Address				
Clinic	Family Clinic			
Street	4081 Any Ave.			
City	State	Zip Code		
Springdale	AR	72762-1234		

Contact Information	
Phone #	(479) 555-4444
Fax #	(866) 555-3333
Email	tt@email.com

Physician Numbers	
DEA #	123456
State ID	A12345
NPI#	1234567893
UPIN#	E1234
Taxonomy	

☒ Is Supervisor

Update

Tools->Provider Manager->Last Name

**Element: NM104 (Billing Provider First Name) Limit 35**

The screenshot displays a software interface for managing providers. On the left, a list titled "Providers" contains the following entries: James R. Bolinger, Randall Oates, Slim Shady, and Terrie S. Treat, MD. The last entry is selected. On the right, a detailed form for the selected provider is shown, with tabs for General, Misc, Codes, and Signature. The General tab is active, showing fields for Name, Address, Contact Information, and Physician Numbers. The "First" name field is highlighted with a red rectangle.

Name				
Title	First	M	Last	Suffix
	Terrie	S	Treat	MD

**Address**

Clinic: Family Clinic

Street: 4081 Any Ave.

City: Springdale      State: AR      Zip Code: 72762-1234

**Contact Information**

Phone #: (479) 555-4444

Fax #: (866) 555-3333

Email: tt@email.com

**Physician Numbers**

DEA #: 123456      State ID: A12345

NPI#: 1234567893      UPIN#: E1234

Taxonomy:

☒ Is Supervisor

Update

Tools->Provider Manager->First Name

**Element: NM105 (Billing Provider Middle Name) Limit 25**

The screenshot shows a software window titled "Providers" with a list of providers on the left and a detailed form for the selected provider, "Terrie S. Treat, MD", on the right. The form has tabs for "General", "Misc", "Codes", and "Signature". The "General" tab is active, showing fields for Name, Address, Contact Information, and Physician Numbers. The middle initial "S" in the name field is circled in red.

**Providers List:**

- James R. Bolinger
- Randall Oates
- Slim Shady
- Terrie S. Treat, MD

**General Tab Fields:**

**Name:** Title, First, M, Last, Suffix  
[ ] Terrie, S, Treat, MD

**Address:**  
Clinic: Family Clinic  
Street: 4081 Any Ave.  
City: Springdale, State: AR, Zip Code: 72762-1234

**Contact Information:**  
Phone #: (479) 555-4444  
Fax #: (866) 555-3333  
Email: tt@email.com

**Physician Numbers:**  
DEA #: 123456, State ID: A12345  
NPI#: 1234567893, UPIN#: E1234  
Taxonomy: [ ]

☒ Is Supervisor

Update

Tools->Provider Manager->Middle Initial

**Element: NM107 (Billing Provider Name Suffix) Limit 10**

The screenshot shows a software window titled "Providers" with a close button (X) in the top right corner. On the left is a list of providers: James R. Bolinger, Randall Oates, Slim Shady, and Terrie S. Treat, MD. The last provider is selected. On the right is a form with tabs: General, Misc, Codes, and Signature. The "General" tab is active. The form contains the following fields:

- Name:** Title (empty), First (Terrie), M (S), Last (Treat), Suffix (MD, highlighted with a red circle).
- Address:** Clinic (Family Clinic), Street (4081 Any Ave.), City (Springdale), State (AR), Zip Code (72762-1234).
- Contact Information:** Phone # ((479) 555-4444), Fax # ((866) 555-3333), Email (tt@email.com).
- Physician Numbers:** DEA # (123456), State ID (A12345), NPI# (1234567893), UPIN# (E1234), Taxonomy (empty).
- ☒ Is Supervisor
- Update button

Tools->Provider Manager->Suffix

**Element: NM108 (Billing Provider Identification Code Qualifier)**

Hard Coded

## Element: NM109 (Billing Provider Identification Code)

**Edit Group**

**Contact Information**

Name: Professional Groups, Inc.  
Street: PO Box 1234  
Street 2:  
City: Springdale State: AR  
Zip: 72764-  
Phone: (479)555-1234  
Entity Type: ☐ Person ☒ Non Person

**Id Numbers**

Tax ID: ☒ EIN ☐ SSN 70-1111111  
NPI: 1234567893

**Electronic**

Submitter ID: Mutually Defined - ZZ ID: V2AB  
UPIN:  
State License:

**Pay-To Address**

Street: 123 Elm St  
Street 2:  
City: Fayetteville State: AR  
Zip: -

**Paper**

Legacy ID: ID:

**Insurance Information**

Company:  
Woodsman of America  
Test Insurance  
Shelter  
Palmetto GBA  
New Test  
Missouri Medicaid  
Medicare  
Indiana Medicaid Operations  
Humana Gold Choice  
Humana  
Health Choice  
Farmers Insurance  
Commercial Insurance  
Cigna  
Cigna  
Champus  
Blue Shield IN  
Blue Cross  
BCBS AR  
Arkansas Medicaid  
Arkansas Firstsource  
Aetna  
AARP

Save Cancel

Tools->Manage Groups->NPI

## Element: NM109 (Billing Provider Identification Code) Overridden in Insurance Company

**Edit Billing Information**

Insurance Payment To

☒ Override Group Values

Name: Professional Groups, Inc.  
Street: PO Box 1234  
Street 2:   
City: Springdale State: AR  
Zip: 72764-  
Phone: (479)555-1234

Entity Type: ☐ Person ☒ Non Person  
Tax ID: ☒ EIN ☐ SSN 70-1111111

Paper  
NPI: 1234567893  
Legacy ID: Provider Taxonomy - ZZ

Electronic  
Submitter ID: Mutually Defined - ZZ V2AB  
Location #:   
Provider Commercial #:   
UPIN:   
State License:   
Pay-To Address  
Street: 123 Elm St  
Street 2:   
City: Fayetteville State: AR  
Zip: -  
Eligibility Request Info  
Receiver ID:   
Provider Information  
Paper  
Legacy ID:   
Electronic  
Location #:   
Provider Commercial #:   
UPIN:   
State License:   
Save Cancel




Tools->Insurance Companies->Edit Provider->Override Group Values->NPI

## Segment: REF

Loop: 2010AASegment: REF

### Element: REF01 (Billing Provider Tax ID Reference Identification Qualifier)

Edit Group

Contact Information	Insurance Information
Name Professional Groups, Inc.	  
Street 456 Test St	Company ▼
Street 2 	Woodsman of America
City Springdale	Test Insurance
State AR	Shelter
Zip 72764-1234	Shelter
Phone (479)555-1234	Palmetto GBA
Entity Type <input type="radio"/> Person <input checked="" type="radio"/> Non Person	New Test
	New Insurance
	Missouri Medicaid
	Met Advantage
	Medicare
	Indiana Medicaid Operations
	Humana Gold Choice
	Humana
	Health Choice
	Golden Rule
	Farmers Insurance
	Commercial Insurance
	Cigna
	Cigna
	Champus
	Blue Shield IN
	Blue Cross
	BCBS AR

Id Numbers	
Tax ID <input checked="" type="radio"/> EIN <input type="radio"/> SSN <input type="radio"/>	70-1111111
NPI	222222222

Electronic	
Submitter ID Mutually Defined - ZZ	ID T123
UPIN	
State License	

Pay-To Address	
Street POB 1234	
Street 2 	
City Springdale	State AR
Zip 72765-1234	

Paper	
Legacy ID	ID

Save Cancel

Tools->Manage Groups->EIN/SSN



**Element: REF01 (Billing Provider Tax ID Reference Identification Qualifier) If Overridden in Insurance Company**

Edit Billing Information

Insurance Payment To

☒ Override Group Values

Name Professional Groups, Inc.

Street 456 Test St

Street 2

City Springdale State AR

Zip 72764-1234

Phone (479)555-1234

Entity Type ☐ Person ☒ Non Person

Tax ID ☒ EIN ☐ SSN 70-1111111

Paper

NPI PaytoNPI

Legacy ID Provider Taxonomy - ZZ BILLTAXONOM

Electronic

Submitter ID Mutually Defined - ZZ V2AB

Location #

Provider Commercial #

UPIN +

State License +

Pay-To Address

Street POB 1234

Street 2

City Springdale State AR

Zip 72765-1234

Eligibility Request Info

Receiver ID

Eligibility NPI ☒ Group NPI ☐ Rendering Provider NPI

Provider Information

Paper

Legacy ID Provider Taxonomy - ZZ RendTaxonomy

Electronic

Location #

Provider Commercial #

UPIN +

State License +


Taxonomy

Save Cancel

Tools->Insurance Companies->Edit Provider->Override Group Values->EIN/SSN

**Element: REF02 (Billing Provider Tax ID Reference Identification) Limit 50**

**Edit Group**

Contact Information	Insurance Information
Name: Professional Groups, Inc.	
Street: 456 Test St	Company: Woodsman of America
Street 2:	Test Insurance
City: Springdale State: AR	Shelter
Zip: 72764-1234	Shelter
Phone: (479)555-1234	Palmetto GBA
Entity Type: <input type="radio"/> Person <input checked="" type="radio"/> Non Person	New Test
<b>Id Numbers</b>	New Insurance
Tax ID: <input checked="" type="radio"/> EIN <input type="radio"/> SSN 70-1111111	Missouri Medicaid
NPI: 222222222	Met Advantage
<b>Electronic</b>	Medicare
Submitter ID: Mutually Defined - ZZ ID: T123	Indiana Medicaid Operations
UPIN:	Humana Gold Choice
State License:	Humana
<b>Pay-To Address</b>	Health Choice
Street: POB 1234	Golden Rule
Street 2:	Farmers Insurance
City: Springdale State: AR	Commercial Insurance
Zip: 72765-1234	Cigna
<b>Paper</b>	Cigna
Legacy ID: ID:	Champus
	Blue Shield IN
	Blue Cross
	BCBS AR

Save Cancel

Tools->Manage Groups->Tax ID

**Element: REF02 (Billing Provider Tax ID Reference Identification) If Overridden in Insurance Company. Limit 50**

Edit Billing Information

Insurance Payment To

☒ Override Group Values

Name Professional Groups, Inc.  
Street 456 Test St  
Street 2  
City Springdale State AR  
Zip 72764-1234  
Phone (479)555-1234  
Entity Type ☐ Person ☒ Non Person  
Tax ID ☒ EIN ☐ SSN 70-1111111

Paper  
NPI PaytoNPI  
Legacy ID Provider Taxonomy - ZZ BILLTAXONOM

Electronic  
Submitter ID Mutually Defined - ZZ V2AB  
Location #  
Provider Commercial #  
UPIN  
State License

Pay-To Address  
Street POB 1234  
Street 2  
City Springdale State AR  
Zip 72765-1234

Eligibility Request Info  
Receiver ID  
Eligibility NPI ☒ Group NPI ☐ Rendering Provider NPI

Provider Information

Paper  
Legacy ID Provider Taxonomy - ZZ RendTaxonomy

Electronic  
Location #  
Provider Commercial #  
UPIN  
State License  
Taxonomy

Save Cancel

Tools->Insurance Companies->Edit Provider->Override Group Values->Tax ID

**Element: REF01 (Billing Provider UPIN Reference Identification Qualifier)**

Hard Coded to '1G'

## Element REF02 (Billing Provider UPIN Reference Identification)

**Edit Billing Information**

**Insurance Payment To**

☒ Override Group Values

Name: Professional Groups, Inc.  
Street: 456 Test St  
Street 2:  
City: Springdale State: AR  
Zip: 72764-1234  
Phone: (479)555-1234  
Entity Type: ☐ Person ☒ Non Person  
Tax ID: ☒ EIN ☐ SSN 70-1111111

**Paper**  
NPI: PaytoNPI  
Legacy ID: Provider Taxonomy - ZZ BILLTAXONOM

**Electronic**  
Submitter ID: Mutually Defined - ZZ V2AB  
Location #:  
Provider Commercial #:  
**UPIN** +  
State License +

**Pay-To Address**  
Street: POB 1234  
Street 2:  
City: Springdale State: AR  
Zip: 72765-1234

**Eligibility Request Info**  
Receiver ID:  
Eligibility NPI: ☒ Group NPI ☐ Rendering Provider NPI

**Provider Information**

**Paper**  
Legacy ID: Provider Taxonomy - ZZ RendTaxonomy

**Electronic**  
Location #:  
Provider Commercial #:  
UPIN +  
State License +  
Taxonomy:

Save Cancel

Tools->Insurance Companies->Edit Provider->UPIN

## Element: REF01 (Billing Provider State License Reference Identification Qualifier)

Hard Coded to '0B'

**Element: REF02 (Billing Provider State License Reference Identification) Limit 50**

The screenshot shows the 'Edit Billing Information' window with the 'Insurance Payment To' section active. The 'Override Group Values' checkbox is checked. The 'Electronic' sub-section is expanded, and the 'State License' field is highlighted with a red box. The 'Pay-To Address' section is also visible, showing fields for Street, City, State, and Zip. The 'Eligibility Request Info' section shows the 'Receiver ID' and 'Eligibility NPI' options. The 'Provider Information' section at the bottom shows the 'Legacy ID' and 'RendTaxonomy' fields.

Insurance Payment To	
<input checked="" type="checkbox"/> Override Group Values	
Name	Professional Groups, Inc.
Street	456 Test St
Street 2	
City	Springdale
State	AR
Zip	72764-1234
Phone	(479)555-1234
Entity Type	<input type="radio"/> Person <input checked="" type="radio"/> Non Person
Tax ID	<input checked="" type="radio"/> EIN <input type="radio"/> SSN 70-1111111
Paper	
NPI	PaytoNPI
Legacy ID	Provider Taxonomy - ZZ BILLTAXONOM
Electronic	
Submitter ID	Mutually Defined - ZZ V2AB
Location #	
Provider Commercial #	
UPIN	
State License	
Pay-To Address	
Street	POB 1234
Street 2	
City	Springdale
State	AR
Zip	72765-1234
Eligibility Request Info	
Receiver ID	
Eligibility NPI	<input checked="" type="radio"/> Group NPI <input type="radio"/> Rendering Provider NPI
Provider Information	
Paper	
Legacy ID	Provider Taxonomy - ZZ RendTaxonomy
Electronic	
Location #	
Provider Commercial #	
UPIN	
State License	
Taxonomy	

Save Cancel

Tools->Insurance Companies->Edit Provider->Override Group Values->Insurance Payment To->State License

**Segment: PER-TBD**

---

Loop: 2010AASegment: PER

<b>Element:.....(Billing Provider Contact Information)</b>
--

TBD

# **LOOP 2010AB-Pay-To Provider Name**

## Segment: NM1

Loop: 2010AB Segment: NM1; N3; N4

### Element: (Pay-To-Address Name)

The screenshot shows the 'Edit Billing Information' window with the following sections:

- Insurance Payment To**
  - ☐ Override Group Values
  - Name: Professional Groups, Inc.
  - Street: 456 Test St
  - Street 2:
  - City: Springdale State: AR
  - Zip: 72764-1234
  - Phone: (479)555-1234
  - Entity Type: ☐ Person ☒ Non Person
  - Tax ID: ☒ EIN ☐ SSN 70-1111111
- Paper**
  - NPI: 222222222
  - Legacy ID: Provider Taxonomy - ZZ 12345X0000P
- Electronic**
  - Submitter ID: Mutually Defined - ZZ T123
  - Location #:
  - Provider Commercial #:
  - UPIN: +
  - State License: +
- Pay-To Address** (highlighted with a red box)
  - Street: POB 1234
  - Street 2:
  - City: Springdale State: AR
  - Zip: 72765-1234
- Eligibility Request Info**
  - Receiver ID:
  - Eligibility NPI: ☒ Group NPI ☐ Rendering Provider NPI
- Provider Information**
  - Paper**
    - Legacy ID:
  - Electronic**
    - Location #:
    - Provider Commercial #:
    - UPIN: +
    - State License: +
    - Taxonomy:

Buttons: Save, Cancel

Tools->Insurance Company->Edit Provider->Pay-To Address



# LOOP 2010AC-TBD

**Segment:**

---

Loop: 2010AC Segment:

<b>Element:...(Pay-To Plan Name)</b>
--------------------------------------

TBD

# **LOOP 2000B-Subscriber Hierarchical Level**

## Segment: HL

---

Loop:2000B Segment: HL

<b>Element: HL01 (Subscriber Hierarchical Number)</b>
---

Needs to auto increment when it's used, not before it's used

<b>Element: HL02 (Subscriber Hierarchical Parent ID Number)</b>
---

Generated from Billing Provider Hierarchical ID Number

<b>Element: HL03 (Subscriber Hierarchal Level Code)</b>
---

Hard Coded to '22'

<b>Element: HL04 (Subscriber Hierarchical Child Code)</b>
---


Hard Coded to '0' if Patient Relationship to Insured is Self, '1' otherwise.

## Segment: SBR

Loop: 2000B Segment SBR

### Element SBR01 (Subscriber Payer Responsibility Sequence Code)

Winters, Somer



**Winters, Somer**  
**Account** 45  
**Chart** 11111  
**Date of Birth** 4/19/1985 **Age** 26 **Sex** Female **Status** Single  
**Address** 2700 Edison Springdale, AR 72703  
**Home** (479) 555-4444 **Work** **Cell**  
**Email** somerwinters@email.com

**\$ Balances**

	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	\$308.00	\$1,661.00	\$1,969.00
<b>Totals</b>	<b>\$308.00</b>	<b>\$1,661.00</b>	<b>\$1,969.00</b>

☐ Self Pay Co-Pay \$10.00

Schedule Demographics Insurance Custom Notes Ledger Family **Claims** Statements New Charges

**Claims**

	Post Date	Processed	Claim ID	Provider	Primary	PRT	Secondary	SRT	Amount	Balance	File With	Status
×	8/25/2011	9/16/2011	808	Randall Oates	Cigna	E	Aetna	E	\$135.00	\$105.00	Primary	Submitted
×	9/9/2011	9/9/2011	810	Randall Oates	Arkansas Medicaid	P	AARP	E	\$150.00	\$150.00	Primary	On Hold
×	9/14/2011	9/14/2011	814	Randall Oates	Arkansas Medicaid	E	BCBS AR	E	\$50.00	\$50.00	Primary	On Hold

**Claim Details**

**Details for Claim 814**

Post Date: 9/14/2011

Process Date: 9/14/2011

Routing: E

Member ID:

Rendering Provider: Randall Oates

Rendering NPI: 1234567890

Patient Group Number:

☐ Processed

☒ On Hold

Notes: 

Rebuilt on 9/15/2011 :  
Submitted on 9/14/2011

**Primary**

Policy: AARP  
Route: ☐ Paper ☒ Electronic  
Paper Fill: ☐ Fewest Pages ☐ Maintain Order

**Secondary**

Policy: BCBS AR  
Route: ☐ Paper ☒ Electronic  
Paper Fill: ☒ Fewest Pages ☐ Maintain Order

**File With:** **Primary**

**Charges**

Omit	Date	Provider	Proced...	Description	Charges	Amount	Balance
<input type="checkbox"/>	9/14/2011	Randall Oates	99214	OFFICE/OUTPATIENT VISIT, EST	\$50.00	\$50.00	\$50.00
						\$50.00	\$50.00

Billing->Patient Account->Claims tab->File With

## Element: SBR02 (Subscriber Individual Relationship Code)

Insurance Policy

Type: Primary Health Insurance  
Company: Medicare  
PO Box 1122  
Some City, AR 72203  
(479) 378-1111

Policy Information

Policy # Type: ☒ Member ID ☐ Unique Health ID

Policy #: 32132131A Plan Name:   
Group #: Group Name:   
Effective: Expires:   
Status: Primary

Payment Options

☒ Co-Pay \$0.00 ☐ Co-Ins 0 % Fee Sched:   
Notes:   
Save Cancel

Insured Information

Relation: Self   
Is Person: ☒ Yes ☐ No   
Name: First: Ron Middle: Last: Denver Suffix:   
Address: 123 oak   
City: Fayetteville State: AR Zip: 72703-   
Soc. Sec. #:   
Birthday: 5/14/1909 ☒ Male ☐ Female   
Phone: ( ) - Employer:

Billing->Patient Account->Insurance tab->View->Relation

## Element: SBR03 (Subscriber Reference Identification)

Insurance Policy

Type: Primary Health Insurance  
Company: Medicare  
PO Box 1122  
Some City, AR 72203  
(479) 378-1111

Policy Information

Policy # Type: ☒ Member ID ☐ Unique Health ID

Policy #: 32132131A Plan Name:   
Group #:  Group Name:   
Effective:  Expires:

Payment Options

☒ Co-Pay: \$0.00 ☐ Co-Ins: 0 %  
Status: Primary Fee Sched:

Insured Information

Relation: Self Is Person: ☒ Yes ☐ No  
Name: First: Ron Middle:  Last: Denver Suffix:   
Address: 123 oak  
City: Fayetteville State: AR Zip: 72703-  
Soc. Sec. #:   
Birthday: 5/14/1909 ☒ Male ☐ Female  
Phone: ( ) - Employer:

Notes

Save Cancel

Billing->Patient Account->Insurance tab->View->Group#

## Element: SBR04 (Subscriber Name)

Insurance Policy

Type: Primary Health Insurance  
Company: Medicare  
PO Box 1122  
Some City, AR 72203  
(479) 378-1111

Policy Information

Policy # Type: ☒ Member ID ☐ Unique Health ID

Policy #: 32132131A Plan Name:   
Group #:  Group Name:   
Effective:  Expires:

Payment Options

☒ Co-Pay: \$0.00  
☐ Co-Ins: 0 %

Status: Primary  
Fee Sched:

Insured Information

Relation: Self  
Is Person: ☒ Yes ☐ No

Name: First: Ron Middle:  Last: Denver Suffix:   
Address: 123 oak  
City: Fayetteville State: AR Zip: 72703-  
Soc. Sec. #:   
Birthday: 5/14/1909 ☒ Male ☐ Female  
Phone: ( ) - Employer:

Notes

Save Cancel

Billing->Patient Account->Insurance tab->View->Group Name



## Element: SBR05 (Subscriber Insurance Type Code)

Insurance Policy

Type: Supplemental Health Insurance

Company: Medicare  
PO Box 1122  
Some City, AR 72203  
(479) 378-1111

Policy Information

Policy # Type: ☒ Member ID ☐ Unique Health ID

Medicare Secondary Type: [Empty Dropdown]

Policy #: 323131 Plan Name: [Empty]

Group #: [Empty] Group Name: [Empty]

Effective: [Empty] Expires: [Empty]

Payment Options

☒ Co-Pay: \$0.00 ☐ Co-Ins: 0 %

Status: Secondary Fee Sched: Default

Insured Information

Relation: Self

Is Person: ☒ Yes ☐ No

Name: First: Somer Middle: [Empty] Last: Winters Suffix: [Empty]

Address: 2700 Edison

City: Springdale State: AR Zip: 72703- [Empty]

Soc. Sec. #: [Empty]

Birthday: 4/19/1985 ☐ Male ☒ Female

Phone: (479)555-4444 Employer: [Empty]

Notes: [Empty]

Save Cancel

Billing->Patient Account->Insurance tab->Secondary Policy->View->Medicare Secondary Type.  
(Used only if Medicare is destination payer and not primary payer)

## Element: SBR09 (Subscriber Claim Filing Indicator Code)

Insurance Policy

Type: Primary Health Insurance

Company: Medicare

PO Box 1122  
Some City, AR 72203  
(479) 378-1111

Policy Information

Policy # Type: ☒ Member ID ☐ Unique Health ID

Policy #: 32132131A Plan Name:

Group #: Group Name:

Effective: Expires:

Payment Options

☒ Co-Pay \$0.00 ☐ Co-Ins 0 %

Status: **Primary** Fee Sched:

Insured Information

Relation: Self

Is Person: ☒ Yes ☐ No

Name: First: Ron Middle: Last: Denver Suffix:

Address: 123 oak

City: Fayetteville State: AR Zip: 72703-

Soc. Sec. #:

Birthday: 5/14/1909 ☒ Male ☐ Female

Phone: ( ) - Employer:

Notes:

Save Cancel

Billing->Patient Account->Insurance tab->View->Status

## Segment: PAT

Loop: 2000B Segment: PAT

### Element: PAT05 (Subscriber Patient Information Death Date Format)

Hard Coded to 'D8', only if death date is available

### Element: PAT06 (Subscriber Patient Information Death Date)

**Edit Claim Details**

Owner: Randall Oates Facility: Family Clinic

**Type**

- ☐ Employment State:
- ☐ Auto Accident
- ☐ Other Accident
- ☒ None

**Special Program Codes**

- Special Program:
- Delay Reason:

**Primary**

- ☒ Release of Information Signature
- ☐ Signature Executed For Patient
- Benefits Assignment:

**Secondary**

- ☒ Release of Information Signature
- ☐ Signature Executed For Patient
- Benefits Assignment:

**Tabs:** Ambulance Contract Dates File Information Misc Details **Patient** Property And Casualty Providers Referral / Authorization Supplemental Information Vision

**Date of Death:**

**Weight:**

☐ Pregnant

Accept Assignment:

Save Cancel

Billing->Patient Account->Claims tab->Select Visit->More Info->Patient tab->Date of Death

### Element: PAT07 (Subscriber Patient Information Weight Measurement Code)

Hard Coded to '01', only if DME

## Element: PAT08 (Subscriber Patient Information Weight)

**Edit Claim Details**

Owner: Randall Oates Facility: Family Clinic

Type	Special Program Codes	Primary	Secondary
<input type="checkbox"/> Employment <input type="checkbox"/> Auto Accident <input type="checkbox"/> Other Accident <input checked="" type="checkbox"/> None	Special Program: <input type="text"/> Delay Reason: <input type="text" value="&lt;None&gt;"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>

**Tabs:** Ambulance | Contract | Dates | File Information | Misc Details | **Patient** | Property And Casualty | Providers | Referral / Authorization | Supplemental Information | Vision

Date of Death:

Weight:

☐ Pregnant

Accept Assignment:

Billing->Patient Account->Claims tab->Select Visit->More Info->Patient tab->Weight. (Only if DME)

## Element: PAT09 (Subscriber Patient Information Pregnancy Indicator)

**Edit Claim Details**

Owner: Randall Oates Facility: Family Clinic

Type	Special Program Codes	Primary	Secondary
<input type="checkbox"/> Employment State: <input type="text" value="Select State"/>	Special Program: <input type="text" value=""/>	<input checked="" type="checkbox"/> Release of Information Signature	<input checked="" type="checkbox"/> Release of Information Signature
<input type="checkbox"/> Auto Accident	Delay Reason: <input type="text" value="&lt;None&gt;"/>	<input type="checkbox"/> Signature Executed For Patient	<input type="checkbox"/> Signature Executed For Patient
<input type="checkbox"/> Other Accident		Benefits Assignment: <input type="text" value="Yes"/>	Benefits Assignment: <input type="text" value="Yes"/>
<input checked="" type="checkbox"/> None			

**Tabs:** Ambulance Contract Dates File Information Misc Details **Patient** Property And Casualty Providers Referral / Authorization Supplemental Information Vision

Date of Death:

Weight:

☒ Pregnant

Accept Assignment:

Billing->Patient Account->Claims tab->Select Visit->More Info->Patient tab->Pregnant. Only when required by law ('Y' or empty)

# **LOOP 2010BA-Subscriber Name**

## Segment: NM1

Loop: 2010BASegment: NM1

### Element: NM101 (Subscriber Name Entity Identifier Code)

Hard Coded to 'IL'

### Element: NM102 (Subscriber Name Entity Identifier Qualifier)

Insurance Policy

Type: Primary Health Insurance

Company: AARP

PO Box 1111  
Some City, AR 72203  
(479) 555-5555 x212

Policy Information

Policy # Type: ☒ Member ID ☐ Unique Health ID

Policy #: 1234567890 Plan Name:

Group #: Grp## Group Name: Grpname

Effective: Expires:

Payment Options

☒ Co-Pay \$10.00 ☐ Co-Ins 0 %

Status: Primary Fee Sched: Default

Notes

Insured Information

Relation: Self

Is Person: ☒ Yes ☐ No

Name: First: Somer Middle: Last: Winters Suffix:

Address: 2700 Edison

City: Springdale State: AR Zip: 72703-

Soc. Sec. #:

Birthday: 4/19/1985 ☐ Male ☒ Female

Phone: (479)555-4444 Employer:

Save Cancel

Billing->Patient Account->Insurance tab->View->Is Person

## Element: NM103 (Subscriber Name Last or Organization)

Insurance Policy

Type: Primary Health Insurance

Company: AARP

PO Box 1111  
Some City, AR 72203  
(479) 555-5555 x212

Policy Information

Policy # Type: ☒ Member ID ☐ Unique Health ID

Policy #: 1234567890 Plan Name:

Group #: Grp## Group Name: Grpname

Effective: Expires:

Payment Options

☒ Co-Pay \$10.00 ☐ Co-Ins 0 %

Status: Primary Fee Sched: Default

Notes

Insured Information

Relation: Self

Is Person: ☒ Yes ☐ No

Name: First: Somer Middle: Last: Winters Suffix:

Address: 2700 Edison

City: Springdale State: AR Zip: 72703-

Soc. Sec. #:

Birthday: 4/19/1985 ☐ Male ☒ Female

Phone: (479)555-4444 Employer:

Save Cancel

Billing->Patient Account->Insurance tab->View->Last Name



## Element: NM104 (Subscriber Name First)

Insurance Policy

Type: Primary Health Insurance

Company: AARP

PO Box 1111  
Some City, AR 72203  
(479) 555-5555 x212

Policy Information

Policy # Type: ☒ Member ID ☐ Unique Health ID

Policy #: 1234567890 Plan Name:

Group #: Grp## Group Name: Grpname

Effective: Expires:

Payment Options

☒ Co-Pay \$10.00 ☐ Co-Ins 0 %

Status: Primary Fee Sched: Default

Notes

Insured Information

Relation: Self

Is Person: ☒ Yes ☐ No

Name: First: **Somer** Middle: Last: Winters Suffix:

Address: 2700 Edison

City: Springdale State: AR Zip: 72703-

Soc. Sec. #:

Birthday: 4/19/1985 ☐ Male ☒ Female

Phone: (479)555-4444 Employer:

Save Cancel

Billing->Patient Account->Insurance tab->View->First Name

## Element: NM105 (Subscriber Name Middle)

Insurance Policy

Type: Primary Health Insurance

Company: AARP

PO Box 1111  
Some City, AR 72203  
(479) 555-5555 x212

Policy Information

Policy # Type: ☒ Member ID ☐ Unique Health ID

Policy #: 1234567890 Plan Name:

Group #: Grp## Group Name: Grpname

Effective: Expires:

Payment Options

☒ Co-Pay \$10.00 ☐ Co-Ins 0 %

Status: Primary Fee Sched: Default

Notes

Insured Information

Relation: Self

Is Person: ☒ Yes ☐ No

Name: First: Somer Middle: Last: Winters Suffix:

Address: 2700 Edison

City: Springdale State: AR Zip: 72703-

Soc. Sec. #:

Birthday: 4/19/1985 ☐ Male ☒ Female

Phone: (479)555-4444 Employer:

Save Cancel

Billing->Patient Account->Insurance tab->View->Middle Name

## Element: NM107 (Subscriber Name Suffix)

Insurance Policy

Type: Primary Health Insurance

Company: AARP

PO Box 1111  
Some City, AR 72203  
(479) 555-5555 x212

Policy Information

Policy # Type: ☒ Member ID ☐ Unique Health ID

Policy #: 1234567890 Plan Name:

Group #: Grp## Group Name: Grpname

Effective: Expires:

Payment Options

☒ Co-Pay \$10.00 ☐ Co-Ins 0 %

Status: Primary Fee Sched: Default

Notes

Insured Information

Relation: Self

Is Person: ☒ Yes ☐ No

Name: First: Somer Middle: Last: Winters Suffix:

Address: 2700 Edison

City: Springdale State: AR Zip: 72703-

Soc. Sec. #:

Birthday: 4/19/1985 ☐ Male ☒ Female

Phone: (479)555-4444 Employer:

Save Cancel

Billing->Patient Account->Insurance tab->View->Suffix

## Element: NM108 (Subscriber Name Identification Code Qualifier)

Insurance Policy

Type: Primary Health Insurance

Company: AARP

PO Box 1111  
Some City, AR 72203  
(479) 555-5555 x212

Policy Information

Policy # Type: ☒ Member ID ☐ Unique Health ID

Policy #: 1234567890 Plan Name:

Group #: Grp## Group Name: Grpname

Effective: Expires:

Payment Options

☒ Co-Pay: \$10.00 ☐ Co-Ins: 0 %

Status: Primary Fee Sched: Default

Notes

Insured Information

Relation: Self

Is Person: ☒ Yes ☐ No

Name: First: Somer Middle: Last: Winters Suffix:

Address: 2700 Edison

City: Springdale State: AR Zip: 72703-

Soc. Sec. #:

Birthday: 4/19/1985 ☐ Male ☒ Female

Phone: (479)555-4444 Employer:

Save Cancel

Billing->Patient Account->Insurance tab->View->Policy # Type (Currently Hard coded to 'MI')

## Element: NM109 (Subscriber Name Identification Code)

Insurance Policy

Type: Primary Health Insurance

Company: AARP

PO Box 1111  
Some City, AR 72203  
(479) 555-5555 x212

Policy Information

Policy # Type: ☒ Member ID ☐ Unique Health ID

Policy #: 1234567890 Plan Name:

Group #: Grp## Group Name: Grpname

Effective: Expires:

Payment Options

☒ Co-Pay \$10.00 ☐ Co-Ins 0 %

Status: Primary Fee Sched: Default

Notes

Insured Information

Relation: Self

Is Person: ☒ Yes ☐ No

Name: First: Somer Middle: Last: Winters Suffix:

Address: 2700 Edison

City: Springdale State: AR Zip: 72703-

Soc. Sec. #:

Birthday: 4/19/1985 ☐ Male ☒ Female

Phone: (479)555-4444 Employer:

Save Cancel

Billing->Patient Account->Insurance tab->View->Policy #

## Segment: N3

Loop: 2010BASegment: N3

### Element: N301 (Subscriber Address Information)

Insurance Policy

Type: Primary Health Insurance  
Company: AARP  
PO Box 1111  
Some City, AR 72203  
(479) 555-5555 x212

Policy Information

Policy # Type: ☒ Member ID ☐ Unique Health ID

Policy #: 1234567890 Plan Name:   
Group #: Grp## Group Name: Grpname  
Effective: Expires:   
Payment Options:   
☒ Co-Pay \$10.00 ☐ Co-Ins 0 %  
Status: Primary Fee Sched: Default

Insured Information

Relation: Self  
Is Person: ☒ Yes ☐ No  
Name: First: Somer Middle: Last: Winters Suffix:   
Address: 2700 Edison  
City: Springdale State: AR Zip: 72703-  
Soc. Sec. #:   
Birthday: 4/19/1985 ☐ Male ☒ Female  
Phone: (479)555-4444 Employer:   
Notes:   
Save Cancel

Billing->Patient Account->Insurance tab->View->Address

## Element: N302 (Subscriber Address Information 2)

Insurance Policy

Type: Primary Health Insurance

Company: AARP

PO Box 1111  
Some City, AR 72203  
(479) 555-5555 x212

Policy Information

Policy # Type: ☒ Member ID ☐ Unique Health ID

Policy #: 1234567890 Plan Name:

Group #: Grp## Group Name: Grpname

Effective: Expires:

Payment Options

☒ Co-Pay: \$10.00 ☐ Co-Ins: 0 %

Status: Primary Fee Sched: Default

Notes

Insured Information

Relation: Self

Is Person: ☒ Yes ☐ No

Name: First: Somer Middle: Last: Winters Suffix:

Address: 2700 Edison

City: Springdale State: AR Zip: 72703-

Soc. Sec. #:

Birthday: 4/19/1985 ☐ Male ☒ Female

Phone: (479)555-4444 Employer:

Save Cancel

Billing->PatientAccount->Insurance tab->View->Address (Second line)

## Segment: N4

Loop: 2010BASegment: N4

### Element: N401 (Subscriber City)

Insurance Policy

Type: Primary Health Insurance  
Company: AARP  
PO Box 1111  
Some City, AR 72203  
(479) 555-5555 x212

Policy Information

Policy # Type: ☒ Member ID ☐ Unique Health ID

Policy #: 1234567890 Plan Name:   
Group #: Grp## Group Name: Grpname  
Effective: Expires:   
Payment Options:   
☒ Co-Pay \$10.00 ☐ Co-Ins 0 %  
Status: Primary Fee Sched: Default

Insured Information

Relation: Self  
Is Person: ☒ Yes ☐ No  
Name: First: Somer Middle: Last: Winters Suffix:   
Address: 2700 Edison  
City: Springdale State: AR Zip: 72703-  
Soc. Sec. #:   
Birthday: 4/19/1985 ☐ Male ☒ Female  
Phone: (479)555-4444 Employer:   
Notes:   
Save Cancel

Billing->Patient Account->Insurance tab->View->City



## Element: N402 (Subscriber State)

Insurance Policy

Type: Primary Health Insurance

Company: AARP

PO Box 1111  
Some City, AR 72203  
(479) 555-5555 x212

Policy Information

Policy # Type: ☒ Member ID ☐ Unique Health ID

Policy #: 1234567890 Plan Name:

Group #: Grp## Group Name: Grpname

Effective: Expires:

Payment Options

☒ Co-Pay: \$10.00 ☐ Co-Ins: 0 %

Status: Primary Fee Sched: Default

Notes

Insured Information

Relation: Self

Is Person: ☒ Yes ☐ No

Name: First: Somer Middle: Last: Winters Suffix:

Address: 2700 Edison

City: Springdale State: AR Zip: 72703-

Soc. Sec. #:

Birthday: 4/19/1985 ☐ Male ☒ Female

Phone: (479)555-4444 Employer:

Save Cancel

Billing->Patient Account->Insurance tab->View->State

## Element: N403 (Subscriber Zip Code)

Insurance Policy

Type: Primary Health Insurance

Company: AARP

PO Box 1111  
Some City, AR 72203  
(479) 555-5555 x212

Policy Information

Policy # Type: ☒ Member ID ☐ Unique Health ID

Policy #: 1234567890 Plan Name:

Group #: Grp## Group Name: Grpname

Effective: Expires:

Payment Options

☒ Co-Pay: \$10.00 ☐ Co-Ins: 0 %

Status: Primary Fee Sched: Default

Notes

Insured Information

Relation: Self

Is Person: ☒ Yes ☐ No

Name: First: Somer Middle: Last: Winters Suffix:

Address: 2700 Edison

City: Springdale State: AR Zip: 72703-

Soc. Sec. #:

Birthday: 4/19/1985 ☐ Male ☒ Female

Phone: (479)555-4444 Employer:

Save Cancel

Billing->Patient Account->Insurance tab->View->Zip

## Element: N404 (Subscriber Country Code)

TBD

## Element: N407 (Subscriber Country Subdivision Code)

TBD

## Segment: DMG

Loop: 2010BASegment: DMG

### Element: DMG01 (Subscriber Demographic Information Birth Date Format)

Hard Coded to 'D8'

### Element: DMG02 (Subscriber Demographic Information Birth Date)

Insurance Policy

Type: Primary Health Insurance  
Company: AARP  
PO Box 1111  
Some City, AR 72203  
(479) 555-5555 x212

Policy Information

Policy # Type: ☒ Member ID ☐ Unique Health ID

Policy #: 1234567890 Plan Name:   
Group #: Grp## Group Name: Grpname  
Effective: Expires:   
Payment Options:   
☒ Co-Pay \$10.00   
☐ Co-Ins 0 %   
Status: Primary Fee Sched: Default

Insured Information

Relation: Self  
Is Person: ☒ Yes ☐ No  
Name: First: Somer Middle: Last: Winters Suffix:   
Address: 2700 Edison  
City: Springdale State: AR Zip: 72703-1234  
Soc. Sec. #:   
Birthday: 4/19/1985 ☐ Male ☒ Female  
Phone: (479)555-4444 Employer:   
Notes:   
Save Cancel

Billing->PatientAccount->Insurance tab->View->Birth Date

## Element: DMG03 (Subscriber Demographic Information Gender)

Insurance Policy

Type: Primary Health Insurance

Company: AARP

PO Box 1111  
Some City, AR 72203  
(479) 555-5555 x212

Policy Information

Policy # Type: ☒ Member ID ☐ Unique Health ID

Policy #: 1234567890 Plan Name:

Group #: Grp## Group Name: Grpname

Effective: Expires:

Payment Options

☒ Co-Pay \$10.00 ☐ Co-Ins 0 %

Status: Primary Fee Sched: Default

Notes

Insured Information

Relation: Self

Is Person: ☒ Yes ☐ No

Name: First: Somer Middle: Last: Winters Suffix:

Address: 2700 Edison

City: Springdale State: AR Zip: 72703-1234

Soc. Sec. #:

Birthday: 4/19/1985 ☐ Male ☒ Female

Phone: (479)555-4444 Employer:

Save Cancel

Billing->Patient Account->Insurance tab->View->Gender

## Segment: REF

Loop: 2010BASegment: REF

### Element: REF01 (Subscriber Secondary Identification Reference Identification Qualifier)

Hard Coded

### Element: REF02 (Subscriber Secondary Identification Reference Identification)

Insurance Policy

Type: Primary Health Insurance  
Company: AARP  
PO Box 1111  
Some City, AR 72203  
(479) 555-5555 x212

Policy Information

Policy # Type: ☒ Member ID ☐ Unique Health ID

Policy #: 1234567890 Plan Name:   
Group #: Grp## Group Name: Grpname  
Effective: Expires:   
Payment Options:   
☒ Co-Pay \$10.00 ☐ Co-Ins 0 %  
Status: Primary Fee Sched: Default

Insured Information

Relation: Self  
Is Person: ☒ Yes ☐ No  
Name: First: Somer Middle: Last: Winters Suffix:   
Address: 2700 Edison  
City: Springdale State: AR Zip: 72703-1234  
Soc. Sec. #:   
Birthday: 4/19/1985 ☐ Male ☒ Female  
Phone: (479)555-4444 Employer:   
Notes:   
Save Cancel

Billing->PatientAccount->Insurance tab->View->Soc. Sec. #

### Element: REF01 (Subscriber Property and Casualty Claim Number Reference Identification Qualifier)

Hard Coded to 'Y4'

## Element: REF02 (Subscriber Property and Casualty Claim Number Reference Identification)

**Edit Claim Details**

Owner:  Facility:

Type	Special Program Codes	Primary	Secondary
<input type="checkbox"/> Employment <input type="checkbox"/> Auto Accident <input type="checkbox"/> Other Accident <input checked="" type="checkbox"/> None	Special Program: <input type="text" value=""/> Delay Reason: <input type="text" value="&lt;None&gt;"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>

**Property And Casualty**

Claim Number:

Contact Name:

Contact Phone:  Ex:

Patient Id Type: ☒ Do Not Send ☐ Member Id Number ☐ Social Security Number

Patient Id:

First Contact Date:

**Service Facility**

Contact:

Phone:  Extension:

Accept Assignment:

Billing->Patient Account->Claims tab->More Info->Property and Casualty tab->Claim Number

## Segment: PER

Loop: 2010BASegment: PER

### Element: PER01 (Subscriber Property and Casualty Contact Information Function Code)

Hard Coded to 'IC'

### Element: PER02 (Subscriber Property and Casualty Contact Information Name)

The screenshot shows the 'Edit Claim Details' window with the 'Property And Casualty' tab selected. The 'Contact Name' field is highlighted with a red rectangle. The form includes various sections for claim details, including Owner, Facility, Type, Special Program Codes, Primary/Secondary information, and a bottom section for Service Facility.

Owner: Randall Oates Facility: Family Clinic

Type: ☐ Employment State: Select State ☐ Auto Accident ☐ Other Accident ☒ None

Special Program Codes: Special Program: <None> Delay Reason: <None>

Primary: ☒ Release of Information Signature ☐ Signature Executed For Patient Benefits Assignment: Yes

Secondary: ☒ Release of Information Signature ☐ Signature Executed For Patient Benefits Assignment: Yes

Claim Number: <None> Contact Name: <None> Contact Phone: <None> Ex: <None>

Patient Id Type: ☒ Do Not Send ☐ Member Id Number ☐ Social Security Number

Patient Id: <None> First Contact Date: <None>

Service Facility: Contact: <None> Phone: <None> Extension: <None>

Accept Assignment: Yes

Save Cancel

Billing->Patient Account->Claims tab->More Info->Property and Casualty tab->Contact Name

### Element: PER03 (Subscriber Property and Casualty Contact Information Number Qualifier)

Hard Coded to 'TE'

## Element: PER04 (Subscriber Property and Casualty Contact Information Telephone Number)

**Edit Claim Details**

Owner:  Facility:

Type	Special Program Codes	Primary	Secondary
<input type="checkbox"/> Employment <input type="checkbox"/> Auto Accident <input type="checkbox"/> Other Accident <input checked="" type="checkbox"/> None	Special Program: <input type="text" value=""/> Delay Reason: <input type="text" value="&lt;None&gt;"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>

**Property And Casualty**

Claim Number:   
Contact Name:   
Contact Phone:  Ex:   
Patient Id Type: ☒ Do Not Send ☐ Member Id Number ☐ Social Security Number  
Patient Id:   
First Contact Date:   
Service Facility:  
Contact:   
Phone:  Extension:   
Accept Assignment:

Billing->Patient Account->Claims tab->More Info->Property and Casualty tab->Contact Phone

## Element: PER05 (Subscriber Property and Casualty Contact Information Number Qualifier 2)

Hard Coded to 'EX'



## Element: PER06 (Subscriber Property and Casualty Contact Information Extension)

**Edit Claim Details**

Owner:  Facility:

Type	Special Program Codes	Primary	Secondary
<input type="checkbox"/> Employment <input type="checkbox"/> Auto Accident <input type="checkbox"/> Other Accident <input checked="" type="checkbox"/> None	Special Program: <input type="text" value=""/> Delay Reason: <input type="text" value="&lt;None&gt;"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>

**Property And Casualty**

Ambulance Contract Dates File Information Misc Details Patient **Property And Casualty** Providers Referral / Authorization Supplemental Information Vision

Claim Number:   
Contact Name:   
Contact Phone:  Ex:   
Patient Id Type: ☒ Do Not Send ☐ Member Id Number ☐ Social Security Number  
Patient Id:   
First Contact Date:   
Service Facility:  
Contact:   
Phone:  Extension:   
Accept Assignment:   
Save Cancel

Billing->Patient Account->Claims tab->More Info->Property and Casualty tab->Ex

# **LOOP 2010BB-Payer Name**

## Segment: NM1

Loop: 2010BB Segment: NM1

### Element: NM101 (Payer Name Entity Identifier Code)

Hard Coded to 'PR'

### Element: NM102 (Payer Name Entity Type Qualifier)

Hard Coded to '2'




### Element: NM103 (Payer Name Organization Name)

Edit Insurance Company

Company Name	BCBS AR		Electronic Submission Info		
Address	PO Box 2181		Payer Qualifier	Mutually Defined - ZZ	
Address 2			Payer ID	00181	
City	Little Rock		Clearinghouse Name	Gateway EDI	
State	AR	Zip	72203-____	Clearinghouse ID	431420764
Phone	(501)378-1111	ext	____	Type	Blue Cross/Blue Shield - BL
Fax	(____)____-____	Receiver Qualifier			Mutually Defined - ZZ
NPI			Receiver ID	431420764000000	
Type (CMS 1500)	Group Health Plan		Additional IDs		
Eligibility ID Qualifier			EIN		
Group Provider (Legacy)			Claim Office #		
Fee Schedule (Legacy)			NAIC Code		
Fee Schedule	Default				

Active ☒ Show Legacy IDs ☒ Default Electronic ☒

Provider Setup

				
Name ▲	Pay To NPI	Pay To Legacy ID	Rendering NPI	Rendering Legacy ID
Randall Oates	1234567890	TAXXNGRP	1234567890	over
> Terrie S. Treat, MD	1234567893		1234567893	

OK Cancel

Tools->Insurance Companies->Company Name

## Element: NM108 (Payer Name Identification Code Qualifier)

Hard Coded

## Element: NM109 (Payer Name Identification Code)

Edit Insurance Company

Company Name	BCBS AR		
Address	PO Box 2181		
Address 2			
City	Little Rock		
State	AR	Zip	72203-____
Phone	(501)378-1111	ext	____
Fax	(____)____-____		
NPI			
Type (CMS 1500)	Group Health Plan		
Eligibility ID Qualifier			
Group Provider (Legacy)			
Fee Schedule (Legacy)			
Fee Schedule	Default		

Electronic Submission Info




Payer Qualifier	Mutually Defined - ZZ
Payer ID	00181
Clearinghouse Name	Gateway EDI
Clearinghouse ID	431420764
Type	Blue Cross/Blue Shield - BL
Receiver Qualifier	Mutually Defined - ZZ
Receiver ID	431420764000000

Additional IDs

EIN	
Claim Office #	
NAIC Code	

Active ☒ Show Legacy IDs ☒ Default Electronic ☒

Provider Setup

				
Name	Pay To NPI	Pay To Legacy ID	Rendering NPI	Rendering Legacy ID
Randall Oates	1234567890	TAXXNGRP	1234567890	over
> Terrie S. Treat, MD	1234567893		1234567893	

OK Cancel

Tools->Insurance Companies->Payer ID

## Segment: N3

Loop: 2010BB Segment: N3

### Element: N301 (Payer Address Information)

**Edit Insurance Company**

Company Name	BCBS AR		
Address	PO Box 2181		
Address 2			
City	Little Rock		
State	AR	Zip	72203-____
Phone	(501)378-1111	ext	____
Fax	(____)____-____		
NPI			
Type (CMS 1500)	Group Health Plan		
Eligibility ID Qualifier			
Group Provider (Legacy)			
Fee Schedule (Legacy)			
Fee Schedule	BCBS AR		

Electronic Submission Info




Payer Qualifier	Mutually Defined - ZZ
Payer ID	00181
Clearinghouse Name	Gateway EDI
Clearinghouse ID	431420764
Type	Blue Cross/Blue Shield - BL
Receiver Qualifier	Mutually Defined - ZZ
Receiver ID	431420764000000

Additional IDs

EIN	
Claim Office #	
NAIC Code	

Active ☒ Show Legacy IDs ☒ Default Electronic ☒

**Provider Setup**

				
Name ▲	Pay To NPI	Pay To Legacy ID	Rendering NPI	Rendering Legacy ID
Randall Oates	1234567890	TAXXNGRP	1234567890	over
> Terrie S. Treat, MD	1234567893		1234567893	

OK Cancel

Tools->Insurance Companies->Address




## Element: N302 (Payer Address Information 2)

**Edit Insurance Company**

Company Name	BCBS AR			<b>Electronic Submission Info</b>	
Address	PO Box 2181			Payer Qualifier	Mutually Defined - ZZ
Address 2	<div></div>			Payer ID	00181
City	Little Rock			Clearinghouse Name	Gateway EDI
State	AR	Zip	72203-____	Clearinghouse ID	431420764
Phone	(501)378-1111	ext	____	Type	Blue Cross/Blue Shield - BL
Fax	(____)____-____			Receiver Qualifier	Mutually Defined - ZZ
NPI				Receiver ID	431420764000000
Type (CMS 1500)	Group Health Plan			<b>Additional IDs</b>	
Eligibility ID Qualifier				EIN	
Group Provider (Legacy)				Claim Office #	
Fee Schedule (Legacy)				NAIC Code	
Fee Schedule	BCBS AR				

Active ☒ Show Legacy IDs ☒ Default Electronic ☒

**Provider Setup**



	Name ▲	Pay To NPI	Pay To Legacy ID	Rendering NPI	Rendering Legacy ID
	Randall Oates	1234567890	TAXXNGRP	1234567890	over
>	Terrie S. Treat, MD	1234567893		1234567893	

OK Cancel

Tools->Insurance Companies->Address 2

## Segment: N4

Loop:2010BB Segment: N4

### Element: N401 (Payer City)

**Edit Insurance Company**

Company Name	BCBS AR		
Address	PO Box 2181		
Address 2			
City	Little Rock		
State	AR	Zip	72203-____
Phone	(501)378-1111	ext	____
Fax	(____)____-____		
NPI			
Type (CMS 1500)	Group Health Plan		
Eligibility ID Qualifier			
Group Provider (Legacy)			
Fee Schedule (Legacy)			
Fee Schedule	BCBS AR		

Electronic Submission Info




Payer Qualifier	Mutually Defined - ZZ
Payer ID	00181
Clearinghouse Name	Gateway EDI
Clearinghouse ID	431420764
Type	Blue Cross/Blue Shield - BL
Receiver Qualifier	Mutually Defined - ZZ
Receiver ID	431420764000000

Additional IDs

EIN	
Claim Office #	
NAIC Code	

Active ☒ Show Legacy IDs ☒ Default Electronic ☒

**Provider Setup**

				
Name ▲	Pay To NPI	Pay To Legacy ID	Rendering NPI	Rendering Legacy ID
Randall Oates	1234567890	TAXXNGRP	1234567890	over
> Terrie S. Treat, MD	1234567893		1234567893	

OK Cancel

Tools->Insurance Companies->Edit Company->City

## Element: N402 (Payer State)

**Edit Insurance Company**

Company Name	BCBS AR		
Address	PO Box 2181		
Address 2			
City	Little Rock		
State	AR	Zip	72203-____
Phone	(501)378-1111	ext	____
Fax	(____)____-____		
NPI			
Type (CMS 1500)	Group Health Plan		
Eligibility ID Qualifier			
Group Provider (Legacy)			
Fee Schedule (Legacy)			
Fee Schedule	BCBS AR		

Electronic Submission Info




Payer Qualifier	Mutually Defined - ZZ
Payer ID	00181
Clearinghouse Name	Gateway EDI
Clearinghouse ID	431420764
Type	Blue Cross/Blue Shield - BL
Receiver Qualifier	Mutually Defined - ZZ
Receiver ID	431420764000000

Additional IDs

EIN	
Claim Office #	
NAIC Code	

Active ☒ Show Legacy IDs ☒ Default Electronic ☒

**Provider Setup**

  					
	Name ▲	Pay To NPI	Pay To Legacy ID	Rendering NPI	Rendering Legacy ID
	Randall Oates	1234567890	TAXXNGRP	1234567890	over
>	Terrie S. Treat, MD	1234567893		1234567893	

OK Cancel

Tools->Insurance Companies->Edit Company->State



## Element: N403 (Payer Zip Code)

**Edit Insurance Company**

Company Name	BCBS AR	
Address	PO Box 2181	
Address 2		
City	Little Rock	
State	AR	Zip 72203-____
Phone	(501)378-1111	ext _____
Fax	(____)____-____	
NPI		
Type (CMS 1500)	Group Health Plan	
Eligibility ID Qualifier		
Group Provider (Legacy)		
Fee Schedule (Legacy)		
Fee Schedule	BCBS AR	

Electronic Submission Info




Payer Qualifier	Mutually Defined - ZZ
Payer ID	00181
Clearinghouse Name	Gateway EDI
Clearinghouse ID	431420764
Type	Blue Cross/Blue Shield - BL
Receiver Qualifier	Mutually Defined - ZZ
Receiver ID	431420764000000

Additional IDs

EIN	
Claim Office #	
NAIC Code	

Active ☒ Show Legacy IDs ☒ Default Electronic ☒

**Provider Setup**

  					
	Name ▲	Pay To NPI	Pay To Legacy ID	Rendering NPI	Rendering Legacy ID
	Randall Oates	1234567890	TAXXNGRP	1234567890	over
>	Terrie S. Treat, MD	1234567893		1234567893	

OK Cancel

Tools->Insurance Companies->Edit Company->Zip

## Element: N404 (Payer Country Code)

TBD

## Element: N407 (Payer Country Subdivision Code)

TBD

## Segment: REF

Loop: 2010BB Segment: REF

### Element: REF01 (Payer Identification Number Qualifier)

Hard Coded to '2U'

### Element: REF02 (Payer Identification Number) Size Limit 50

Edit Insurance Company

Company Name	BCBS AR		
Address	PO Box 2181		
Address 2			
City	Little Rock		
State	AR	Zip	72203-____
Phone	(501)378-1111	ext	____
Fax	(____)____-____		
NPI			
Type (CMS 1500)	Group Health Plan		
Eligibility ID Qualifier			
Group Provider (Legacy)			
Fee Schedule (Legacy)			
Fee Schedule	BCBS AR		

Electronic Submission Info




Payer Qualifier	Mutually Defined - ZZ
Payer ID	00181
Clearinghouse Name	Gateway EDI
Clearinghouse ID	431420764
Type	Blue Cross/Blue Shield - BL
Receiver Qualifier	Mutually Defined - ZZ
Receiver ID	431420764000000

Additional IDs

EIN	
Claim Office #	
NAIC Code	

Active ☒ Show Legacy IDs ☒ Default Electronic ☒

Provider Setup

				
Name ▲	Pay To NPI	Pay To Legacy ID	Rendering NPI	Rendering Legacy ID
Randall Oates	1234567890	TAXXNGRP	1234567890	over
> Terrie S. Treat, MD	1234567893		1234567893	

OK Cancel

Tools->Insurance Companies->Edit Company->Payer ID

**Element: REF01 (Payer EIN Qualifier)**

Hard Coded to 'EI'

**Element: REF02 (Payer EIN) Size Limit 50**

**Edit Insurance Company**

Company Name	BCBS AR		
Address	PO Box 2181		
Address 2			
City	Little Rock		
State	AR	Zip	72203-____
Phone	(501)378-1111	ext	____
Fax	(____)____-____		
NPI			
Type (CMS 1500)	Group Health Plan		
Eligibility ID Qualifier			
Group Provider (Legacy)			
Fee Schedule (Legacy)			
Fee Schedule	BCBS AR		

Electronic Submission Info




Payer Qualifier	Mutually Defined - ZZ
Payer ID	00181
Clearinghouse Name	Gateway EDI
Clearinghouse ID	431420764
Type	Blue Cross/Blue Shield - BL
Receiver Qualifier	Mutually Defined - ZZ
Receiver ID	431420764000000

Additional IDs

EIN	
Claim Office #	
NAIC Code	

Active ☒ Show Legacy IDs ☒ Default Electronic ☒

**Provider Setup**

Name ▲	Pay To NPI	Pay To Legacy ID	Rendering NPI	Rendering Legacy ID
Randall Oates	1234567890	TAXXNGRP	1234567890	over
> Terrie S. Treat, MD	1234567893		1234567893	

OK Cancel

Tools->Insurance Companies->Edit Company->EIN

**Element: REF01 (Payer Claim Office Number Qualifier)**

Hard Coded to 'FY'

**Element: REF02 (Payer Claim Office Number) Size Limit 50**

**Edit Insurance Company**

Company Name	BCBS AR		
Address	PO Box 2181		
Address 2			
City	Little Rock		
State	AR	Zip	72203-____
Phone	(501)378-1111	ext	____
Fax	(____)____-____		
NPI			
Type (CMS 1500)	Group Health Plan		
Eligibility ID Qualifier			
Group Provider (Legacy)			
Fee Schedule (Legacy)			
Fee Schedule	BCBS AR		

Electronic Submission Info

Payer Qualifier	Mutually Defined - ZZ
Payer ID	00181
Clearinghouse Name	Gateway EDI
Clearinghouse ID	431420764
Type	Blue Cross/Blue Shield - BL
Receiver Qualifier	Mutually Defined - ZZ
Receiver ID	431420764000000

Additional IDs

EIN	
Claim Office #	
NAIC Code	

Active ☒ Show Legacy IDs ☒ Default Electronic ☒

**Provider Setup**

Name	Pay To NPI	Pay To Legacy ID	Rendering NPI	Rendering Legacy ID
Randall Oates	1234567890	TAXXNGRP	1234567890	over
> Terrie S. Treat, MD	1234567893		1234567893	

OK Cancel

Tools->Insurance Companies->Edit Company->Claim Office Number

**Element: REF01 (Payer National Association of Insurance Commissioners Code Qualifier)**

Hard Coded to 'NF'

**Element: REF02 (Payer National Association of Insurance Commissioners Code) Size Limit 50**

**Edit Insurance Company**

Company Name	BCBS AR		
Address	PO Box 2181		
Address 2			
City	Little Rock		
State	AR	Zip	72203-____
Phone	(501)378-1111	ext	____
Fax	(____)____-____		
NPI			
Type (CMS 1500)	Group Health Plan		
Eligibility ID Qualifier			
Group Provider (Legacy)			
Fee Schedule (Legacy)			
Fee Schedule	BCBS AR		

Electronic Submission Info




Payer Qualifier	Mutually Defined - ZZ
Payer ID	00181
Clearinghouse Name	Gateway EDI
Clearinghouse ID	431420764
Type	Blue Cross/Blue Shield - BL
Receiver Qualifier	Mutually Defined - ZZ
Receiver ID	431420764000000

Additional IDs

EIN	
Claim Office #	
NAIC Code	

Active ☒ Show Legacy IDs ☒ Default Electronic ☒

**Provider Setup**

				
Name ▲	Pay To NPI	Pay To Legacy ID	Rendering NPI	Rendering Legacy ID
Randall Oates	1234567890	TAXXNGRP	1234567890	over
> Terrie S. Treat, MD	1234567893		1234567893	

OK Cancel

Tools->Insurance Companies->Edit Company->NAIC Code

**Element: REF01 (Billing Provider Commercial Number Qualifier)**

Hard Coded to 'G2'

## Element: REF02 (Billing Provider Commercial Number)

**Edit Billing Information**

**Insurance Payment To**

☐ Override Group Values

Name: Professional Groups, Inc.  
Street: PO Box 1234  
Street 2:  
City: Springdale State: AR  
Zip: 72764-1234  
Phone: (479)555-1234  
Entity Type: ☐ Person ☒ Non Person  
Tax ID: ☒ EIN ☐ SSN 70-1111111

**Paper**

NPI: 1234567893  
Legacy ID: Provider Taxonomy - ZZ

**Electronic**

Submitter ID: Mutually Defined - ZZ V2AB  
Location #:  
Provider Commercial #:    
UPIN: +  
State License: +

**Pay-To Address**

Street:  
Street 2:  
City: State:  
Zip: -

**Eligibility Request Info**

Receiver ID:

**Provider Information**

**Paper**

Legacy ID:

**Electronic**

Location #:  
Provider Commercial #:  
UPIN: +  
State License: +

Save Cancel

Tools->Insurance Companies->Edit Company->Billing Provider Commercial #

## Element: REF01 (Billing Provider Location Number Qualifier)

Hard Coded to 'LU'

**Element: REF02 (Billing Provider Location Number) Size Limit 50**

Edit Billing Information

Insurance Payment To

☐ Override Group Values

Name Professional Groups, Inc.

Street PO Box 1234

Street 2

City Springdale State AR

Zip 72764-1234

Phone (479)555-1234

Entity Type ☐ Person ☒ Non Person

Tax ID ☒ EIN ☐ SSN 70-1111111

Paper

NPI 1234567893

Legacy ID Provider Taxonomy - ZZ

Electronic

Submitter ID Mutually Defined - ZZ V2AB

Location #

Provider Commercial #

UPIN +

State License +

Pay-To Address

Street

Street 2

City State

Zip -

Eligibility Request Info

Receiver ID

Provider Information

Paper

Legacy ID

Electronic

Location #

Provider Commercial #

UPIN +

State License +

Save Cancel

Tools->Insurance Companies->Edit Company->Billing Provider Location #

# **LOOP 2000C-Patient Hierarchical Level**



## Segment: HL

---

Loop: 2000C Segment: HL

**Element: HL01 (Patient Hierarchical Level ID Number)**

Hard Coded

**Element: HL02 (Patient Hierarchical Parent ID Number)**

Generated from Subscriber Hierarchical Level

**Element: HL03 (Patient Hierarchical Level Code)**

Hard Coded to '23'

**Element: HL04 (Patient Hierarchical Child Code)**

Hard Coded to '0'

## Segment: PAT

Loop: 2000C Segment: PAT

### Element: PAT01 (Patient Information Individual Relationship Code)

Insurance Policy

Type: Primary Health Insurance  
Company: Medicare  
PO Box 1122  
Some City, AR 72203  
(479) 378-1111

Policy Information

Policy # Type: ☒ Member ID ☐ Unique Health ID

Policy #: 23132131A Plan Name:   
Group #: Group Name:   
Effective: Expires:   
Payment Options:   
☒ Co-Pay \$0.00 ☐ Co-Ins 0 %   
Status: Primary Fee Sched: Default

Insured Information

Relation: Self   
Is Person: ☒ Yes ☐ No   
Name: First: Perry Middle: P Last: Winkle Suffix:   
Address: 112 Elm St   
City: Any City State: AR Zip: 72703-   
Soc. Sec. #:   
Birthday: 2/1/1960 ☒ Male ☐ Female   
Phone: (479)555-1234 Employer:   
Notes:   
Save Cancel

Billing->Patient Account->Insurance tab->View Policy->Relation

### Element: PAT05 (Patient Information Death Date Format)

Hard Coded to 'D8'

## Element: PAT06 (Patient Information Death Date)

**Edit Claim Details**

Owner:  Facility:

Type	Special Program Codes	Primary	Secondary
<input type="checkbox"/> Employment	Special Program: <input type="text"/>	<input checked="" type="checkbox"/> Release of Information Signature	<input checked="" type="checkbox"/> Release of Information Signature
<input type="checkbox"/> Auto Accident	Delay Reason: <input type="text" value="&lt;None&gt;"/>	<input type="checkbox"/> Signature Executed For Patient	<input type="checkbox"/> Signature Executed For Patient
<input type="checkbox"/> Other Accident		Benefits Assignment: <input type="text" value="Yes"/>	Benefits Assignment: <input type="text" value="Yes"/>
<input checked="" type="checkbox"/> None			

**Tabs:** Ambulance | Contract | Dates | File Information | Misc Details | **Patient** | Property And Casualty | Providers | Referral / Authorization | Supplemental Information | Vision

Date of Death:

Weight:

☐ Pregnant

Accept Assignment:

Billing->Patient Account->Claims tab->Select Visit->More Info->Patient tab->Date of Death

## Element: PAT07 (Patient Information Weight Code)

Hard Coded to '01' Only if DME

## Element: PAT08 (Patient Information Weight)

**Edit Claim Details**

Owner:  Facility:

Type	Special Program Codes	Primary	Secondary
<input type="checkbox"/> Employment <input type="checkbox"/> Auto Accident <input type="checkbox"/> Other Accident <input checked="" type="checkbox"/> None	Special Program: <input type="text"/> Delay Reason: <input type="text" value="&lt;None&gt;"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>

**Tabs:** Ambulance | Contract | Dates | File Information | Misc Details | **Patient** | Property And Casualty | Providers | Referral / Authorization | Supplemental Information | Vision

Date of Death:

Weight:

☐ Pregnant

Accept Assignment:

Billing->Patient Account->Claims tab->Select Visit->More Info->Patient tab->Patient Weight (Only if DME)

## Element: PAT09 (Patient Information Pregnancy Indicator)

**Edit Claim Details**

Owner:  Facility:

Type	Special Program Codes	Primary	Secondary
<input type="checkbox"/> Employment <input type="checkbox"/> Auto Accident <input type="checkbox"/> Other Accident <input checked="" type="checkbox"/> None	Special Program: <input type="text"/> Delay Reason: <input type="text" value="&lt;None&gt;"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>

**Tabs:** Ambulance | Contract | Dates | File Information | Misc Details | **Patient** | Property And Casualty | Providers | Referral / Authorization | Supplemental Information | Vision

Date of Death:   
Weight:

☒ **Pregnant**

Accept Assignment:

Billing->Patient Account->Claims tab->Select Visit->More Info->Patient tab->Patient Pregnancy Indicator (Only when required by law. 'Y' or empty)

# LOOP 2010CA-Patient Name

## Segment: NM1

---

Loop: 2010CA Segment: NM1

<b>Element: NM101 (Patient Name Entity Identifier Code)</b>
---


Hard Coded to 'QC'

<b>Element: NM102 (Patient Name Entity Type Qualifier)</b>
--

Hard Coded to '1'

## Element: NM103 (Patient Name Last)

Winkle, Perry P.



**Winkle, Perry P.**

Account 91  
Chart 91

Date of Birth 2/1/1960 Age 51 Sex Male Status Single

Address 112 Elm St Any City, AR 72703

Home (479) 555-1234 Work (479) 555-5678 Cell (479) 555-7890

Email pw@email.com

**\$ Balances**

	Personal	Insurance	Totals
Family	\$308.00	\$1,661.00	\$1,969.00
Patient	\$736.00	\$3,384.95	\$4,120.95
<b>Totals</b>	<b>\$1,044.00</b>	<b>\$5,045.95</b>	<b>\$6,089.95</b>

☐ Self Pay Co-Pay \$0.00

Schedule Demographics Insurance Custom Flags/Notes Ledger Family Claims Statements New Charges

**Patient Information**

Title First Middle Last Suffix

SSN Birth Date Age Chart

112-33-4556 2/1/1960 51 91

Marital Status Gender

Single Male

Race Ethnicity Language

White Unknown X English

Address

Street

112 Elm St

City State Zip

Any City AR 72703-

Contact Information

Home Phone Work Phone Cell Phone

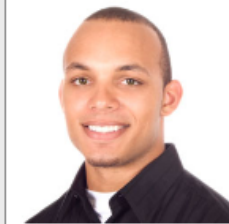
(479) 555-1234 (479) 555-5678 (479) 555-7890

Email

pw@email.com

Primary Contact Secondary Contact

**Patient Picture**



Load Clear

Primary Provider

Randall Oates

Referring Provider

X Oates, Randall NMN., Jr

PCP

X Johnson, Joe

Preferred Pharmacy

Billing Information

Guarantor


Financial Class

Billing->Patient Account->Demographics tab->Last



## Element: NM104(Patient Name First)

Winkle, Perry P.



**Winkle, Perry P.**

Account 91  
Chart 91

Date of Birth 2/1/1960 Age 51 Sex Male Status Single

Address 112 Elm St Any City, AR 72703

Home (479) 555-1234 Work (479) 555-5678 Cell (479) 555-7890

Email pw@email.com

**\$ Balances**

	Personal	Insurance	Totals
Family	\$308.00	\$1,661.00	\$1,969.00
Patient	\$736.00	\$3,384.95	\$4,120.95
<b>Totals</b>	<b>\$1,044.00</b>	<b>\$5,045.95</b>	<b>\$6,089.95</b>

☐ Self Pay Co-Pay \$0.00

Schedule Demographics Insurance Custom Flags/Notes Ledger Family Claims Statements New Charges

**Patient Information**

Title First Middle Last Suffix

**Perry**  P  Winkle

SSN Birth Date Age Chart

112-33-4556  2/1/1960  51  91

Marital Status Gender

Single  Male

Race Ethnicity Language

White  Unknown  X English

**Address**

Street

112 Elm St

City State Zip

Any City  AR  72703-\_\_\_\_

**Contact Information**

Home Phone Work Phone Cell Phone

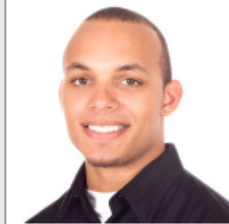
(479) 555-1234  (479) 555-5678  (479) 555-7890

Email

pw@email.com

Primary Contact Secondary Contact

**Patient Picture**



**Primary Provider**

Randall Oates

**Referring Provider**

☒ Oates, Randall NMN., Jr

**PCP**

☒ Johnson, Joe

**Preferred Pharmacy**

+

**Billing Information**

**Guarantor**


+ ...

**Financial Class**

Billing->Patient Account->Demographics tab->First

## Element: PAT105 (Patient Name Middle)

Winkle, Perry P.



**Winkle, Perry P.**

Account 91  
Chart 91

Date of Birth 2/1/1960 Age 51 Sex Male Status Single

Address 112 Elm St Any City, AR 72703

Home (479) 555-1234 Work (479) 555-5678 Cell (479) 555-7890

Email pw@email.com

**\$ Balances**

	Personal	Insurance	Totals
Family	\$308.00	\$1,661.00	\$1,969.00
Patient	\$736.00	\$3,384.95	\$4,120.95
<b>Totals</b>	<b>\$1,044.00</b>	<b>\$5,045.95</b>	<b>\$6,089.95</b>

☐ Self Pay Co-Pay \$0.00

Schedule Demographics Insurance Custom Flags/Notes Ledger Family Claims Statements New Charges

**Patient Information**

Title First Middle Last Suffix

Perry **P** Winkle

SSN Birth Date Age Chart

112-33-4556 2/1/1960 51 91

Marital Status Gender

Single Male

Related To...

Race Ethnicity Language

White Unknown X English

**Address**

Street

112 Elm St

City State Zip

Any City AR 72703-\_\_\_\_

**Contact Information**

Home Phone Work Phone Cell Phone

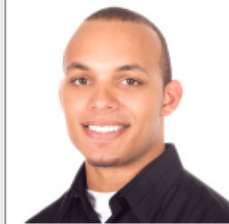
(479) 555-1234 (479) 555-5678 (479) 555-7890

Email

pw@email.com

Primary Contact Secondary Contact

**Patient Picture**



Load Clear

**Primary Provider**

Randall Oates

**Referring Provider**

X Oates, Randall MNM., Jr

**PCP**

X Johnson, Joe

**Preferred Pharmacy**

+

**Billing Information**

**Guarantor**


+ ...

**Financial Class**

Billing->Patient Account->Demographics tab->Middle

## Element: NM107 (Patient Name Suffix)

Winkle, Perry P.



**Winkle, Perry P.**

Account 91  
Chart 91

Date of Birth 2/1/1960 Age 51 Sex Male Status Single

Address 112 Elm St Any City, AR 72703

Home (479) 555-1234 Work (479) 555-5678 Cell (479) 555-7890

Email pw@email.com

**\$ Balances**

	Personal	Insurance	Totals
Family	\$308.00	\$1,661.00	\$1,969.00
Patient	\$736.00	\$3,384.95	\$4,120.95
<b>Totals</b>	<b>\$1,044.00</b>	<b>\$5,045.95</b>	<b>\$6,089.95</b>

☐ Self Pay Co-Pay \$0.00

Schedule Demographics Insurance Custom Flags/Notes Ledger Family Claims Statements New Charges

**Patient Information**

Title First Middle Last Suffix

SSN Birth Date Age Chart

Marital Status Gender

Race Ethnicity Language

Address

Street

City State Zip

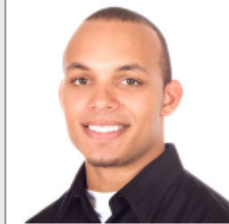
Contact Information

Home Phone Work Phone Cell Phone

Email

Primary Contact Secondary Contact

**Patient Picture**



Load Clear

Primary Provider

Referring Provider

PCP

Preferred Pharmacy

Billing Information

Guarantor

Financial Class

Billing->Patient Account->Demographics tab->Suffix

## Segment: N3

Loop: 2010CASegment: N3

### Element: N301 (Patient Address Information) Size Limit 55

Winkle, Perry P.

**Winkle, Perry P.** Account 91 Chart 91

Date of Birth 2/1/1960 Age 51 Sex Male Status Single

Address 112 Elm St Any City, AR 72703

Home (479) 555-1234 Work (479) 555-5678 Cell (479) 555-7890

Email pw@email.com

**Balances**

	Personal	Insurance	Totals
Family	\$308.00	\$1,661.00	\$1,969.00
Patient	\$736.00	\$3,384.95	\$4,120.95
<b>Totals</b>	<b>\$1,044.00</b>	<b>\$5,045.95</b>	<b>\$6,089.95</b>

☐ Self Pay Co-Pay \$0.00

Schedule Demographics Insurance Custom Flags/Notes Ledger Family Claims Statements New Charges

**Patient Information**

Title First Middle Last Suffix

SSN Birth Date Age Chart

Marital Status Gender

Race Ethnicity Language

**Address**

Street

City State Zip

**Contact Information**

Home Phone Work Phone Cell Phone

Email

Primary Contact Secondary Contact

**Patient Picture**

Load Clear

**Primary Provider**

Randall Oates

**Referring Provider**

X Oates, Randall NMN., Jr

**PCP**

X Johnson, Joe

**Preferred Pharmacy**

**Billing Information**

Guarantor

Financial Class

Billing->Patient Account->Demographics tab->Street

## Element: N302 (Patient Address Information 2)

Winkle, Perry P.

**Winkle, Perry P.** Account 91  
Chart 91

Date of Birth 2/1/1960 Age 51 Sex Male Status Single

Address 112 Elm St Any City, AR 72703

Home (479) 555-1234 Work (479) 555-5678 Cell (479) 555-7890

Email pw@email.com

**Balances**

	Personal	Insurance	Totals
Family	\$308.00	\$1,661.00	\$1,969.00
Patient	\$736.00	\$3,384.95	\$4,120.95
<b>Totals</b>	<b>\$1,044.00</b>	<b>\$5,045.95</b>	<b>\$6,089.95</b>

☐ Self Pay Co-Pay \$0.00

Schedule Demographics Insurance Custom Flags/Notes Ledger Family Claims Statements New Charges

**Patient Information**

Title First Middle Last Suffix

SSN Birth Date Age Chart

112-33-4556 2/1/1960 51 91

Marital Status Gender

Single Male

Race Ethnicity Language

White Unknown X English

**Address**

Street

112 Elm St

City State Zip

Any City AR 72703-

**Contact Information**

Home Phone Work Phone Cell Phone

(479) 555-1234 (479) 555-5678 (479) 555-7890

Email

pw@email.com

Primary Contact Secondary Contact

**Patient Picture**

Load Clear

**Primary Provider**

Randall Oates

**Referring Provider**

X Oates, Randall NMN., Jr

**PCP**

X Johnson, Joe

**Preferred Pharmacy**

**Billing Information**

Guarantor

Financial Class

Billing->Patient Account->Demographics tab->Street (Second Line)

## Segment: N4

Loop: 2010CASegment: N4

### Element: N401 (Patient Address City) Size Limit 30

The screenshot shows a patient demographics form with the following sections and fields:

- Patient Information:** Title, First (Perry), Middle (P), Last (Winkle), Suffix, SSN (112-33-4556), Birth Date (2/1/1960), Age (51), Chart (91), Marital Status (Single), Gender (Male), Race (White), Ethnicity (Unknown), Language (English), and a "Related To..." button.
- Address:** Street (112 Elm St), City (Any City), State (AR), and Zip (72703-\_\_\_\_). The "City" field is highlighted with a red box.
- Contact Information:** Home Phone ((479) 555-1234), Work Phone ((479) 555-5678), Cell Phone ((479) 555-7890), Email (pw@email.com), Primary Contact, and Secondary Contact.
- Patient Picture:** A photo of a man with a "Load" and "Clear" button.
- Primary Provider:** Randall Oates.
- Referring Provider:** X Oates, Randall NMN., Jr.
- PCP:** X Johnson, Joe.
- Preferred Pharmacy:** A dropdown menu with a "+" button.
- Billing Information:** Guarantor (a dropdown menu with a "+" button and "...") and Financial Class (a dropdown menu).

Billing->Patient Account->Demographics tab->City

## Element: N402 (Patient Address State)

<div>Schedule</div> <div>Demographics</div> <div>Insurance</div> <div>Custom</div> <div>Flags/Notes</div> <div>Ledger</div> <div>Family</div> <div>Claims</div> <div>Statements</div> <div>New Charges</div>									
<b>Patient Information</b>								<b>Patient Picture</b>	
Title	First	Middle	Last	Suffix					
	Perry	P	Winkle						
SSN	Birth Date	Age			Chart				
112-33-4556	2/1/1960	51			91				
Marital Status		Gender			Related To...				
Single		Male							
Race		Ethnicity		Language					
White		Unknown		X English					
<b>Address</b>									
Street									
112 Elm St									
City			State		Zip				
Any City			AR		72703-____				
<b>Contact Information</b>									
Home Phone		Work Phone			Cell Phone				
(479) 555-1234		(479) 555-5678			(479) 555-7890				
Email									
pw@email.com									
Primary Contact					Secondary Contact				
<b>Billing Information</b>									
Primary Provider									
Randall Oates									
Referring Provider									
X Oates, Randall NMN., Jr									
PCP									
X Johnson, Joe									
Preferred Pharmacy									
Guarantor									
+ ...									
Financial Class									

Billing->Patient Account->Demographics tab->State

## Element: N403 (Patient Address Zip Code) Size Limit 15

The screenshot shows a patient demographics form with the following sections and fields:

- Patient Information:** Title, First (Perry), Middle (P), Last (Winkle), Suffix, SSN (112-33-4556), Birth Date (2/1/1960), Age (51), Chart (91), Marital Status (Single), Gender (Male), Race (White), Ethnicity (Unknown), Language (English).
- Address:** Street (112 Elm St), City (Any City), State (AR), Zip (72703-\_\_\_\_, highlighted with a red box).
- Contact Information:** Home Phone ((479) 555-1234), Work Phone ((479) 555-5678), Cell Phone ((479) 555-7890), Email (pw@email.com), Primary Contact, Secondary Contact.
- Patient Picture:** Photo of a man, Load, Clear buttons.
- Primary Provider:** Randall Oates.
- Referring Provider:** X Oates, Randall NMN., Jr.
- PCP:** X Johnson, Joe.
- Preferred Pharmacy:** (empty).
- Billing Information:** Guarantor (+ ...), Financial Class.

Billing->Patient Account->Demographics tab->Zip

## Element: N404 (Patient Address Country Code)

TBD

## Element: N407 (Patient Address Country Subdivision Code)

TBD



## Segment: REF

Loop: 2010CA Segment: REF

### Element: REF01 (Patient Property and Casualty Claim Number Reference Identification Qualifier)

Hard Coded to 'Y4'

### Element: REF02 (Patient Property and Casualty Claim Number Reference Identification)

**Edit Claim Details**

Owner:  Facility:

**Type**

☐ Employment   
☐ Auto Accident   
☐ Other Accident  
☒ None

**Special Program Codes**

Special Program:   
Delay Reason:

**Primary**

☒ Release of Information Signature  
☐ Signature Executed For Patient  
Benefits Assignment:

**Secondary**

☒ Release of Information Signature  
☐ Signature Executed For Patient  
Benefits Assignment:

**Property And Casualty**

Claim Number:   
Contact Name:   
Contact Phone:  Ex:   
Patient Id Type: ☒ Do Not Send ☐ Member Id Number ☐ Social Security Number  
Patient Id:   
First Contact Date:   
Service Facility:  
Contact:   
Phone:  Extension:   
Accept Assignment:   
Save Cancel

Billing->Patient Account->Claims tab->More Info->Property and Casualty tab->Claim Number

## Element: REF01 (Property and Casualty Patient Identifier Qualifier)

**Edit Claim Details**

Owner:  Facility:

Type	Special Program Codes	Primary	Secondary
<input type="checkbox"/> Employment <input type="checkbox"/> Auto Accident <input type="checkbox"/> Other Accident <input checked="" type="checkbox"/> None	Special Program: <input type="text" value=""/> Delay Reason: <input type="text" value="&lt;None&gt;"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>

**Tabs:** Ambulance | Contract | Dates | File Information | Misc Details | Patient | **Property And Casualty** | Providers | Referral / Authorization | Supplemental Information | Vision

Claim Number:   
Contact Name:   
Contact Phone:  Ex:   
Patient Id Type: ☒ Do Not Send ☐ Member Id Number ☐ Social Security Number  
Patient Id:   
First Contact Date:

**Service Facility**  
Contact:   
Phone:  Extension:

Accept Assignment:

Billing->Patient Account->Claims tab->More Info->Property and Casualty tab->Patient ID Type

## Element: REF02 (Property and Casualty Patient Identifier)

**Edit Claim Details**

Owner:  Facility:

Type	Special Program Codes	Primary	Secondary
<input type="checkbox"/> Employment <input type="checkbox"/> Auto Accident <input type="checkbox"/> Other Accident <input checked="" type="checkbox"/> None	Special Program: <input type="text" value=""/> Delay Reason: <input type="text" value="&lt;None&gt;"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>

**Tabs:** Ambulance | Contract | Dates | File Information | Misc Details | Patient | **Property And Casualty** | Providers | Referral / Authorization | Supplemental Information | Vision

Claim Number:   
Contact Name:   
Contact Phone:  Ex:   
Patient Id Type: ☒ Do Not Send ☐ Member Id Number ☐ Social Security Number  
Patient Id:   
First Contact Date:

**Service Facility**  
Contact:   
Phone:  Extension:

Accept Assignment:

Billing->Patient Account->Claims tab->More Info->Property and Casualty tab->Patient ID

## Segment: PER

Loop: 2010CA Segment: PER

### Element: PER01 (Patient Property and Casualty Contact Information Function Code)

Hard Coded to 'IC'

### Element: PER02 (Patient Property and Casualty Contact Information Name) Size Limit 60

The screenshot shows the 'Edit Claim Details' window with the 'Property And Casualty' tab selected. The 'Contact Name' field is highlighted with a red rectangle and contains the text '<None>'. Other fields include Claim Number, Contact Phone, Patient Id Type, Patient Id, First Contact Date, and Service Facility details. The 'Accept Assignment' dropdown is set to 'Yes'.

Billing->Patient Account->Claims tab->More Info->Property and Casualty tab->Contact Name

### Element: PER03 (Patient Property and Casualty Contact Information Number Qualifier)

Hard Coded to 'TE'

**Element: PER04 (Patient Property and Casualty Contact Information Telephone Number) Size Limit 256**

The screenshot shows the 'Edit Claim Details' window with the 'Property And Casualty' tab selected. The 'Contact Phone' field is highlighted with a red rectangle. The form includes various sections for claim information, patient details, and service facilities.

**Owner:** Randall Oates  
**Facility:** Family Clinic

**Type:**  
☐ Employment  
☐ Auto Accident  
☐ Other Accident  
☒ None

**Special Program Codes:**  
**Special Program:** [Dropdown]  
**Delay Reason:** <None>

**Primary:**  
☒ Release of Information Signature  
☐ Signature Executed For Patient  
**Benefits Assignment:** Yes

**Secondary:**  
☒ Release of Information Signature  
☐ Signature Executed For Patient  
**Benefits Assignment:** Yes

**Claim Number:** <None>  
**Contact Name:** <None>  
**Contact Phone:** <None> **Ex:** <None>  
**Patient Id Type:** ☒ Do Not Send ☐ Member Id Number ☐ Social Security Number  
**Patient Id:** <None>  
**First Contact Date:** <None>

**Service Facility:**  
**Contact:** <None>  
**Phone:** <None> **Extension:** <None>

**Accept Assignment:** Yes

**Buttons:** Save, Cancel

Billing->Patient Account->Claims tab->More Info->Property and Casualty tab->Contact Phone

**Element: PER05 (Patient Property and Casualty Contact Information Number Qualifier 2)**

Hard Coded to 'EX'

## Element: PER06 (Patient Property and Casualty Contact Information Extension)

**Edit Claim Details**

Owner:  Facility:

Type	Special Program Codes	Primary	Secondary
<input type="checkbox"/> Employment <input type="checkbox"/> Auto Accident <input type="checkbox"/> Other Accident <input checked="" type="checkbox"/> None	Special Program: <input type="text" value=""/> Delay Reason: <input type="text" value="&lt;None&gt;"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>

**Tabs:** Ambulance | Contract | Dates | File Information | Misc Details | Patient | **Property And Casualty** | Providers | Referral / Authorization | Supplemental Information | Vision

Claim Number:   
Contact Name:   
Contact Phone:  Ex:   
Patient Id Type: ☒ Do Not Send ☐ Member Id Number ☐ Social Security Number  
Patient Id:   
First Contact Date:

**Service Facility**

Contact:   
Phone:  Extension:

Accept Assignment:

Billing->Patient Account->Claims tab->More Info->Property and Casualty tab->Ex

# LOOP 2300-Claim Information

**Segment: CLM**

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Loop: 2300 Segment: CLM

<b>Element: CLM01 (Claim Submitters Identifier (Claim ID) Size Limit 20</b>
---

Hard coded

<b>Element: CLM02 (Claim Monetary Amount)</b>
---

Calculated from SUM (charge\*units)



**Element: CLM05-1 (Claim Facility Code Value)**

Facility: Family Clinic

Details Scheduler Additional IDs

Full Legal Name  
Family Clinic

Street  
123 Some St

City Any City St Ar Zip 72701

Phone #  
(479) 555-5555

NPI #  
group NPI#

Place of Service  
Office - 11

Billing Inquiry #  
(479) 555-4444

CLIA Number  
Facility CLIA##

State License Number  
123456

Update Cancel

Tools->Manage Facilities->Place of Service

**Element: CLM05-2 (Claim Facility Code Qualifier)**

Hard Coded to 'B'

## Element: CLM05-3 (Claim Frequency Type Code)

**Claims Manager**

Working Submitted All

**On Hold**

	Posted	Claim	Physic...	Patient	Primary	.. ▲	Secon...	SRT	Amount	File With	Submission	Status	Hold Notes
	4/5/2010	84	Randal...	Larry B...	BCBS AR	P	Arkans...	P	\$945.00	Primary		On Hold	
	6/11/2010	284	Randal...	Perry ...	Arkans...	P	Cigna	E	\$120.00	Primary		On Hold	The Pay To is missing pa...
	10/5/2011	823	Randal...	Rosem...	Medicare	P			\$145.00	Primary	Original	On Hold	The Pay To is missing pa...
	6/28/2011	786	Randal...	Daniel ...	Arkans...	P	Shelter	P	\$225.00	Secondary		On Hold	The Pay To is missing pa...

Rebuild

**Pending**

	Posted	Claim	Physician	Patient	Primary	PRT	Secondary	SRT	Amount	File With	Submission	Status	Claim Notes
	10/6/2011	828	Randall...	Heathe...	Medicare	E			\$135.00	Primary	Original	Pending Scrub	Rebuilt on 10/27/2...
	10/11/2...	834	Randall...	Mary M...	Arkans...	E			\$120.00	Primary	Original	Pending Scrub	Rebuilt on 10/27/2...
	8/26/2010	844	Randall...	Barry R...	Medicare	E	Arkansas ...	P	\$135.00	Primary	Corrected	Pending Scrub	
	12/16/2...	845	Randall...	Barry R...	Medicare	E	Arkansas ...	P	\$135.00	Primary	Replacement	Pending Scrub	
	12/16/2...	846	Randall...	Barry R...	Medicare	E	Arkansas ...	P	\$135.00	Primary	Void	Pending Scrub	
	10/13/2...	839	Randall...	Terry Berry	Arkansa...	E	Arkans...	P	\$120.00	Primary	Original	Ready	Submitted on 10/13/2...

Scrub

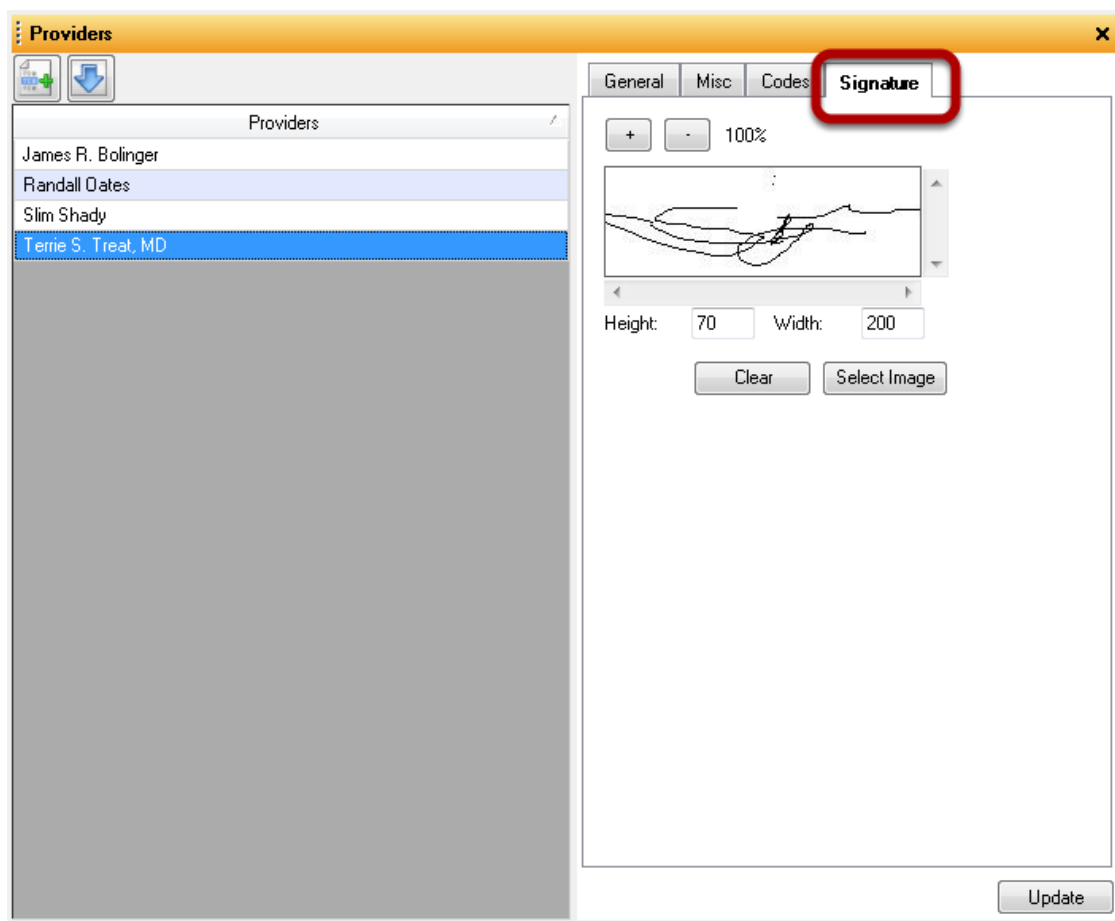
**Ready To Submit**

	Posted ▲	Claim	Physician	Patient	Primary	PRT	Secon...	SRT	Amount	File With	Submission	Status	Claim Notes
	10/13/2...	839	Randall ...	Terry Berry	Arkansa...	E	Arkans...	P	\$120.00	Primary	Original	Ready	Submitted on 10/13/2...

Generate Electronic Print Claims Submit Selected

Billing->Claims Manager->Submission Type

## Element: CLM06 (Claim Provider Signature Indicator)



Tools->Provider Manager->Signature tab (Y if signature exists)

## Element: CLM07 (Claim Provider Accept Assignment)

**Edit Claim Details**

Owner:  Facility:

Type	Special Program Codes	Primary	Secondary
<input type="checkbox"/> Employment <input type="checkbox"/> Auto Accident <input type="checkbox"/> Other Accident <input checked="" type="checkbox"/> None	Special Program: <input type="text"/> Delay Reason: <input type="text" value="&lt;None&gt;"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>

**Ambulance Contract Dates File Information Misc Details Patient Property And Casualty Providers Referral / Authorization Supplemental Information Vision**

Illness, Injury or Pregnancy	Patient, Treatment Dates	Hospital, Disability Dates
Current IIP: <input type="text"/> Accident: <input type="text"/> Onset of Current: <input type="text"/> Last Menstrual Period: <input type="text"/>	Last Seen Date: <input type="text" value="5/23/2011"/> Referral Date: <input type="text"/> Similar Illness Date: <input type="text"/> Initial Treatment: <input type="text"/> Acute Manifestation: <input type="text"/> Hearing/Vision Rx: <input type="text"/> Last X-Ray: <input type="text"/> Order Date: <input type="text"/>	Not Work From: <input type="text"/> To: <input type="text"/> Disability From: <input type="text"/> To: <input type="text"/> Hospital From: <input type="text"/> To: <input type="text"/> Care From: <input type="text"/> To: <input type="text"/>

Accept Assignment:

Billing->Patient Account->Claims tab->More Info->Accept Assignment

## Element: CLM08 (Claim Provider Benefits Assignment Certification)

**Edit Claim Details**

Owner:  Facility:

Type	Special Program Codes	Primary	Secondary
<input type="checkbox"/> Employment <input type="checkbox"/> Auto Accident <input type="checkbox"/> Other Accident <input checked="" type="checkbox"/> None	Special Program: <input type="text"/> Delay Reason: <input type="text" value="&lt;None&gt;"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>

**Tabs:** Ambulance | Contract | **Dates** | File Information | Misc Details | Patient | Property And Casualty | Providers | Referral / Authorization | Supplemental Information | Vision

Illness, Injury or Pregnancy	Patient, Treatment Dates	Hospital, Disability Dates
Current IIP: <input type="text"/>	Last Seen Date: <input type="text"/>	Not Work From: <input type="text"/> To: <input type="text"/>
Accident: <input type="text"/>	Referral Date: <input type="text"/>	Disability From: <input type="text"/> To: <input type="text"/>
Onset of Current: <input type="text"/>	Similar Illness Date: <input type="text"/>	Hospital From: <input type="text"/> To: <input type="text"/>
Last Menstrual Period: <input type="text"/>	Initial Treatment: <input type="text"/>	Care From: <input type="text"/> To: <input type="text"/>
	Acute Manifestation: <input type="text"/>	
	Hearing/Vision Rx: <input type="text"/>	
	Last X-Ray: <input type="text"/>	
	Order Date: <input type="text"/>	

Accept Assignment:

Billing->PatientAccount->Claims tab->More Info->AcceptAssignment (Primary and Secondary)

## Element: CLM09 (Claim Release of Information Code)

**Edit Claim Details**

Owner:  Facility:

Type	Special Program Codes	Primary	Secondary
<input type="checkbox"/> Employment <input type="checkbox"/> Auto Accident <input type="checkbox"/> Other Accident <input checked="" type="checkbox"/> None	Special Program: <input type="text"/> Delay Reason: <input type="text" value="&lt;None&gt;"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>

**Tabs:** Ambulance | Contract | **Dates** | File Information | Misc Details | Patient | Property And Casualty | Providers | Referral / Authorization | Supplemental Information | Vision

Illness, Injury or Pregnancy	Patient, Treatment Dates	Hospital, Disability Dates
Current IIP: <input type="text"/>	Last Seen Date: <input type="text"/>	Not Work From: <input type="text"/> To: <input type="text"/>
Accident: <input type="text"/>	Referral Date: <input type="text"/>	Disability From: <input type="text"/> To: <input type="text"/>
Onset of Current: <input type="text"/>	Similar Illness Date: <input type="text"/>	Hospital From: <input type="text"/> To: <input type="text"/>
Last Menstrual Period: <input type="text"/>	Initial Treatment: <input type="text"/>	Care From: <input type="text"/> To: <input type="text"/>
	Acute Manifestation: <input type="text"/>	
	Hearing/Vision Rx: <input type="text"/>	
	Last X-Ray: <input type="text"/>	
	Order Date: <input type="text"/>	

Accept Assignment:

Billing->Patient Account->Claims tab->More Info->Release of Information Signature (Primary and Secondary)

## Element: CLM10 (Claim Patient Signature Source Code)

**Edit Claim Details**

Owner:  Facility:

Type	Special Program Codes	Primary	Secondary
<input type="checkbox"/> Employment <input type="checkbox"/> Auto Accident <input type="checkbox"/> Other Accident <input checked="" type="checkbox"/> None	Special Program: <input type="text"/> Delay Reason: <input type="text" value="&lt;None&gt;"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>

**Tabs:** Ambulance | Contract | **Dates** | File Information | Misc Details | Patient | Property And Casualty | Providers | Referral / Authorization | Supplemental Information | Vision

Illness, Injury or Pregnancy	Patient, Treatment Dates	Hospital, Disability Dates
Current IIP: <input type="text"/>	Last Seen Date: <input type="text"/>	Not Work From: <input type="text"/> To: <input type="text"/>
Accident: <input type="text"/>	Referral Date: <input type="text"/>	Disability From: <input type="text"/> To: <input type="text"/>
Onset of Current: <input type="text"/>	Similar Illness Date: <input type="text"/>	Hospital From: <input type="text"/> To: <input type="text"/>
Last Menstrual Period: <input type="text"/>	Initial Treatment: <input type="text"/>	Care From: <input type="text"/> To: <input type="text"/>
	Acute Manifestation: <input type="text"/>	
	Hearing/Vision Rx: <input type="text"/>	
	Last X-Ray: <input type="text"/>	
	Order Date: <input type="text"/>	

Accept Assignment:

Billing->PatientAccount->Claims tab->More Info->Signature Executed for Patient (Primary and Secondary)

## Element: CLM11-1 (Claim Related-Cause Code)

**Edit Claim Details**

Owner:  Facility:

Type	Special Program Codes	Primary	Secondary
<input checked="" type="checkbox"/> Employment <input type="checkbox"/> Auto Accident <input type="checkbox"/> Other Accident <input checked="" type="checkbox"/> None	Special Program: <input type="text"/> Delay Reason: <input type="text" value="&lt;None&gt;"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>

**Tabs:** Ambulance | Contract | **Dates** | File Information | Misc Details | Patient | Property And Casualty | Providers | Referral / Authorization | Supplemental Information | Vision

Illness, Injury or Pregnancy	Patient, Treatment Dates	Hospital, Disability Dates
Current IIP: <input type="text"/>	Last Seen Date: <input type="text"/>	Not Work From: <input type="text"/> To: <input type="text"/>
Accident: <input type="text"/>	Referral Date: <input type="text"/>	Disability From: <input type="text"/> To: <input type="text"/>
Onset of Current: <input type="text"/>	Similar Illness Date: <input type="text"/>	Hospital From: <input type="text"/> To: <input type="text"/>
Last Menstrual Period: <input type="text"/>	Initial Treatment: <input type="text"/>	Care From: <input type="text"/> To: <input type="text"/>
	Acute Manifestation: <input type="text"/>	
	Hearing/Vision Rx: <input type="text"/>	
	Last X-Ray: <input type="text"/>	
	Order Date: <input type="text"/>	

Accept Assignment:

Billing->PatientAccount->Claims tab->More Info->Type



## Element: CLM11-2 (Claim Related-Cause Code 2)

**Edit Claim Details**

Owner:  Facility:

Type	Special Program Codes	Primary	Secondary
<input type="checkbox"/> Employment <input type="checkbox"/> Auto Accident <input type="checkbox"/> Other Accident <input checked="" type="checkbox"/> None	Special Program: <input type="text"/> Delay Reason: <input type="text" value="&lt;None&gt;"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>

**Tabs:** Ambulance | Contract | **Dates** | File Information | Misc Details | Patient | Property And Casualty | Providers | Referral / Authorization | Supplemental Information | Vision

Illness, Injury or Pregnancy	Patient, Treatment Dates	Hospital, Disability Dates
Current IIP: <input type="text"/>	Last Seen Date: <input type="text"/>	Not Work From: <input type="text"/> To: <input type="text"/>
Accident: <input type="text"/>	Referral Date: <input type="text"/>	Disability From: <input type="text"/> To: <input type="text"/>
Onset of Current: <input type="text"/>	Similar Illness Date: <input type="text"/>	Hospital From: <input type="text"/> To: <input type="text"/>
Last Menstrual Period: <input type="text"/>	Initial Treatment: <input type="text"/>	Care From: <input type="text"/> To: <input type="text"/>
	Acute Manifestation: <input type="text"/>	
	Hearing/Vision Rx: <input type="text"/>	
	Last X-Ray: <input type="text"/>	
	Order Date: <input type="text"/>	

Accept Assignment:

Billing->PatientAccount->Claims tab->More Info->Type 2 (837p allows for two types, CMS 1500 allows for one and will use the first selected)

## Element: CLM11-4 (Claim Related-Cause State)

**Edit Claim Details**

Owner:  Facility:

Type	Special Program Codes	Primary	Secondary
<input type="checkbox"/> Employment <input type="checkbox"/> Auto Accident <input type="checkbox"/> Other Accident <input checked="" type="checkbox"/> None	Special Program: <input type="text"/> Delay Reason: <input type="text" value="&lt;None&gt;"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>

**Tabbed Interface:** Ambulance | Contract | **Dates** | File Information | Misc Details | Patient | Property And Casualty | Providers | Referral / Authorization | Supplemental Information | Vision

Illness, Injury or Pregnancy	Patient, Treatment Dates	Hospital, Disability Dates
Current IIP: <input type="text"/>	Last Seen Date: <input type="text"/>	Not Work From: <input type="text"/> To: <input type="text"/>
Accident: <input type="text"/>	Referral Date: <input type="text"/>	Disability From: <input type="text"/> To: <input type="text"/>
Onset of Current: <input type="text"/>	Similar Illness Date: <input type="text"/>	Hospital From: <input type="text"/> To: <input type="text"/>
Last Menstrual Period: <input type="text"/>	Initial Treatment: <input type="text"/>	Care From: <input type="text"/> To: <input type="text"/>
	Acute Manifestation: <input type="text"/>	
	Hearing/Vision Rx: <input type="text"/>	
	Last X-Ray: <input type="text"/>	
	Order Date: <input type="text"/>	

Accept Assignment:

Billing->PatientAccount->Claims tab->More Info->State

## Element: CLM11-5 (Claim Related-Cause Country Code) Not Implemented

Billing->PatientAccount->Claims tab->More Info->Country Code

## Element: CLM12 (Claim Special Program Code)

**Edit Claim Details**

Owner:  Facility:

Type	Special Program Codes	Primary	Secondary
<input type="checkbox"/> Employment <input type="checkbox"/> Auto Accident <input type="checkbox"/> Other Accident <input checked="" type="checkbox"/> None	Special Program: <input type="text" value=""/> Delay Reason: <input type="text" value="&lt;None&gt;"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>

**Navigation Tabs:** Ambulance | Contract | **Dates** | File Information | Misc Details | Patient | Property And Casualty | Providers | Referral / Authorization | Supplemental Information | Vision

Illness, Injury or Pregnancy	Patient, Treatment Dates	Hospital, Disability Dates
Current IIP: <input type="text"/>	Last Seen Date: <input type="text"/>	Not Work From: <input type="text"/> To: <input type="text"/>
Accident: <input type="text"/>	Referral Date: <input type="text"/>	Disability From: <input type="text"/> To: <input type="text"/>
Onset of Current: <input type="text"/>	Similar Illness Date: <input type="text"/>	Hospital From: <input type="text"/> To: <input type="text"/>
Last Menstrual Period: <input type="text"/>	Initial Treatment: <input type="text"/>	Care From: <input type="text"/> To: <input type="text"/>
	Acute Manifestation: <input type="text"/>	
	Hearing/Vision Rx: <input type="text"/>	
	Last X-Ray: <input type="text"/>	
	Order Date: <input type="text"/>	

Accept Assignment:

Billing->PatientAccount->Claims tab->More Info->Special Program

## Element: CLM20 (Claim Delay Reason Code)

**Edit Claim Details**

Owner:  Facility:

Type	Special Program Codes	Primary	Secondary
<input type="checkbox"/> Employment <input type="checkbox"/> Auto Accident <input type="checkbox"/> Other Accident <input checked="" type="checkbox"/> None	Special Program: <input type="text"/> Delay Reason: <input type="text" value="&lt;None&gt;"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>

**Tabs:** Ambulance | Contract | **Dates** | File Information | Misc Details | Patient | Property And Casualty | Providers | Referral / Authorization | Supplemental Information | Vision

Illness, Injury or Pregnancy	Patient, Treatment Dates	Hospital, Disability Dates
Current IIP: <input type="text"/>	Last Seen Date: <input type="text"/>	Not Work From: <input type="text"/> To: <input type="text"/>
Accident: <input type="text"/>	Referral Date: <input type="text"/>	Disability From: <input type="text"/> To: <input type="text"/>
Onset of Current: <input type="text"/>	Similar Illness Date: <input type="text"/>	Hospital From: <input type="text"/> To: <input type="text"/>
Last Menstrual Period: <input type="text"/>	Initial Treatment: <input type="text"/>	Care From: <input type="text"/> To: <input type="text"/>
	Acute Manifestation: <input type="text"/>	
	Hearing/Vision Rx: <input type="text"/>	
	Last X-Ray: <input type="text"/>	
	Order Date: <input type="text"/>	

Accept Assignment:

Billing->Patient Account->Claims tab->More Info->Delay Reason

## Segment: DTP

Loop:2300 Segment: DTP

### Element: DTP01 (Onset of Current Illness or Symptom Qualifier)

Hard Coded to '431'

### Element: DTP02 (Onset of Current Illness or Symptom Format)

Hard Coded to 'D8'

### Element: DTP03 (Onset of Current Illness or Symptom)

The screenshot shows the 'Edit Claim Details' window with the 'Dates' tab selected. The 'Onset of Current' field is highlighted with a red box. The window contains various fields for claim details, including Owner, Facility, Type, Special Program Codes, Primary/Secondary Release of Information Signature, and various dates.

Owner: Randall Oates		Facility: Family Clinic	
Type	State	Special Program Codes	
<input type="checkbox"/> Employment		Special Program	
<input type="checkbox"/> Auto Accident		Delay Reason	<None>
<input type="checkbox"/> Other Accident			
<input checked="" type="checkbox"/> None			
Primary		Secondary	
<input checked="" type="checkbox"/> Release of Information Signature		<input checked="" type="checkbox"/> Release of Information Signature	
<input type="checkbox"/> Signature Executed For Patient		<input type="checkbox"/> Signature Executed For Patient	
Benefits Assignment: Yes		Benefits Assignment: Yes	
Ambulance Contract Dates File Information Misc Details Patient Property And Casualty Providers Referral / Authorization Supplemental Information Vision			
Illness, Injury or Pregnancy		Patient, Treatment Dates	
Current IIP		Last Seen Date: 5/23/2011	
Accident		Referral Date	
Onset of Current		Similar Illness Date	
Last Menstrual Period		Initial Treatment	
		Acute Manifestation	
		Hearing/Vision Rx	
		Last X-Ray	
		Order Date	
		Hospital, Disability Dates	
		Not Work From To	
		Disability From To	
		Hospital From To	
		Care From To	
Accept Assignment: Yes			
Save Cancel			

Billing->PatientAccount->Claims tab->More Info->Dates tab->Onset of Current

### Element: DTP01 (Initial Treatment Date Qualifier)

Hard Coded to '454'

### Element: DTP02 (Initial Treatment Date Format)

Hard Coded to 'D8'

### Element: DTP03 (Initial Treatment Date)

The screenshot shows the 'Edit Claim Details' window with the 'Dates' tab selected. The 'Initial Treatment' field in the 'Patient, Treatment Dates' section is highlighted with a red box. The window includes various sections for claim details, including Owner, Facility, Type, Special Program Codes, Primary/Secondary information, and a bottom section with 'Illness, Injury or Pregnancy', 'Patient, Treatment Dates', and 'Hospital, Disability Dates'.

Owner		Facility	
Owner	Randall Oates	Facility	Family Clinic

Type		Special Program Codes		Primary		Secondary	
<input type="checkbox"/> Employment	State	Special Program		<input checked="" type="checkbox"/> Release of Information Signature		<input checked="" type="checkbox"/> Release of Information Signature	
<input type="checkbox"/> Auto Accident		Delay Reason	<None>	<input type="checkbox"/> Signature Executed For Patient		<input type="checkbox"/> Signature Executed For Patient	
<input type="checkbox"/> Other Accident				Benefits Assignment	Yes	Benefits Assignment	Yes
<input checked="" type="checkbox"/> None							

Illness, Injury or Pregnancy		Patient, Treatment Dates		Hospital, Disability Dates	
Current IIP		Last Seen Date	5/23/2011	Not Work From	To
Accident		Referral Date		Disability From	To
Onset of Current		Similar Illness Date		Hospital From	To
Last Menstrual Period		Initial Treatment		Care From	To
		Acute Manifestation			
		Hearing/Vision Rx			
		Last X-Ray			
		Order Date			

Accept Assignment: Yes

Save Cancel

Billing->Patient Account->Claims tab->More Info->Dates tab->Initial Treatment

### Element: DTP01 (Last Seen Date Qualifier)

Hard Coded to '304'

### Element: DTP02 (Last Seen Date Format)

Hard Coded to 'D8'

## Element: DTP03 (Last Seen Date)

**Edit Claim Details**

Owner: **Randall Oates** Facility: **Family Clinic**

Type	Special Program Codes	Primary	Secondary
<input type="checkbox"/> Employment <input type="checkbox"/> Auto Accident <input type="checkbox"/> Other Accident <input checked="" type="checkbox"/> None	Special Program: <input type="text"/> Delay Reason: <input type="text" value="&lt;None&gt;"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>

**Ambulance** **Contract** **Dates** **File Information** **Misc Details** **Patient** **Property And Casualty** **Providers** **Referral / Authorization** **Supplemental Information** **Vision**

Illness, Injury or Pregnancy	Patient, Treatment Dates	Hospital, Disability Dates
Current IIP: <input type="text"/>	Last Seen Date: <input type="text" value="5/23/2011"/>	Not Work From: <input type="text"/> To: <input type="text"/>
Accident: <input type="text"/>	Referral Date: <input type="text"/>	Disability From: <input type="text"/> To: <input type="text"/>
Onset of Current: <input type="text"/>	Similar Illness Date: <input type="text"/>	Hospital From: <input type="text"/> To: <input type="text"/>
Last Menstrual Period: <input type="text"/>	Initial Treatment: <input type="text"/>	Care From: <input type="text"/> To: <input type="text"/>
	Acute Manifestation: <input type="text"/>	
	Hearing/Vision Rx: <input type="text"/>	
	Last X-Ray: <input type="text"/>	
	Order Date: <input type="text"/>	

Accept Assignment:

**Save** **Cancel**

Billing->Patient Account->Claims tab->More Info->Dates tab->Last Seen Date

## Element: DTP01 (Acute Manifestation Qualifier)

Hard Coded to '453'

## Element: DTP02 (Acute Manifestation Format)

Hard Coded to 'D8'

## Element: DTP03 (Acute Manifestation)

**Edit Claim Details**

Owner:  Facility:

Type	Special Program Codes	Primary	Secondary
<input type="checkbox"/> Employment <input type="checkbox"/> Auto Accident <input type="checkbox"/> Other Accident <input checked="" type="checkbox"/> None	Special Program: <input type="text"/> Delay Reason: <input type="text" value="&lt;None&gt;"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>

**Tabs:** Ambulance | Contract | **Dates** | File Information | Misc Details | Patient | Property And Casualty | Providers | Referral / Authorization | Supplemental Information | Vision

Illness, Injury or Pregnancy	Patient, Treatment Dates	Hospital, Disability Dates
Current IIP: <input type="text"/> Accident: <input type="text"/> Onset of Current: <input type="text"/> Last Menstrual Period: <input type="text"/>	Last Seen Date: <input type="text" value="5/23/2011"/> Referral Date: <input type="text"/> Similar Illness Date: <input type="text"/> Initial Treatment: <input type="text"/> <b>Acute Manifestation: <input type="text"/></b> Hearing/Vision Rx: <input type="text"/> Last X-Ray: <input type="text"/> Order Date: <input type="text"/>	Not Work From: <input type="text"/> To: <input type="text"/> Disability From: <input type="text"/> To: <input type="text"/> Hospital From: <input type="text"/> To: <input type="text"/> Care From: <input type="text"/> To: <input type="text"/>

Accept Assignment:

Billing->Patient Account->Claims tab->More Info->Dates tab->Acute Manifestation

## Element: DTP01 (Accident Date Qualifier)

Hard Coded to '439'

## Element: DTP02 (Accident Date Format)

Hard Coded to 'D8'



## Element: DTP03 (Accident Date)

Edit Claim Details

Owner:  Facility:

Type	Special Program Codes	Primary	Secondary
<input type="checkbox"/> Employment <input type="checkbox"/> Auto Accident <input type="checkbox"/> Other Accident <input checked="" type="checkbox"/> None	Special Program: <input type="text"/> Delay Reason: <input type="text" value="&lt;None&gt;"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>

**Accident Date**

Current IIP:   
Accident:   
Onset of Current:   
Last Menstrual Period:

**Patient, Treatment Dates**

Last Seen Date:   
Referral Date:   
Similar Illness Date:   
Initial Treatment:   
Acute Manifestation:   
Hearing/Vision Rx:   
Last X-Ray:   
Order Date:

**Hospital, Disability Dates**

Not Work From:  To:   
Disability From:  To:   
Hospital From:  To:   
Care From:  To:

Accept Assignment:

Save Cancel

Billing->Patient Account->Claims tab->More Info->Dates tab->Accident

## Element: DTP01 (Last Menstrual Period Qualifier)

Hard Coded to '484'

## Element: DTP02 (Last Menstrual Period Format)

Hard Coded to 'D8'

## Element: DTP03 (Last Menstrual Period)

The screenshot shows the 'Edit Claim Details' window with the 'Dates' tab selected. The 'Owner' is 'Randall Oates' and the 'Facility' is 'Family Clinic'. The 'Type' section has 'None' selected. The 'Special Program Codes' section has 'Special Program' and 'Delay Reason' set to '<None>'. The 'Primary' and 'Secondary' sections have 'Release of Information Signature' checked and 'Benefits Assignment' set to 'Yes'. The 'Dates' tab is active, showing 'Illness, Injury or Pregnancy' with 'Current IIP' and 'Last Menstrual Period' fields. The 'Last Menstrual Period' field is highlighted with a red rectangle. The 'Patient, Treatment Dates' section has 'Last Seen Date' set to '5/23/2011'. The 'Hospital, Disability Dates' section has 'Not Work From', 'Disability From', 'Hospital From', and 'Care From' fields. The 'Accept Assignment' field is set to 'Yes'. 'Save' and 'Cancel' buttons are at the bottom right.

Billing->Patient Account->Claims tab->More Info->Dates tab->Last Menstrual Period

## Element: DTP01 (Last X-Ray Date Qualifier)

Hard Coded to '455'

## Element: DTP02 (Last X-Ray Date Format)

Hard Coded to 'D8'

## Element: DTP03 (Last X-Ray Date)

**Edit Claim Details**

Owner: **Randall Oates** Facility: **Family Clinic**

Type	Special Program Codes	Primary	Secondary
<input type="checkbox"/> Employment State: <input type="text"/>	Special Program: <input type="text"/>	<input checked="" type="checkbox"/> Release of Information Signature	<input checked="" type="checkbox"/> Release of Information Signature
<input type="checkbox"/> Auto Accident <input type="text"/>	Delay Reason: <input type="text" value="None"/>	<input type="checkbox"/> Signature Executed For Patient	<input type="checkbox"/> Signature Executed For Patient
<input type="checkbox"/> Other Accident		Benefits Assignment: <input type="text" value="Yes"/>	Benefits Assignment: <input type="text" value="Yes"/>
<input checked="" type="checkbox"/> None			

**Ambulance Contract Dates File Information Misc Details Patient Property And Casualty Providers Referral / Authorization Supplemental Information Vision**

Illness, Injury or Pregnancy	Patient, Treatment Dates	Hospital, Disability Dates
Current IIP: <input type="text"/>	Last Seen Date: <input type="text" value="5/23/2011"/>	Not Work From: <input type="text"/> To: <input type="text"/>
Accident: <input type="text"/>	Referral Date: <input type="text"/>	Disability From: <input type="text"/> To: <input type="text"/>
Onset of Current: <input type="text"/>	Similar Illness Date: <input type="text"/>	Hospital From: <input type="text"/> To: <input type="text"/>
Last Menstrual Period: <input type="text"/>	Initial Treatment: <input type="text"/>	Care From: <input type="text"/> To: <input type="text"/>
	Acute Manifestation: <input type="text"/>	
	Hearing/Vision Rx: <input type="text"/>	
	Last X-Ray: <input type="text"/>	
	Order Date: <input type="text"/>	

Accept Assignment:

**Save Cancel**

Billing->Patient Account->Claims tab->More Info->Dates tab->Last X-Ray

## Element: DTP01 (Hearing & Vision Prescription Date Qualifier)

Hard Coded to '471'

## Element: DTP02 (Hearing & Vision Prescription Date Format)

Hard Coded to 'D8'

## Element: DTP03 (Hearing & Vision Prescription Date)

**Edit Claim Details**

Owner: **Randall Oates** Facility: **Family Clinic**

Type	Special Program Codes	Primary	Secondary
<input type="checkbox"/> Employment <input type="checkbox"/> Auto Accident <input type="checkbox"/> Other Accident <input checked="" type="checkbox"/> None	Special Program: <input type="text"/> Delay Reason: <input type="text" value="&lt;None&gt;"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>

**Ambulance Contract Dates File Information Misc Details Patient Property And Casualty Providers Referral / Authorization Supplemental Information Vision**

Illness, Injury or Pregnancy	Patient, Treatment Dates	Hospital, Disability Dates
Current IIP: <input type="text"/> Accident: <input type="text"/> Onset of Current: <input type="text"/> Last Menstrual Period: <input type="text"/>	Last Seen Date: <input type="text" value="5/23/2011"/> Referral Date: <input type="text"/> Similar Illness Date: <input type="text"/> Initial Treatment: <input type="text"/> Acute Manifestation: <input type="text"/> Hearing/Vision Rx: <input type="text"/> Last X-Ray: <input type="text"/> Order Date: <input type="text"/>	Not Work From: <input type="text"/> To: <input type="text"/> Disability From: <input type="text"/> To: <input type="text"/> Hospital From: <input type="text"/> To: <input type="text"/> Care From: <input type="text"/> To: <input type="text"/>

Accept Assignment:

**Save Cancel**

Billing->Patient Account->Claims tab->More Info->Dates tab->Hearing/Vision Rx

## Element: DTP01 (Disability Dates Qualifier)

Need to create begin and end segment of '314'

## Element: DTP02 (Disability Dates Format)

Need to create begin and end segment of 'RD8'

## Element: DTP03 (Disability Dates)

**Edit Claim Details**

Owner: **Randall Oates** Facility: **Family Clinic**

Type	Special Program Codes	Primary	Secondary
<input type="checkbox"/> Employment <input type="checkbox"/> Auto Accident <input type="checkbox"/> Other Accident <input checked="" type="checkbox"/> None	Special Program: <input type="text"/> Delay Reason: <input type="text" value="&lt;None&gt;"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>

**Ambulance Contract Dates File Information Misc Details Patient Property And Casualty Providers Referral / Authorization Supplemental Information Vision**

Illness, Injury or Pregnancy	Patient, Treatment Dates	Hospital, Disability Dates
Current IIP: <input type="text"/> Accident: <input type="text"/> Onset of Current: <input type="text"/> Last Menstrual Period: <input type="text"/>	Last Seen Date: <input type="text" value="5/23/2011"/> Referral Date: <input type="text"/> Similar Illness Date: <input type="text"/> Initial Treatment: <input type="text"/> Acute Manifestation: <input type="text"/> Hearing/Vision Rx: <input type="text"/> Last X-Ray: <input type="text"/> Order Date: <input type="text"/>	Not Work From: <input type="text"/> To: <input type="text"/> Disability From: <input type="text"/> To: <input type="text"/> Hospital From: <input type="text"/> To: <input type="text"/> Care From: <input type="text"/> To: <input type="text"/>

Accept Assignment:

**Save Cancel**

Billing->Patient Account->Claims tab->More Info->Dates tab->Disability From/To

## Element: DTP01 (Last Worked Date Qualifier)

Hard Coded to '297'

## Element: DTP02 (Last Worked Date Format)

Hard Coded to 'D8'

## Element: DTP03 (Last Worked Date)

Edit Claim Details

Owner:  Facility:

Type	Special Program Codes	Primary	Secondary
<input type="checkbox"/> Employment <input type="checkbox"/> Auto Accident <input type="checkbox"/> Other Accident <input checked="" type="checkbox"/> None	Special Program: <input type="text"/> Delay Reason: <input type="text" value="&lt;None&gt;"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>

Ambulance Contract **Dates** File Information Misc Details Patient Property And Casualty Providers Referral / Authorization Supplemental Information Vision

Illness, Injury or Pregnancy	Patient, Treatment Dates	Hospital, Disability Dates
Current IIP: <input type="text"/> Accident: <input type="text"/> Onset of Current: <input type="text"/> Last Menstrual Period: <input type="text"/>	Last Seen Date: <input type="text" value="5/23/2011"/> Referral Date: <input type="text"/> Similar Illness Date: <input type="text"/> Initial Treatment: <input type="text"/> Acute Manifestation: <input type="text"/> Hearing/Vision Rx: <input type="text"/> Last X-Ray: <input type="text"/> Order Date: <input type="text"/>	Not Work From: <input type="text"/> To: <input type="text"/> Disability From: <input type="text"/> To: <input type="text"/> Hospital From: <input type="text"/> To: <input type="text"/> Care From: <input type="text"/> To: <input type="text"/>

Accept Assignment:

Save Cancel

Billing->Patient Account->Claims tab->More Info->Dates tab->Not Worked From

## Element: DTP01 (Authorized Return to Work Date Qualifier)

Hard Coded to '296'

## Element: DTP02 (Authorized Return to Work Date Format)

Hard Coded to 'D8'

## Element: DTP03 (Authorized Return to Work Date)

Edit Claim Details

Owner:  Facility:

Type	Special Program Codes	Primary	Secondary
<input type="checkbox"/> Employment <input type="checkbox"/> Auto Accident <input type="checkbox"/> Other Accident <input checked="" type="checkbox"/> None	Special Program: <input type="text"/> Delay Reason: <input type="text" value="&lt;None&gt;"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>

Ambulance Contract **Dates** File Information Misc Details Patient Property And Casualty Providers Referral / Authorization Supplemental Information Vision

Illness, Injury or Pregnancy	Patient, Treatment Dates	Hospital, Disability Dates
Current IIP: <input type="text"/> Accident: <input type="text"/> Onset of Current: <input type="text"/> Last Menstrual Period: <input type="text"/>	Last Seen Date: <input type="text" value="5/23/2011"/> Referral Date: <input type="text"/> Similar Illness Date: <input type="text"/> Initial Treatment: <input type="text"/> Acute Manifestation: <input type="text"/> Hearing/Vision Rx: <input type="text"/> Last X-Ray: <input type="text"/> Order Date: <input type="text"/>	Not Work From: <input type="text"/> To: <input type="text"/> Disability From: <input type="text"/> To: <input type="text"/> Hospital From: <input type="text"/> To: <input type="text"/> Care From: <input type="text"/> To: <input type="text"/>

Accept Assignment:

Save Cancel

Billing->Patient Account->Claims tab->More Info->Dates tab->Not Worked To

## Element: DTP01 (Admission Date Qualifier)

Hard Coded to '435'

## Element: DTP02 (Admission Date Format)

Hard Coded to 'D8'

## Element: DTP03 (Admission Date)

**Edit Claim Details**

Owner: **Randall Oates** Facility: **Family Clinic**

Type	Special Program Codes	Primary	Secondary
<input type="checkbox"/> Employment <input type="checkbox"/> Auto Accident <input type="checkbox"/> Other Accident <input checked="" type="checkbox"/> None	Special Program: <input type="text"/> Delay Reason: <input type="text" value="&lt;None&gt;"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>

**Ambulance Contract Dates File Information Misc Details Patient Property And Casualty Providers Referral / Authorization Supplemental Information Vision**

Illness, Injury or Pregnancy	Patient, Treatment Dates	Hospital, Disability Dates
Current IIP: <input type="text"/> Accident: <input type="text"/> Onset of Current: <input type="text"/> Last Menstrual Period: <input type="text"/>	Last Seen Date: <input type="text" value="5/23/2011"/> Referral Date: <input type="text"/> Similar Illness Date: <input type="text"/> Initial Treatment: <input type="text"/> Acute Manifestation: <input type="text"/> Hearing/Vision Rx: <input type="text"/> Last X-Ray: <input type="text"/> Order Date: <input type="text"/>	Not Work From: <input type="text"/> To: <input type="text"/> Disability From: <input type="text"/> To: <input type="text"/> Hospital From: <input type="text"/> To: <input type="text"/> Care From: <input type="text"/> To: <input type="text"/>

Accept Assignment:

**Save Cancel**

Billing->Patient Account->Claims tab->More Info->Dates tab->Hospital From

## Element: DTP01 (Discharge Date Qualifier)

Hard Coded to '096'

## Element: DTP02 (Discharge Date Format)

Hard Coded to 'D8'



## Element: DTP03 (Discharge Date)

Edit Claim Details

Owner:  Facility:

Type	Special Program Codes	Primary	Secondary
<input type="checkbox"/> Employment <input type="checkbox"/> Auto Accident <input type="checkbox"/> Other Accident <input checked="" type="checkbox"/> None	Special Program: <input type="text"/> Delay Reason: <input type="text" value="&lt;None&gt;"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>

**Ambulance Contract Dates File Information Misc Details Patient Property And Casualty Providers Referral / Authorization Supplemental Information Vision**

Illness, Injury or Pregnancy	Patient, Treatment Dates	Hospital, Disability Dates
Current IIP: <input type="text"/> Accident: <input type="text"/> Onset of Current: <input type="text"/> Last Menstrual Period: <input type="text"/>	Last Seen Date: <input type="text" value="5/23/2011"/> Referral Date: <input type="text"/> Similar Illness Date: <input type="text"/> Initial Treatment: <input type="text"/> Acute Manifestation: <input type="text"/> Hearing/Vision Rx: <input type="text"/> Last X-Ray: <input type="text"/> Order Date: <input type="text"/>	Not Work From: <input type="text"/> To: <input type="text"/> Disability From: <input type="text"/> To: <input type="text"/> Hospital From: <input type="text"/> To: <input type="text"/> Care From: <input type="text"/> To: <input type="text"/>

Accept Assignment:

Save Cancel

Billing->Patient Account->Claims tab->More Info->Dates tab->Hospital To

## Element: DTP01 (Assumed Care Date Qualifier)

Hard Coded to '090'

## Element: DTP02 (Assumed Care Date Format)

Hard Coded to 'D8'

## Element: DTP03 (Assumed Care Date)

Edit Claim Details

Owner:  Facility:

Type	Special Program Codes	Primary	Secondary
<input type="checkbox"/> Employment <input type="checkbox"/> Auto Accident <input type="checkbox"/> Other Accident <input checked="" type="checkbox"/> None	Special Program: <input type="text"/> Delay Reason: <input type="text" value="&lt;None&gt;"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>

Ambulance Contract **Dates** File Information Misc Details Patient Property And Casualty Providers Referral / Authorization Supplemental Information Vision

Illness, Injury or Pregnancy	Patient, Treatment Dates	Hospital, Disability Dates
Current IIP: <input type="text"/>	Last Seen Date: <input type="text" value="5/23/2011"/>	Not Work From: <input type="text"/> To: <input type="text"/>
Accident: <input type="text"/>	Referral Date: <input type="text"/>	Disability From: <input type="text"/> To: <input type="text"/>
Onset of Current: <input type="text"/>	Similar Illness Date: <input type="text"/>	Hospital From: <input type="text"/> To: <input type="text"/>
Last Menstrual Period: <input type="text"/>	Initial Treatment: <input type="text"/>	Care From: <input type="text"/> To: <input type="text"/>
	Acute Manifestation: <input type="text"/>	
	Hearing/Vision Rx: <input type="text"/>	
	Last X-Ray: <input type="text"/>	
	Order Date: <input type="text"/>	

Accept Assignment:

Save Cancel

Billing->Patient Account->Claims tab->More Info->Dates tab->Care From

## Element: DTP01 (Relinquished Care Date Qualifier)

Hard Coded to '091'

## Element: DTP02 (Relinquished Care Date Format)

Hard Coded to 'D8'

## Element: DTP03 (Relinquished Care Date)

Edit Claim Details

Owner:  Facility:

Type	Special Program Codes	Primary	Secondary
<input type="checkbox"/> Employment <input type="checkbox"/> Auto Accident <input type="checkbox"/> Other Accident <input checked="" type="checkbox"/> None	Special Program: <input type="text"/> Delay Reason: <input type="text" value="&lt;None&gt;"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>

Ambulance Contract **Dates** File Information Misc Details Patient Property And Casualty Providers Referral / Authorization Supplemental Information Vision

Illness, Injury or Pregnancy	Patient, Treatment Dates	Hospital, Disability Dates
Current IIP: <input type="text"/> Accident: <input type="text"/> Onset of Current: <input type="text"/> Last Menstrual Period: <input type="text"/>	Last Seen Date: <input type="text" value="5/23/2011"/> Referral Date: <input type="text"/> Similar Illness Date: <input type="text"/> Initial Treatment: <input type="text"/> Acute Manifestation: <input type="text"/> Hearing/Vision Rx: <input type="text"/> Last X-Ray: <input type="text"/> Order Date: <input type="text"/>	Not Work From: <input type="text"/> To: <input type="text"/> Disability From: <input type="text"/> To: <input type="text"/> Hospital From: <input type="text"/> To: <input type="text"/> Care From: <input type="text"/> To: <input type="text"/>

Accept Assignment:

Save Cancel

Billing->Patient Account->Claims tab->More Info->Dates tab->Care To

## Element: DTP01 (Property and Casualty Date of First Contact Qualifier)

Hard Coded to '444'

## Element: DTP02 (Property and Casualty Date of First Contact Format)

Hard Coded to 'D8'

## Element: DTP03 ((Property and Casualty Date of First Contact )

The screenshot shows the 'Edit Claim Details' window with the 'Property And Casualty' tab selected. The 'First Contact Date' dropdown is highlighted with a red box. The window contains various fields for claim information, including Owner, Facility, Type, Special Program Codes, Primary/Secondary sections, and a Service Facility section.

Owner: Randall Oates Facility: Family Clinic

Type: ☐ Employment ☐ Auto Accident ☐ Other Accident ☒ None

Special Program Codes: Special Program:  Delay Reason:

Primary: ☒ Release of Information Signature ☐ Signature Executed For Patient Benefits Assignment: Yes

Secondary: ☒ Release of Information Signature ☐ Signature Executed For Patient Benefits Assignment: Yes

Claim Number:   
Contact Name:   
Contact Phone:  Ex:   
Patient Id Type: ☒ Do Not Send ☐ Member Id Number ☐ Social Security Number  
Patient Id:   
First Contact Date:   
Service Facility: Contact:   
Phone:  Extension:

Accept Assignment: Yes

Save Cancel

Billing->Patient Account->Claims tab->More Info->Property And Casualty tab->First Contact Date

## Element: ..(Repricer Received Date) N/A

SOAPware is a provider system, not a repricer

## Segment: PWK

Loop: 2300 Segment: PWK

### Element: PWK01 (Claim Supplemental Information Report Type Code) Up to 10x

The screenshot shows the 'Edit Claim Details' window with the 'Supplemental Information' tab selected. The 'Report Type Code' field is highlighted with a red box. The window contains various fields for claim details, including Owner, Facility, Type, Special Program Codes, Primary, Secondary, and Supplemental Information. The 'Supplemental Information' tab is active, showing a table with columns for Control Number, Report Type Code, and Transmission Type. The 'Report Type Code' field is highlighted with a red box. The 'Transmission Type' field is set to 'LOOP 2300 PWK'. The 'Accept Assignment' field is set to 'Yes'. The 'Save' and 'Cancel' buttons are at the bottom right.

Control Number	Report Type Code	Transmission Type
		LOOP 2300 PWK

Billing->Patient Account->Claims tab->More Info->Supplemental Information->Report Type Code

## Element: PWK02 (Claim Supplemental Information Report Transmission Code) Up to 10x

The screenshot shows the 'Edit Claim Details' window with the 'Supplemental Information' tab selected. The 'Transmission Type' field is highlighted with a red box. The window contains various fields for claim details, including Owner, Facility, Type, Special Program Codes, Primary/Secondary information, and a list of supplemental information items.

Owner: Randall Oates Facility: Family Clinic

Type: ☐ Employment State:  ☐ Auto Accident ☐ Other Accident ☒ None

Special Program Codes: Special Program:  Delay Reason: <None>

Primary: ☒ Release of Information Signature ☐ Signature Executed For Patient Benefits Assignment: Yes

Secondary: ☒ Release of Information Signature ☐ Signature Executed For Patient Benefits Assignment: Yes

Supplemental Information: Control Number Report Type Code Transmission Type

LOOP 2300 PWK

Accept Assignment: Yes

Save Cancel

Billing->Patient Account->Claims tab->More Info->Supplemental Information->Transmission Type

## Element: PWK05 (Claim Supplemental Information Report Identification Code Qualifier) Up to 10x

Hard Coded if PWK02=BM, EL, EM, FX OR FT

## Element: PWK06 (Claim Supplemental Information Report Identification Code) Up to 10x

**Edit Claim Details**

Owner: Randall Oates Facility: Family Clinic

Type	Special Program Codes	Primary	Secondary
<input type="checkbox"/> Employment State: <input type="text"/>	Special Program: <input type="text"/>	<input checked="" type="checkbox"/> Release of Information Signature	<input checked="" type="checkbox"/> Release of Information Signature
<input type="checkbox"/> Auto Accident <input type="text"/>	Delay Reason: <input type="text" value="&lt;None&gt;"/>	<input type="checkbox"/> Signature Executed For Patient	<input type="checkbox"/> Signature Executed For Patient
<input type="checkbox"/> Other Accident		Benefits Assignment: <input type="text" value="Yes"/>	Benefits Assignment: <input type="text" value="Yes"/>
<input checked="" type="checkbox"/> None			

Ambulance Contract Dates File Information Misc Details Patient Property And Casualty Providers Referral / Authorization Supplemental Information Vision

Control Number Report Type Code Transmission Type

LOOP 2300 PWK

Accept Assignment:

Save Cancel

Billing->Patient Account->Claims tab->More Info->Supplemental Information->Control Number, if PWK02=BM, EL, EM, FX OR FT

Segment: CN1

Loop: 2300 Segment: CN1

Element:..... (Contract Information)

Edit Claim Details

OwnerRandall Oates

FacilityFamily Clinic

Type

☐ Employment

State

☐ Auto Accident

☐ Other Accident

☒ None

Special Program Codes

Special Program

Delay Reason

<None>

Primary

☒ Release of Information Signature

☐ Signature Executed For Patient

Benefits AssignmentYes

Secondary

☒ Release of Information Signature

☐ Signature Executed For Patient

Benefits AssignmentYes

Ambulance

Contract

Dates

File Information

Misc Details

Patient

Property And Casualty

Providers

Referral / Authorization

Supplemental Information

Vision

Type

<None>

Amount

<None>

Percentage

<None>

Code

<None>

Discount Percentage

<None>

Version

<None>

Accept Assignment

Yes

Save

Cancel

Billing->PatientAccount->Claims tab->More Info->Contract tab (For post-adjudicated claims. TBD



**Segment: AMT**

---

Loop: 2300 Segment: AMT

<b>Element: AMT01 (Patient Amount Paid Qualifier)</b>
---

Hard Coded

<b>Element: AMT02 (Patient Amount Paid)</b>
---

Hard Coded

## Segment: REF

---

Loop:2300 Segment: REF

**Element: REF01 (Service Authorization Exception Code Qualifier)**

Hard Coded to '4N'

**Element: REF02 (Service Authorization Exception Code)**

TBD

**Element:..... (Mandatory Medicare Crossover Indicator)**

Submitter is Medicare

**Element: REF01 (Mammography Certification Number Qualifier)**

Hard Coded to 'EW'

## Element: REF02 (Mammography Certification Number) Size Limit 50

**Edit Claim Details**

Owner:  Facility:

Type	Special Program Codes	Primary	Secondary
<input type="checkbox"/> Employment <input type="checkbox"/> Auto Accident <input type="checkbox"/> Other Accident <input checked="" type="checkbox"/> None	Special Program: <input type="text"/> Delay Reason: <input type="text" value="&lt;None&gt;"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>

**Lab**

☐ Outside Lab Charges:   
Lab:   
☐ Homebound

**Spinal Manipulation**

Nature of Condition:   
Description:   
Additional Description:

**Anesthesia Related Procedures**

Procedure 1:

**EPSDT**

Code:   
Code (2):   
Code (3):

**Mammography**

Certification Number:

**Service Authorization Exemption**

Code:

**Investigational Device**

Code:

Accept Assignment:

Billing->Patient Account->Claims tab->More Info->Mammography Certification Number

## Element: REF01 (Referral Number Qualifier)

Hard Coded to '9F'

## Element: REF02 (Referral Number)

**Edit Claim Details**

Owner:  Facility:

Type	Special Program Codes	Primary	Secondary
<input type="checkbox"/> Employment <input type="checkbox"/> Auto Accident <input type="checkbox"/> Other Accident <input checked="" type="checkbox"/> None	Special Program: <input type="text"/> Delay Reason: <input type="text" value="&lt;None&gt;"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>

**Referral Numbers**

Number	Policy
<a href="#">Click here to add a new row</a>	

**Prior Authorization**

Number	Policy
<a href="#">Click here to add a new row</a>	

Accept Assignment:

Billing->Patient Account->Claims tab->Select Visit->More Info->Referral/Authorization tab->Referral Number

## Element: REF01 (Prior Authorization Qualifier)

Hard Coded to 'G1' Need one for each payer

## Element: REF02 (Prior Authorization) Size Limit 50

**Edit Claim Details**

Owner:  Facility:

**Type**

☐ Employment   
☐ Auto Accident   
☐ Other Accident  
☒ None

**Special Program Codes**

Special Program:   
Delay Reason:

**Primary**

☒ Release of Information Signature  
☐ Signature Executed For Patient  
Benefits Assignment:

**Secondary**

☒ Release of Information Signature  
☐ Signature Executed For Patient  
Benefits Assignment:

**Referral / Authorization**

**Referral Numbers**

Number	Policy
Click here to add a new row	

**Prior Authorization**

Number	Policy
<input type="text" value=""/>	Click here to add a new row

Accept Assignment:

Billing->Patient Account->Claims tab->Select Visit->More Info->Referral/Authorization tab->Prior Authorization Number. Need one for each payer.

## Element: REF01 (Payer Claim Control Number Qualifier)

Hard Coded to 'F8'. Need one for each payer

## Element: REF02 (Payer Claim Control Number)

**Patient Information:**

Clyde, Annie NMI. Account 112

Date of Birth: 5/21/1947 | Age: 64 | Sex: Female | Status: Married

Address: 315 Maple Ave Springdale, AR 72764

Home: (555) 223-5656 | Work: (555) 223-6677 | Cell: (479) 236-5846

**Balances:**

	Personal	Insurance	Totals
Family	\$959.00	\$929.47	\$1,888.47
Patient	\$215.00	\$1,632.08	\$1,847.08
<b>Totals</b>	<b>\$1,174.00</b>	<b>\$2,561.55</b>	<b>\$3,735.55</b>

**Edit Claim Details:**

Owner: Randall Oates | Facility: Northwest Clinic

**Type:** ☒ Auto Accident | State: AR

**Special Program Codes:** Special Program: | Delay Reason: <None>

**Primary:** ☒ Release of Information Signature | ☐ Signature Executed For Patient | Benefits Assignment: Yes

**Secondary:** ☒ Release of Information Signature | ☐ Signature Executed For Patient | Benefits Assignment: Yes

**Original Reference Number:**

Company Name	Policy Status	Insured Name	Plan Name	Policy Number
BCBS	Primary	Annie NMI Clyde	TrBlu	4567
UHC	Secondary	Annie Clyde		4625132
Medicare of AR	Inactive	Annie NMI Clyde		456132
UHC	Inactive	Annie Clyde		12121

**Accept Assignment:** Yes

Buttons: Save, Cancel

1. Open the Patient Account.
2. Click on the Claims tab.
3. Select the claim.
4. Click on More Info.
5. Click the Misc Details tab.
6. Under Original Reference Number section, click drop down for Policy ID and select the policy that the claim control number relates to.
7. Under the Number field, type in the control claim number that was given from the payer for the claim.

Below is a sample of what this will look like in the 837P electronic file:

**REF\*F8\*R555588~**

## Element: REF01 (CLIA Number Qualifier)

Hard Coded to 'X4'

The image shows a software window titled "Facility" with a standard Windows interface (minimize, maximize, close buttons). Inside the window, there is a form for managing facility information. At the top, a "Facility:" label is followed by a text box containing "Family Clinic". Below this are three tabs: "Details" (selected), "Scheduler", and "Additional IDs". The "Details" tab contains several input fields: "Full Legal Name" (Family Clinic), "Street" (123 Some|St), "City" (Any City), "St" (Ar), "Zip" (72701), "Phone #" ((479) 555-5555), "NPI #" (group NPI#), "Place of Service" (Office - 11), "Billing Inquiry #" ((479) 555-4444), "CLIA Number" (Facility CLIA##), and "State License Number" (123456). The "CLIA Number" field is highlighted with a red rectangular border. At the bottom right of the form are "Update" and "Cancel" buttons.

Field	Value
Facility:	Family Clinic
Full Legal Name	Family Clinic
Street	123 Some St
City	Any City
St	Ar
Zip	72701
Phone #	(479) 555-5555
NPI #	group NPI#
Place of Service	Office - 11
Billing Inquiry #	(479) 555-4444
CLIA Number	Facility CLIA##
State License Number	123456

Tools->Manage Facilities->CLIA

**Element: REF02 (CLIA Number) #2 Size Limit 50**

The screenshot shows the 'Edit Claim Details' window with the 'Misc Details' tab selected. The 'Lab' dropdown menu is highlighted with a red circle. The window contains various fields for claim details, including Owner, Facility, Type, Special Program Codes, Primary/Secondary information, and various checkboxes and dropdowns for services and procedures.

Billing->Patient Account->Claims tab->Select Visit->More Info->Misc Details tab->Lab (select from drop down)

**Element:..... (Repriced Claim Number)**

N/A

**Element:..... (Adjusted Repriced Claim Number)**

N/A

**Element: REF01 (Investigational Device Exemption Number Qualifier)**

Hard Coded to 'LX'



## Element: REF02 (Investigational Device Exemption Number) Size Limit 50

The screenshot shows the 'Edit Claim Details' window with the 'Misc Details' tab selected. The 'Investigational Device Exemption Number' field is highlighted with a red rectangle. The window contains various sections for claim information, including Owner, Facility, Type, Special Program Codes, Primary/Secondary information, and a list of tabs at the bottom.

Owner: Randall Oates Facility: Family Clinic

Type: ☐ Employment ☐ Auto Accident ☐ Other Accident ☒ None

Special Program Codes: Special Program:  Delay Reason:

Primary: ☒ Release of Information Signature ☐ Signature Executed For Patient Benefits Assignment: Yes

Secondary: ☒ Release of Information Signature ☐ Signature Executed For Patient Benefits Assignment: Yes

Lab:  Code:  Code (2):  Code (3):

Homebound: ☐ Spinal Manipulation: Nature of Condition:  Description:  Additional Description:

Anesthesia Related Procedures: Procedure 1:  Procedure 2:

Condition Information:

Mammography: Certification Number:

Service Authorization Exemption: Code:

Investigational Device: Exemption Number:

Medical Record: Number:

Accept Assignment: Yes

Save Cancel

Billing->Patient Account->Claims tab->Select Visit->More Info->Misc Details tab->Investigational Device Exemption Number

## Element:....(Claim Identifier for Transmission Intermediaries)

N/A

## Element: REF01 (Medical Record Number Qualifier)

Hard Coded to 'EA'

## Element: REF02 (Medical Record Number) Size Limit 50

**Edit Claim Details**

Owner:  Facility:

Type	Special Program Codes	Primary	Secondary
<input type="checkbox"/> Employment <input type="checkbox"/> Auto Accident <input type="checkbox"/> Other Accident <input checked="" type="checkbox"/> None	Special Program: <input type="text"/> Delay Reason: <input type="text" value="&lt;None&gt;"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>

**Tabs:** Ambulance | Contract | Dates | File Information | **Misc Details** | Patient | Property And Casualty | Providers | Referral / Authorization | Supplemental Information | Vision

**Anesthesia Related Procedures**

Procedure 1:

Procedure 2:

**Condition Information**

LOOP 2300 HI

**Service Authorization Exemption**

Code:

Investigational Device

Exemption Number:

**Medical Record**

Number:

**Demonstration Project**

Identifier:

**Care Plan Oversight**

Number:

Accept Assignment:

Billing->Patient Account->Claims tab->Select Visit->More Info->Misc Details tab->Medical Record Number

## Element: REF01 (Demonstration Project Identifier Qualifier)

Hard Coded

## Element: REF02 (Demonstration Project Identifier) Size Limit 50

The screenshot shows the 'Edit Claim Details' window with the 'Misc Details' tab selected. The 'Demonstration Project Identifier' field is highlighted with a red rectangle. The window contains various sections for claim information, including Owner, Facility, Type, Special Program Codes, Primary/Secondary sections, and tabs for Ambulance, Contract, Dates, File Information, Misc Details, Patient, Property And Casualty, Providers, Referral / Authorization, Supplemental Information, and Vision. The 'Demonstration Project Identifier' field is currently set to '<None>'.

Owner: Randall Oates Facility: Family Clinic

Type: ☐ Employment State:  ☐ Auto Accident ☐ Other Accident ☒ None

Special Program Codes: Special Program:  Delay Reason:

Primary: ☒ Release of Information Signature ☐ Signature Executed For Patient Benefits Assignment: Yes

Secondary: ☒ Release of Information Signature ☐ Signature Executed For Patient Benefits Assignment: Yes

Service Authorization Exemption: Code:

Investigational Device: Exemption Number:

Medical Record: Number:

Demonstration Project: Identifier:

Care Plan Oversight: Number:

Condition Information: LOOP 2300 HI

Accept Assignment: Yes

Save Cancel

Billing->Patient Account->Claims tab->Select Visit->More Info->Misc Details tab->Demonstration Project ->Identifier

## Element: REF01 (Care Plan Oversight Qualifier)

Hard Coded to '1J'

## Element: REF02 (Care Plan Oversight)

**Edit Claim Details**

Owner:  Facility:

Type	Special Program Codes	Primary	Secondary
<input type="checkbox"/> Employment <input type="checkbox"/> Auto Accident <input type="checkbox"/> Other Accident <input checked="" type="checkbox"/> None	Special Program: <input type="text"/> Delay Reason: <input type="text" value="&lt;None&gt;"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>

**Navigation Tabs:** Ambulance | Contract | Dates | File Information | **Misc Details** | Patient | Property And Casualty | Providers | Referral / Authorization | Supplemental Information | Vision

**Anesthesia Related Procedures**

Procedure 1:

Procedure 2:

**Condition Information**

LOOP 2300 HI

**Service Authorization Exemption**

Code:

Investigational Device

Exemption Number:

**Medical Record**

Number:

Demonstration Project

Identifier:

**Care Plan Oversight**

Number:

Accept Assignment:

Billing->Patient Account->Claims tab->Select Visit->More Info->Misc Details tab->Care Plan Oversight ->Number

## Segment: K3

Loop: 2300 Segment: K3

### Element: K301 (File Information) Size Limit 80

The screenshot shows the 'Edit Claim Details' window with the following fields and tabs:

- Owner:** Randall Oates
- Facility:** Family Clinic
- Type:** ☐ Employment, ☐ Auto Accident, ☐ Other Accident, ☒ None. A 'State' dropdown is next to the checkboxes.
- Special Program Codes:** **Special Program:** [dropdown], **Delay Reason:** <None>
- Primary:** ☒ Release of Information Signature, ☐ Signature Executed For Patient, **Benefits Assignment:** Yes
- Secondary:** ☒ Release of Information Signature, ☐ Signature Executed For Patient, **Benefits Assignment:** Yes
- Tabs:** Ambulance, Contract, Dates, **File Information**, Misc Details, Patient, Property And Casualty, Providers, Referral / Authorization, Supplemental Information, Vision.
- File Information Section:** A red rectangle highlights the 'File Information' header. Below it is a large text area containing the text 'LOOP 2300 K3 File Information'.
- Accept Assignment:** Yes
- Buttons:** Save, Cancel

Billing->Patient Account->Claims tab->Select Visit->More Info-> File Information tab. Up to 10x

## Segment: NTE

Loop: 2300 Segment: NTE

### Element: NTE01 (Claim Note Reference Code)

The screenshot shows the 'Edit Claim Details' window with the 'Misc Details' tab selected. The 'Note' section has a red box around the 'Type' dropdown menu, which is currently set to '<None>'. The 'Original Reference Number' section shows 'LOOP 2300 / 23308 REF with F8'. The 'Accept Assignment' dropdown is set to 'Yes'.

Owner: Randall Oates Facility: Family Clinic

Type: ☐ Employment ☐ Auto Accident ☐ Other Accident ☒ None

Special Program Codes: Special Program:  Delay Reason: <None>

Primary: ☒ Release of Information Signature ☐ Signature Executed For Patient Benefits Assignment: Yes

Secondary: ☒ Release of Information Signature ☐ Signature Executed For Patient Benefits Assignment: Yes

Paper Claim Info: Reserved For Local Use (Box 19):  Medicaid Resubmission Number:

Note: Text: <None> Type: <None>

Lab: ☐ Outside Lab Charges: \$0.00 Lab:  ☐ Homebound

Original Reference Number: Number:  Policy Id:  LOOP 2300 / 23308 REF with F8

EPSTDT: Code:  Code (2):

Accept Assignment: Yes

Save Cancel

Billing- >Patient Account->Claims tab->Select Visit->More Info->Misc Details tab->Note Type  
(Select from drop down list)

## Element: NTE02 (Claim Note Text) Size Limit 80

**Edit Claim Details**

Owner:  Facility:

Type	Special Program Codes	Primary	Secondary
<input type="checkbox"/> Employment <input type="checkbox"/> Auto Accident <input type="checkbox"/> Other Accident <input checked="" type="checkbox"/> None	Special Program: <input type="text"/> Delay Reason: <input type="text" value="&lt;None&gt;"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>

**Tabs:** Ambulance | Contract | Dates | File Information | **Misc Details** | Patient | Property And Casualty | Providers | Referral / Authorization | Supplemental Information | Vision

**Paper Claim Info**

Reserved For Local Use (Box 19):   
Medicaid Resubmission Number:

**Note**

Text:   
Type:

**Lab**

☐ Outside Lab Charges:   
Lab:   
☐ Homebound

**Original Reference Number**

Number	Policy Id
LOOP 2300 / 23308 REF with F8	

**EPSDT**

Code:   
Code (2):

Accept Assignment:

Billing- >Patient Account->Claims tab->Select Visit->More Info->Misc Details tab->Note->Text

## Segment: CR1

Loop: 2300 Segment: CR1

### Element: CR101 (Ambulance Transport Information Weight Measurement Code)

Hard Coded to 'LB'

### Element: CR102 (Ambulance Transport Information Weight)

The screenshot shows the 'Edit Claim Details' window with the 'Ambulance' tab selected. The window is divided into several sections:

- Owner:** Randall Oates
- Facility:** Family Clinic
- Type:** ☐ Employment, ☐ Auto Accident, ☐ Other Accident, ☒ None
- Special Program Codes:** Special Program (dropdown), Delay Reason (<None>)
- Primary:** ☒ Release of Information Signature, ☐ Signature Executed For Patient, Benefits Assignment: Yes
- Secondary:** ☒ Release of Information Signature, ☐ Signature Executed For Patient, Benefits Assignment: Yes
- Ambulance Tab:** Drop-Off (Street, Street 2, City, State, Zip Code), Physically restrained, Visible hemorrhaging, Medically necessary, Confined to a bed or chair, Transport Reason, Transport Distance (Miles), Round Trip Description, Stretcher Purpose, Patient Weight (Pounds) (highlighted with a red rectangle, showing <None>)
- Accept Assignment:** Yes
- Buttons:** Save, Cancel

Billing- >Patient Account->Claims tab->Select Visit->More Info->Ambulance tab->Patient Weight



## Element: CR104 (Ambulance Transport Information Reason Code)

**Edit Claim Details**

Owner:  Facility:

Type	Special Program Codes	Primary	Secondary
<input type="checkbox"/> Employment <input type="checkbox"/> Auto Accident <input type="checkbox"/> Other Accident <input checked="" type="checkbox"/> None	Special Program: <input type="text"/> Delay Reason: <input type="text" value="&lt;None&gt;"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>

**Ambulance** | Contract | Dates | File Information | Misc Details | Patient | Property And Casualty | Providers | Referral / Authorization | Supplemental Information | Vision

Drop-Off

Street:   
Street 2:   
City:   
State:   
Zip Code:

Physically restrained: ☒ Do Not Send ☐ No ☐ Yes  
Visible hemorrhaging: ☒ Do Not Send ☐ No ☐ Yes  
Medically necessary: ☒ Do Not Send ☐ No ☐ Yes  
Confined to a bed or chair: ☒ Do Not Send ☐ No ☐ Yes

Transport Reason:   
Transport Distance (Miles):   
Round Trip Description:   
Stretcher Purpose:   
Patient Weight (Pounds):

Accept Assignment:

Billing- >Patient Account->Claims tab->Select Visit->More Info->Ambulance tab->Reason (drop down)

## Element: CR105 (Ambulance Transport Distance Code)

Hard Coded to 'DH'

## Element: CR106 (Ambulance Transport Information Transport Distance)

**Edit Claim Details**

Owner:  Facility:

Type	Special Program Codes	Primary	Secondary
<input type="checkbox"/> Employment <input type="checkbox"/> Auto Accident <input type="checkbox"/> Other Accident <input checked="" type="checkbox"/> None	Special Program: <input type="text" value=""/> Delay Reason: <input type="text" value="&lt;None&gt;"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>

**Ambulance** | Contract | Dates | File Information | Misc Details | Patient | Property And Casualty | Providers | Referral / Authorization | Supplemental Information | Vision

Drop-Off

Street:   
Street 2:   
City:   
State:   
Zip Code:

Physically restrained: ☒ Do Not Send ☐ No ☐ Yes  
Visible hemorrhaging: ☒ Do Not Send ☐ No ☐ Yes  
Medically necessary: ☒ Do Not Send ☐ No ☐ Yes  
Confined to a bed or chair: ☒ Do Not Send ☐ No ☐ Yes

Transport Reason:   
Transport Distance (Miles):   
Round Trip Description:   
Stretcher Purpose:   
Patient Weight (Pounds):

Accept Assignment:

Billing- >Patient Account->Claims tab->Select Visit->More Info->Ambulance tab->Transport Distance (Miles)

**Element: CR109 (Ambulance Transport Information Round Trip Purpose Description) Size Limit 80**

The screenshot shows the 'Edit Claim Details' window with the 'Ambulance' tab selected. The window is divided into several sections:

- Owner:** Randall Oates
- Facility:** Family Clinic
- Type:** ☐ Employment, ☐ Auto Accident, ☐ Other Accident, ☒ None
- Special Program Codes:** Special Program (dropdown), Delay Reason (<None>)
- Primary:** ☒ Release of Information Signature, ☐ Signature Executed For Patient, Benefits Assignment: Yes
- Secondary:** ☒ Release of Information Signature, ☐ Signature Executed For Patient, Benefits Assignment: Yes

The 'Ambulance' tab is active, showing the following fields:

- Drop-Off:** Street (<None>), Street 2 (<None>), City (<None>), State (dropdown), Zip Code (<None>)
- Physically restrained:** ☒ Do Not Send, ☐ No, ☐ Yes
- Visible hemorrhaging:** ☒ Do Not Send, ☐ No, ☐ Yes
- Medically necessary:** ☒ Do Not Send, ☐ No, ☐ Yes
- Confined to a bed or chair:** ☒ Do Not Send, ☐ No, ☐ Yes
- Transport Reason:** (<None>)
- Transport Distance (Miles):** (<None>)
- Round Trip Description:** (highlighted with a red rectangle)
- Stretcher Purpose:** (empty text field)
- Patient Weight (Pounds):** (<None>)

At the bottom right, there is an 'Accept Assignment' dropdown set to 'Yes' and 'Save' and 'Cancel' buttons.

Billing- >Patient Account->Claims tab->Select Visit->More Info->Ambulance tab->Round Trip Description

**Element: CR110 (Ambulance Transport Information Stretcher Purpose Description) Size Limit 80**

**Edit Claim Details**

Owner: Randall Oates Facility: Family Clinic

Type	Special Program Codes	Primary	Secondary
<input type="checkbox"/> Employment <input type="checkbox"/> Auto Accident <input type="checkbox"/> Other Accident <input checked="" type="checkbox"/> None	Special Program: <input type="text"/> Delay Reason: <input type="text" value="&lt;None&gt;"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: Yes	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: Yes

**Ambulance** | Contract | Dates | File Information | Misc Details | Patient | Property And Casualty | Providers | Referral / Authorization | Supplemental Information | Vision

Drop-Off

Street:   
Street 2:   
City:   
State:   
Zip Code:

Physically restrained: ☒ Do Not Send ☐ No ☐ Yes  
Visible hemorrhaging: ☒ Do Not Send ☐ No ☐ Yes  
Medically necessary: ☒ Do Not Send ☐ No ☐ Yes  
Confined to a bed or chair: ☒ Do Not Send ☐ No ☐ Yes

Transport Reason:   
Transport Distance (Miles):   
Round Trip Description:   
Stretcher Purpose:   
Patient Weight (Pounds):

Accept Assignment: Yes

Save Cancel

Billing- >Patient Account->Claims tab->Select Visit->More Info->Ambulance tab->Stretcher Purpose

## Segment: CR2

Loop: 2300 Segment: CR2

### Element: CR208 (Spinal Manipulation Nature of Condition Code)

The screenshot shows the 'Edit Claim Details' window with the 'Misc Details' tab selected. The 'Spinal Manipulation' section is expanded, and the 'Nature of Condition' dropdown is highlighted with a red box, showing 'None' selected. The 'Description' and 'Additional Description' fields are empty. The 'Anesthesia Related Procedures' section is also visible. The 'Accept Assignment' dropdown is set to 'Yes'.

Owner: Randall Oates Facility: Family Clinic

Type: ☐ Employment ☐ Auto Accident ☐ Other Accident ☒ None

Special Program Codes: Special Program:  Delay Reason: <None>

Primary: ☒ Release of Information Signature ☐ Signature Executed For Patient Benefits Assignment: Yes

Secondary: ☒ Release of Information Signature ☐ Signature Executed For Patient Benefits Assignment: Yes

Lab: ☐ Outside Lab Charges: \$0.00 Lab:  ☐ Homebound

Spinal Manipulation: Nature of Condition: **None** Description:  Additional Description:

Anesthesia Related Procedures:

EPSTD: Code:  Code (2):  Code (3):

Mammography: Certification Number: <None>

Service Authorization Exemption: Code: <None>

Accept Assignment: Yes

Save Cancel

Billing- >Patient Account->Claims tab->Select Visit->More Info->Misc Details tab->Spinal Manipulation->Nature of Condition

## Element: CR210 (Spinal Manipulation Description) Size Limit 80

**Edit Claim Details**

Owner:  Facility:

Type	Special Program Codes	Primary	Secondary
<input type="checkbox"/> Employment <input type="checkbox"/> Auto Accident <input type="checkbox"/> Other Accident <input checked="" type="checkbox"/> None	Special Program: <input type="text"/> Delay Reason: <input type="text" value="&lt;None&gt;"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>

**Navigation Tabs:** Ambulance | Contract | Dates | File Information | **Misc Details** | Patient | Property And Casualty | Providers | Referral / Authorization | Supplemental Information | Vision

Type:

**Lab**

☐ Outside Lab Charges:   
Lab:   
☐ Homebound

**Spinal Manipulation**

Nature of Condition:   
Description:   
Additional Description:

**Anesthesia Related Procedures**

Procedure 1:

**EPSDT**

Code:   
Code (2):   
Code (3):

**Mammography**

Certification Number:

**Service Authorization Exemption**

Code:

Accept Assignment:

Billing- >Patient Account->Claims tab->Select Visit->More Info->Misc Details tab->Spinal Manipulation->Description

## Element: CR211 (Spinal Manipulation Additional Description) Size Limit 80

**Edit Claim Details**

Owner:  Facility:

Type	Special Program Codes	Primary	Secondary
<input type="checkbox"/> Employment <input type="checkbox"/> Auto Accident <input type="checkbox"/> Other Accident <input checked="" type="checkbox"/> None	Special Program: <input type="text"/> Delay Reason: <input type="text" value="&lt;None&gt;"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>

**Navigation Tabs:** Ambulance | Contract | Dates | File Information | **Misc Details** | Patient | Property And Casualty | Providers | Referral / Authorization | Supplemental Information | Vision

Type:

**Lab**  
☐ Outside Lab Charges:   
Lab:   
☐ Homebound

**Spinal Manipulation**  
Nature of Condition:   
Description:   
Additional Description:

**Anesthesia Related Procedures**  
Procedure 1:

**EPSDT**  
Code:   
Code (2):   
Code (3):

**Mammography**  
Certification Number:   
Service Authorization Exemption  
Code:

Accept Assignment:

Billing- >Patient Account->Claims tab->Select Visit->More Info->Misc Details tab->Spinal Manipulation ->Additional Description

## Segment: CRC (Ambulance)

Loop: 2300 Segment: CRC

### Element: CRC01 (Ambulance Certification Code Category)

Hard Coded to '07'

### Element: CRC02 (Ambulance Certification Condition Indicator)

The screenshot shows the 'Edit Claim Details' window with the 'Ambulance Certification' tab selected. The window is divided into several sections:

- Owner:** Randall Oates
- Facility:** Family Clinic
- Type:** ☐ Employment, ☐ Auto Accident, ☐ Other Accident, ☒ None
- Special Program Codes:** Special Program (dropdown), Delay Reason (<None>)
- Primary:** ☒ Release of Information Signature, ☐ Signature Executed For Patient, Benefits Assignment: Yes
- Secondary:** ☒ Release of Information Signature, ☐ Signature Executed For Patient, Benefits Assignment: Yes

The 'Ambulance Certification' tab is highlighted with a red box. It contains the following sections:

- Pick-Up Address:** Street (<None>), Street 2 (<None>), City (<None>), State (dropdown), Zip Code (<None>)
- Drop-Off:** Street (<None>), Street 2 (<None>), City (<None>), State (dropdown)
- Certification Conditions:** A list of conditions with radio buttons for 'Do Not Send', 'No', and 'Yes'.

Condition	Do Not Send	No	Yes
Admitted to a hospital	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Moved by stretcher	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Unconscious or in shock	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Transported in an emergency situation	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Physically restrained	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Visible hemorrhaging	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Medically necessary	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Confined to a bed or chair	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

At the bottom right, there is an 'Accept Assignment' dropdown set to 'Yes' and 'Save' and 'Cancel' buttons.

Billing- >Patient Account->Claims tab->Select Visit->More Info->Ambulance tab->Ambulance Certification



## Element: CRC03 (Ambulance Certification Condition Code) Size Limit 3

Edit Claim Details

Owner: Randall Oates Facility: Family Clinic

Type: ☐ Employment ☐ Auto Accident ☐ Other Accident ☒ None

Special Program Codes: Special Program:  Delay Reason:

Primary: ☒ Release of Information Signature ☐ Signature Executed For Patient Benefits Assignment: Yes

Secondary: ☒ Release of Information Signature ☐ Signature Executed For Patient Benefits Assignment: Yes

Ambulance Contract Dates File Information Misc Details Patient Property And Casualty Providers Referral / Authorization Supplemental Information Vision

Pick-Up Address: Street:  Street 2:  City:  State:  Zip Code:

Drop-Off: Street:  Street 2:  City:  State:

Ambulance Certification

Admitted to a hospital	<input type="radio"/> Do Not Send <input type="radio"/> No <input checked="" type="radio"/> Yes
Moved by stretcher	<input type="radio"/> Do Not Send <input type="radio"/> No <input checked="" type="radio"/> Yes
Unconscious or in shock	<input type="radio"/> Do Not Send <input type="radio"/> No <input checked="" type="radio"/> Yes
Transported in an emergency situation	<input type="radio"/> Do Not Send <input type="radio"/> No <input checked="" type="radio"/> Yes
Physically restrained	<input type="radio"/> Do Not Send <input type="radio"/> No <input checked="" type="radio"/> Yes
Visible hemorrhaging	<input type="radio"/> Do Not Send <input type="radio"/> No <input checked="" type="radio"/> Yes
Medically necessary	<input type="radio"/> Do Not Send <input type="radio"/> No <input checked="" type="radio"/> Yes
Confined to a bed or chair	<input type="radio"/> Do Not Send <input type="radio"/> No <input checked="" type="radio"/> Yes

Accept Assignment: Yes

Save Cancel

Billing- >Patient Account->Claims tab->Select Visit->More Info->Ambulance tab->Ambulance Certification

## Element: CRC04 (Ambulance Certification Condition Code 2) Size Limit 3

Edit Claim Details

Owner: Randall Oates Facility: Family Clinic

Type: ☐ Employment ☐ Auto Accident ☐ Other Accident ☒ None

Special Program Codes: Special Program:  Delay Reason:

Primary: ☒ Release of Information Signature ☐ Signature Executed For Patient Benefits Assignment: Yes

Secondary: ☒ Release of Information Signature ☐ Signature Executed For Patient Benefits Assignment: Yes

Ambulance Certification

Pick-Up Address: Street:  Street 2:  City:  State:  Zip Code:

Drop-Off: Street:  Street 2:  City:  State:

Admitted to a hospital: ☐ Do Not Send ☐ No ☒ Yes

Moved by stretcher: ☐ Do Not Send ☐ No ☒ Yes

Unconscious or in shock: ☐ Do Not Send ☐ No ☒ Yes

Transported in an emergency situation: ☐ Do Not Send ☐ No ☒ Yes

Physically restrained: ☐ Do Not Send ☐ No ☒ Yes

Visible hemorrhaging: ☐ Do Not Send ☐ No ☒ Yes

Medically necessary: ☐ Do Not Send ☐ No ☒ Yes

Confined to a bed or chair: ☐ Do Not Send ☐ No ☒ Yes

Accept Assignment: Yes

Save Cancel

Billing- >Patient Account->Claims tab->Select Visit->More Info->Ambulance tab->Ambulance Certification

## Element: CRC05 (Ambulance Certification Condition Code 3) Size Limit 3

**Edit Claim Details**

Owner:  Facility:

Type	Special Program Codes	Primary	Secondary
<input type="checkbox"/> Employment <input type="checkbox"/> Auto Accident <input type="checkbox"/> Other Accident <input checked="" type="checkbox"/> None	Special Program: <input type="text"/> Delay Reason: <input type="text" value="&lt;None&gt;"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>

**Ambulance Certification**

Condition	Do Not Send	No	Yes
Admitted to a hospital	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Moved by stretcher	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Unconscious or in shock	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Transported in an emergency situation	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Physically restrained	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Visible hemorrhaging	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Medically necessary	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Confined to a bed or chair	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

Accept Assignment:

Billing- >Patient Account->Claims tab->Select Visit->More Info->Ambulance tab->Ambulance Certification

## Element: CRC06 (Ambulance Certification Condition Code 4) Size Limit 3

Edit Claim Details

Owner: Randall Oates Facility: Family Clinic

Type: ☐ Employment ☐ Auto Accident ☐ Other Accident ☒ None

Special Program Codes: Special Program:  Delay Reason:

Primary: ☒ Release of Information Signature ☐ Signature Executed For Patient Benefits Assignment: Yes

Secondary: ☒ Release of Information Signature ☐ Signature Executed For Patient Benefits Assignment: Yes

Ambulance Certification

Pick-Up Address: Street:  Street 2:  City:  State:  Zip Code:

Drop-Off: Street:  Street 2:  City:

Admitted to a hospital: ☐ Do Not Send ☐ No ☒ Yes

Moved by stretcher: ☐ Do Not Send ☐ No ☒ Yes

Unconscious or in shock: ☐ Do Not Send ☐ No ☒ Yes

Transported in an emergency situation: ☐ Do Not Send ☐ No ☒ Yes

Physically restrained: ☐ Do Not Send ☐ No ☒ Yes

Visible hemorrhaging: ☐ Do Not Send ☐ No ☒ Yes

Medically necessary: ☐ Do Not Send ☐ No ☒ Yes

Confined to a bed or chair: ☐ Do Not Send ☐ No ☒ Yes

Accept Assignment: Yes

Save Cancel

Billing- >Patient Account->Claims tab->Select Visit->More Info->Ambulance tab->Ambulance Certification

## Element: CRC07 (Ambulance Certification Condition Code 5) Size Limit 3

**Edit Claim Details**

Owner:  Facility:

Type	Special Program Codes	Primary	Secondary
<input type="checkbox"/> Employment <input type="checkbox"/> Auto Accident <input type="checkbox"/> Other Accident <input checked="" type="checkbox"/> None	Special Program: <input type="text" value=""/> Delay Reason: <input type="text" value="&lt;None&gt;"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>

**Ambulance Certification**

Condition	Do Not Send	No	Yes
Admitted to a hospital	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Moved by stretcher	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Unconscious or in shock	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Transported in an emergency situation	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Physically restrained	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Visible hemorrhaging	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Medically necessary	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Confined to a bed or chair	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

Accept Assignment:

Billing- >Patient Account->Claims tab->Select Visit->More Info->Ambulance tab->Ambulance Certification

## Segment: CRC (Vision)

Loop: 2300 Segment: CRC

### Element: CRC01 (Patient Condition Information: Vision Code Category) Size Limit 2

**Edit Claim Details**

Owner:  Facility:

Type	Special Program Codes	Primary	Secondary
<input type="checkbox"/> Employment <input type="checkbox"/> Auto Accident <input type="checkbox"/> Other Accident <input checked="" type="checkbox"/> None	Special Program: <input type="text"/> Delay Reason: <input type="text" value="&lt;None&gt;"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>

**Tabbed Interface:**

- Ambulance
- Contract
- Dates
- File Information
- Misc Details
- Patient
- Property And Casualty
- Providers
- Referral / Authorization
- Supplemental Information
- Vision**

**Spectacle Lenses**

Replacement: Loss or Theft	<input checked="" type="radio"/> Do Not Send	<input type="radio"/> No	<input type="radio"/> Yes
Replacement: Breakage or Damage	<input checked="" type="radio"/> Do Not Send	<input type="radio"/> No	<input type="radio"/> Yes
Replacement: Patient Preference	<input checked="" type="radio"/> Do Not Send	<input type="radio"/> No	<input type="radio"/> Yes
Replacement: Medical Reason	<input checked="" type="radio"/> Do Not Send	<input type="radio"/> No	<input type="radio"/> Yes
General Standard of 20 Degree OR .5 Diopter Sphere OR Cylinder Change Met	<input checked="" type="radio"/> Do Not Send	<input type="radio"/> No	<input type="radio"/> Yes

**Spectacle Frames**

Replacement: Loss or Theft	<input checked="" type="radio"/> Do Not Send	<input type="radio"/> No	<input type="radio"/> Yes
Replacement: Breakage or Damage	<input checked="" type="radio"/> Do Not Send	<input type="radio"/> No	<input type="radio"/> Yes

**Contact Lenses**

Replacement: Loss or Theft	<input checked="" type="radio"/> Do Not Send	<input type="radio"/> No	<input type="radio"/> Yes
Replacement: Breakage or Damage	<input checked="" type="radio"/> Do Not Send	<input type="radio"/> No	<input type="radio"/> Yes
Replacement: Patient Preference	<input checked="" type="radio"/> Do Not Send	<input type="radio"/> No	<input type="radio"/> Yes
Replacement: Medical Reason	<input checked="" type="radio"/> Do Not Send	<input type="radio"/> No	<input type="radio"/> Yes
General Standard of 20 Degree OR .5 Diopter Sphere OR Cylinder Change Met	<input checked="" type="radio"/> Do Not Send	<input type="radio"/> No	<input type="radio"/> Yes

Accept Assignment:

Billing- >Patient Account->Claims tab->Select Visit->More Info->Vision tab Up to 3x

## Element: CRC02 (Patient Condition Information: Vision Condition Indicator) Size Limit 3

**Edit Claim Details**

Owner:  Facility:

Type	Special Program Codes	Primary	Secondary
<input type="checkbox"/> Employment <input type="checkbox"/> Auto Accident <input type="checkbox"/> Other Accident <input checked="" type="checkbox"/> None	Special Program: <input type="text"/> Delay Reason: <input type="text" value="&lt;None&gt;"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>

**Ambulance** **Contract** **Dates** **File Information** **Misc Details** **Patient** **Property And Casualty** **Providers** **Referral / Authorization** **Supplemental Information** **Vision**

Spectacle Lenses	Contact Lenses
Replacement: Loss or Theft <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes	Replacement: Loss or Theft <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes
Replacement: Breakage or Damage <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes	Replacement: Breakage or Damage <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes
Replacement: Patient Preference <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes	Replacement: Patient Preference <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes
Replacement: Medical Reason <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes	Replacement: Medical Reason <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes
General Standard of 20 Degree OR .5 Diopter Sphere OR Cylinder Change Met <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes	General Standard of 20 Degree OR .5 Diopter Sphere OR Cylinder Change Met <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes

Spectacle Frames
Replacement: Loss or Theft <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes
Replacement: Breakage or Damage <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes

Accept Assignment:

Billing- >PatientAccount->Claims tab->Select Visit->More Info->Vision tab

## Element: CRC03 (Patient Condition Information: Vision Condition Code) Size Limit 3

**Edit Claim Details**

Owner:  Facility:

Type	Special Program Codes	Primary	Secondary
<input type="checkbox"/> Employment <input type="checkbox"/> Auto Accident <input type="checkbox"/> Other Accident <input checked="" type="checkbox"/> None	Special Program: <input type="text"/> Delay Reason: <input type="text" value="&lt;None&gt;"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>

**Ambulance** **Contract** **Dates** **File Information** **Misc Details** **Patient** **Property And Casualty** **Providers** **Referral / Authorization** **Supplemental Information** **Vision**

Spectacle Lenses	Contact Lenses
Replacement: Loss or Theft <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes	Replacement: Loss or Theft <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes
Replacement: Breakage or Damage <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes	Replacement: Breakage or Damage <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes
Replacement: Patient Preference <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes	Replacement: Patient Preference <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes
Replacement: Medical Reason <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes	Replacement: Medical Reason <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes
General Standard of 20 Degree OR .5 Diopter Sphere OR Cylinder Change Met <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes	General Standard of 20 Degree OR .5 Diopter Sphere OR Cylinder Change Met <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes

Spectacle Frames
Replacement: Loss or Theft <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes
Replacement: Breakage or Damage <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes

Accept Assignment:

Billing- >PatientAccount->Claims tab->Select Visit->More Info->Vision tab



## Element: CRC04 (Patient Condition Information: Vision Condition Code 2) Size Limit 3

**Edit Claim Details**

Owner:  Facility:

Type	Special Program Codes	Primary	Secondary
<input type="checkbox"/> Employment <input type="checkbox"/> Auto Accident <input type="checkbox"/> Other Accident <input checked="" type="checkbox"/> None	Special Program: <input type="text"/> Delay Reason: <input type="text" value="&lt;None&gt;"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>

**Ambulance** **Contract** **Dates** **File Information** **Misc Details** **Patient** **Property And Casualty** **Providers** **Referral / Authorization** **Supplemental Information** **Vision**

Spectacle Lenses	Contact Lenses
Replacement: Loss or Theft <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes	Replacement: Loss or Theft <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes
Replacement: Breakage or Damage <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes	Replacement: Breakage or Damage <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes
Replacement: Patient Preference <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes	Replacement: Patient Preference <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes
Replacement: Medical Reason <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes	Replacement: Medical Reason <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes
General Standard of 20 Degree OR .5 Diopter Sphere OR Cylinder Change Met <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes	General Standard of 20 Degree OR .5 Diopter Sphere OR Cylinder Change Met <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes

Spectacle Frames
Replacement: Loss or Theft <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes
Replacement: Breakage or Damage <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes

Accept Assignment:

Billing- >PatientAccount->Claims tab->Select Visit->More Info->Vision tab

## Element: CRC05 (Patient Condition Information: Vision Condition Code 3) Size Limit 3

**Edit Claim Details**

Owner:  Facility:

Type	Special Program Codes	Primary	Secondary
<input type="checkbox"/> Employment <input type="checkbox"/> Auto Accident <input type="checkbox"/> Other Accident <input checked="" type="checkbox"/> None	Special Program: <input type="text"/> Delay Reason: <input type="text" value="&lt;None&gt;"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>

**Ambulance** **Contract** **Dates** **File Information** **Misc Details** **Patient** **Property And Casualty** **Providers** **Referral / Authorization** **Supplemental Information** **Vision**

Spectacle Lenses	Contact Lenses
Replacement: Loss or Theft <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes	Replacement: Loss or Theft <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes
Replacement: Breakage or Damage <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes	Replacement: Breakage or Damage <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes
Replacement: Patient Preference <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes	Replacement: Patient Preference <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes
Replacement: Medical Reason <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes	Replacement: Medical Reason <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes
General Standard of 20 Degree OR .5 Diopter Sphere OR Cylinder Change Met <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes	General Standard of 20 Degree OR .5 Diopter Sphere OR Cylinder Change Met <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes

Spectacle Frames
Replacement: Loss or Theft <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes
Replacement: Breakage or Damage <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes

Accept Assignment:

Billing- >PatientAccount->Claims tab->Select Visit->More Info->Vision tab

## Element: CRC06 (Patient Condition Information: Vision Condition Code 4) Size Limit 3

**Edit Claim Details**

Owner:  Facility:

Type	Special Program Codes	Primary	Secondary
<input type="checkbox"/> Employment <input type="checkbox"/> Auto Accident <input type="checkbox"/> Other Accident <input checked="" type="checkbox"/> None	Special Program: <input type="text"/> Delay Reason: <input type="text" value="&lt;None&gt;"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>

**Ambulance** **Contract** **Dates** **File Information** **Misc Details** **Patient** **Property And Casualty** **Providers** **Referral / Authorization** **Supplemental Information** **Vision**

Spectacle Lenses	Contact Lenses
Replacement: Loss or Theft <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes	Replacement: Loss or Theft <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes
Replacement: Breakage or Damage <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes	Replacement: Breakage or Damage <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes
Replacement: Patient Preference <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes	Replacement: Patient Preference <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes
Replacement: Medical Reason <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes	Replacement: Medical Reason <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes
General Standard of 20 Degree OR .5 Diopter Sphere OR Cylinder Change Met <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes	General Standard of 20 Degree OR .5 Diopter Sphere OR Cylinder Change Met <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes

Spectacle Frames
Replacement: Loss or Theft <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes
Replacement: Breakage or Damage <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes

Accept Assignment:

Billing- >PatientAccount->Claims tab->Select Visit->More Info->Vision tab

## Element: CRC07 (Patient Condition Information: Vision Condition Code 5) Size Limit 3

**Edit Claim Details**

Owner:  Facility:

Type	Special Program Codes	Primary	Secondary
<input type="checkbox"/> Employment <input type="checkbox"/> Auto Accident <input type="checkbox"/> Other Accident <input checked="" type="checkbox"/> None	Special Program: <input type="text"/> Delay Reason: <input type="text" value="&lt;None&gt;"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>

**Ambulance** **Contract** **Dates** **File Information** **Misc Details** **Patient** **Property And Casualty** **Providers** **Referral / Authorization** **Supplemental Information** **Vision**

Spectacle Lenses	Contact Lenses
Replacement: Loss or Theft <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes	Replacement: Loss or Theft <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes
Replacement: Breakage or Damage <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes	Replacement: Breakage or Damage <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes
Replacement: Patient Preference <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes	Replacement: Patient Preference <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes
Replacement: Medical Reason <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes	Replacement: Medical Reason <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes
General Standard of 20 Degree OR .5 Diopter Sphere OR Cylinder Change Met <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes	General Standard of 20 Degree OR .5 Diopter Sphere OR Cylinder Change Met <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes

Spectacle Frames
Replacement: Loss or Theft <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes
Replacement: Breakage or Damage <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes

Accept Assignment:

Billing- >PatientAccount->Claims tab->Select Visit->More Info->Vision tab

## Segment: CRC (Homebound Indicator Code Category)

Loop: 2300 Segment: CRC

### Element: CRC01 (Homebound Indicator Code Category)

Hard Coded to '75'

### Element: CRC02 (Homebound Indicator Condition Indicator))

Hard Coded to 'Y'

### Element: CRC03 (Homebound Indicator Condition Code)

The screenshot shows the 'Edit Claim Details' window with the 'Misc Details' tab selected. The 'Homebound' checkbox is checked and highlighted with a red box. The 'Original Reference Number' field contains the text 'LOOP 2300 / 23308 REF with F8'. The 'Accept Assignment' dropdown is set to 'Yes'.

Owner: Randall Oates Facility: Family Clinic

Type: ☐ Employment ☐ Auto Accident ☐ Other Accident ☒ None

Special Program Codes: Special Program:  Delay Reason: <None>

Primary: ☒ Release of Information Signature ☐ Signature Executed For Patient Benefits Assignment: Yes

Secondary: ☒ Release of Information Signature ☐ Signature Executed For Patient Benefits Assignment: Yes

Medicaid Resub Num:

Note: Text: <None> Type: <None>

Lab: ☐ Outside Lab Charges: \$0.00 Lab:  ☒ Homebound

Spinal Manipulation: Nature of Condition: None

Original Reference Number: Number:  Policy Id:  LOOP 2300 / 23308 REF with F8

EPSTD: Code:  Code (2):  Code (3):

Mammography:

Accept Assignment: Yes

Save Cancel

Billing->Patient Account->Claims tab->Select Visit->More Info->Misc Details tab->Homebound (Hard Coded to 'IH')

## Segment: CRC (EPSDT)

Loop: 2300 Segment: CRC

### Element: CRC01 (EPSDT Referral Code Category)

Hard Coded to 'ZZ'

### Element: CRC02 (EPSDT Referral Condition Indicator)

Hard Coded to 'N' if CRC03 is 'NU'. 'Y' otherwise

### Element: CRC03 (EPSDT Referral Condition Code)

The screenshot shows the 'Edit Claim Details' window with the 'Misc Details' tab selected. The 'EPSDT' section is highlighted with a red box, showing a dropdown menu for 'Code'. The 'Original Reference Number' section shows 'LOOP 2300 / 2330B REF with F8'. The 'Accept Assignment' dropdown is set to 'Yes'.

Owner	Facility
Randall Oates	Family Clinic

Type	Special Program Codes	Primary	Secondary
<input type="checkbox"/> Employment <input type="checkbox"/> Auto Accident <input type="checkbox"/> Other Accident <input checked="" type="checkbox"/> None	Special Program: Delay Reason: <None>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: Yes	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: Yes

Paper Claim Info	Original Reference Number
Reserved For Local Use (Box 19): Medicaid Resubmission Number:	Number: Policy Id: LOOP 2300 / 2330B REF with F8

Note	Lab	EPSDT
Text: <None> Type: <None>	<input type="checkbox"/> Outside Lab Charges: \$0.00 Lab: <input type="checkbox"/> Homebound	Code: Code (2):

Accept Assignment: Yes

Save Cancel

Billing->Patient Account->Claims tab->Select Visit->More Info->Misc Details tab->EPSDT-> Code (drop down)

## Element: CRC04 (EPSDT Referral Code 2) Not Implemented

**Edit Claim Details**

Owner: Randall Oates Facility: Family Clinic

Type	Special Program Codes	Primary	Secondary
<input type="checkbox"/> Employment State: <input type="text"/>	Special Program: <input type="text"/>	<input checked="" type="checkbox"/> Release of Information Signature	<input checked="" type="checkbox"/> Release of Information Signature
<input type="checkbox"/> Auto Accident <input type="text"/>	Delay Reason: <input type="text" value="&lt;None&gt;"/>	<input type="checkbox"/> Signature Executed For Patient	<input type="checkbox"/> Signature Executed For Patient
<input type="checkbox"/> Other Accident		Benefits Assignment: <input type="text" value="Yes"/>	Benefits Assignment: <input type="text" value="Yes"/>
<input checked="" type="checkbox"/> None			

**Navigation:** Ambulance Contract Dates File Information **Misc Details** Patient Property And Casualty Providers Referral / Authorization Supplemental Information Vision

Paper Claim Info	Original Reference Number
Reserved For Local Use (Box 19): <input type="text"/>	Number: <input type="text"/> Policy Id: <input type="text"/>
Medicaid Resubmission Number: <input type="text"/>	LOOP 2300 / 2330B REF with F8
<b>Note</b>	
Text: <input type="text" value="&lt;None&gt;"/>	
Type: <input type="text" value="&lt;None&gt;"/>	
<b>Lab</b>	
<input type="checkbox"/> Outside Lab Charges: <input type="text" value="\$0.00"/>	
Lab: <input type="text"/>	
<input type="checkbox"/> Homebound	
<b>EPSDT</b>	
Code: <input type="text"/>	
Code (2): <input type="text"/>	
Accept Assignment: <input type="text" value="Yes"/>	

**Buttons:** Save Cancel

Billing->Patient Account->Claims tab->Select Visit->More Info->Misc Details tab->EPSDT-> Code (2) (drop down)

## Element: CRC05 (EPSDT Referral Code 3) Not Implemented

**Edit: Claim Details**

Owner:  Facility:

Type	Special Program Codes	Primary	Secondary
<input type="checkbox"/> Employment <input type="checkbox"/> Auto Accident <input type="checkbox"/> Other Accident <input checked="" type="checkbox"/> None	Special Program: <input type="text"/> Delay Reason: <input type="text" value="&lt;None&gt;"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>

**Medicaid Resubmission Number**

**Note**  
Text:   
Type:

**Lab**  
☐ Outside Lab Charges:   
Lab:   
☐ Homebound

**Spinal Manipulation**  
Nature of Condition:   
Description:

**EPSDT**  
Code:   
Code (2):   
Code (3):

**Mammography**  
Certification Number:

Accept Assignment:

Billing->Patient Account->Claims tab->Select Visit->More Info->Misc Details tab->EPSDT-> Code (3) (drop down)



## Segment: HI

---

Loop: 2300 Segment: HI

### Element: HI01-1 (Health Care Diagnosis Code Qualifier 1)

Hard Coded to 'BK'

### Element: HI01-2 (Health Care Diagnosis Code 1)

Aggregated from charges

### Element: HI02-1 (Health Care Diagnosis Code Qualifier 2)

Hard Coded to 'BF'

### Element: HI02-2 (Health Care Diagnosis Code 2)

Aggregated from charges

### Element: HI03-1 (Health Care Diagnosis Code Qualifier 3)

Hard Coded to 'BF'

### Element: HI03-2 (Health Care Diagnosis Code 3)

Aggregated from charges

### Element: HI04-1 (Health Care Diagnosis Code Qualifier 4)

Hard Coded to 'BF'

### Element: HI04-2 (Health Care Diagnosis Code 4)

Aggregated from charges

### Element: HI05-1 (Health Care Diagnosis Code Qualifier 5)

Hard Coded to 'BF'

**Element: HI05-2 (Health Care Diagnosis Code 5)**

Aggregated from charges

**Element: HI06-1 (Health Care Diagnosis Code Qualifier 6)**

Hard Coded to 'BF'

**Element: HI06-2 (Health Care Diagnosis Code 6)**

Aggregated from charges

**Element: HI07-1 (Health Care Diagnosis Code Qualifier7)**

Hard Coded to 'BF'

**Element: HI07-2 (Health Care Diagnosis Code 7)**

Aggregated from charges

**Element: HI08-1 (Health Care Diagnosis Code Qualifier 8)**

Hard Coded to 'BF'

**Element: HI08-2 (Health Care Diagnosis Code 8)**

Aggregated from charges

**Element: HI09-1 (Health Care Diagnosis Code Qualifier 9)**

Hard Coded to 'BF'

**Element: HI09-2 (Health Care Diagnosis Code 9)**

Aggregated from charges

**Element: HI10-1 (Health Care Diagnosis Code Qualifier 10)**

Hard Coded to 'BF'

**Element: HI10-2 (Health Care Diagnosis Code 10)**

Aggregated from charges

**Element: HI11-1 (Health Care Diagnosis Code Qualifier 11)**

Hard Coded to 'BF'

**Element: HI11-2 (Health Care Diagnosis Code 11)**

Aggregated from charges

**Element: HI12-1 (Health Care Diagnosis Code Qualifier 12)**

Hard Coded to 'BF'

**Element: HI12-2 (Health Care Diagnosis Code 12)**

Aggregated from charges

## Segment: HI (Anesthesia Related Procedure Code)

Loop: 2300 Segment: HI (Anesthesia Related)

### Element: HI01-1 (Anesthesia Related Procedure Code Qualifier 1)

Hard Coded to 'BP'

### Element: HI01-2 (Anesthesia Related Procedure Code 1)

The screenshot shows the 'Edit Claim Details' window with the 'Misc Details' tab selected. The 'Anesthesia Related Procedures' section is highlighted with a red box, showing 'Procedure 1' set to '<None>'. Other sections visible include 'Type', 'Special Program Codes', 'Primary', 'Secondary', 'Ambulance', 'Contract', 'Dates', 'File Information', 'Patient', 'Property And Casualty', 'Providers', 'Referral / Authorization', 'Supplemental Information', and 'Vision'.

Billing->Patient Account->Claims tab->More Info->Misc Details tab->Anesthesia Related Procedures->Procedure 1

### Element: HI02-1 (Anesthesia Related Procedure Code Qualifier 2)

Hard Coded to 'BO'

## Element: HI02-2 (Anesthesia Related Procedure Code 2)

**Edit Claim Details**

Owner:  Facility:

Type	Special Program Codes	Primary	Secondary
<input type="checkbox"/> Employment <input type="checkbox"/> Auto Accident <input type="checkbox"/> Other Accident <input checked="" type="checkbox"/> None	Special Program: <input type="text"/> Delay Reason: <input type="text" value="&lt;None&gt;"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>

**Tabs:** Ambulance | Contract | Dates | File Information | **Misc Details** | Patient | Property And Casualty | Providers | Referral / Authorization | Supplemental Information | Vision

Lab:   
☒ Homebound  
Spinal Manipulation  
Nature of Condition:   
Description:   
Additional Description:

**Anesthesia Related Procedures**

Procedure	Code
Procedure 1	<input type="text" value="&lt;None&gt;"/>
Procedure 2	<input type="text"/>

Condition Information:

Code:   
Code (2):   
Code (3):   
Mammography  
Certification Number:   
Service Authorization Exemption  
Code:   
Investigational Device  
Exemption Number:   
Medical Record  
Number:

Accept Assignment:

Billing->Patient Account->Claims tab->More Info->Misc Details tab->Anesthesia Related Procedures->Procedure 2

Segment: HI (Condition Information)

Loop: 2300 Segment: HI (Condition Information)

Element: ... (Condition Information)

Edit Claim Details

Owner Randall Oates

Facility Family Clinic

Type

☐ Employment

State

☐ Auto Accident

☐ Other Accident

☒ None

Special Program Codes

Special Program

Delay Reason <None>

Primary

☒ Release of Information Signature

☐ Signature Executed For Patient

Benefits Assignment Yes

Secondary

☒ Release of Information Signature

☐ Signature Executed For Patient

Benefits Assignment Yes

Ambulance

Contract

Dates

File Information

Misc Details

Patient

Property And Casualty

Providers

Referral / Authorization

Supplemental Information

Vision

Anesthesia Related Procedures

Procedure 1 <None>

Procedure 2

Condition Information

LOOP 2300 HI

Service Authorization exemption

Code <None>

Investigational Device

Exemption Number <None>

Medical Record

Number <None>

Demonstration Project

Identifier <None>

Care Plan Oversight

Number <None>

Accept Assignment Yes

Save

Cancel

Billing->PatientAccount->Claims tab->More Info->Misc Details tab->Condition Information

# **Loop 2310A-Referring Provider Name**

## Segment: NM1

Loop: 2310A Segment: NM1

When reporting the provider who ordered services such as diagnostic and lab, at the claim level.

### Element: NM101 (Referring Provider Entity Identifier Code)

Hard coded to 'DN'.

### Element: NM102 (Referring Provider Entity Type Qualifier)

Hard coded to '1'.

### Element: NM103 (Referring Provider Last Name)

The screenshot shows the 'Edit Claim Details' window with the 'Providers' tab selected. The 'Referring Provider' field is highlighted with a red rectangle. The window contains various fields for claim details, including Owner, Facility, Type, Special Program Codes, Primary/Secondary sections, and a bottom section for Ambulance, Contract, Dates, File Information, Misc Details, Patient, Property And Casualty, Providers, Referral / Authorization, Supplemental Information, and Vision. The 'Referring Provider' field is currently empty.

Contacts->Name->Last Name

Pulled from the Patient Account->Claims Tab->Select Claim->More Info->Providers Tab->Referring Provider



## Element: NM104 (Referring Provider First Name)

**Edit Claim Details**

Owner:  Facility:

Type	Special Program Codes	Primary	Secondary
<input type="checkbox"/> Employment <input type="checkbox"/> Auto Accident <input type="checkbox"/> Other Accident <input checked="" type="checkbox"/> None	Special Program: <input type="text"/> Delay Reason: <input type="text" value="&lt;None&gt;"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>

**Providers**

Rendering Provider	Service Facility
<input type="text" value="Referring Provider"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Accept Assignment:

Contacts->Name->First Name

Pulled from the PatientAccount->Claims Tab->Select Claim->More Info->Providers  
Tab->Referring Provider

## Element: NM105 (Referring Provider Middle Name)

The screenshot shows the 'Edit Claim Details' window with the 'Providers' tab selected. The 'Referring Provider' dropdown is highlighted with a red rectangle. The window contains various fields for claim details, including Owner, Facility, Type, Special Program Codes, Primary/Secondary sections, and a bottom section for Accept Assignment, Save, and Cancel buttons.

Owner: Randall Oates, MD Facility: Northwest Clinic

Type: ☐ Employment State:  ☐ Auto Accident ☐ Other Accident ☒ None

Special Program Codes: Special Program:  Delay Reason: <None>

Primary: ☒ Release of Information Signature ☐ Signature Executed For Patient Benefits Assignment: Yes

Secondary: ☒ Release of Information Signature ☐ Signature Executed For Patient Benefits Assignment: Yes

Ambulance Contract Dates File Information Misc Details Patient Property And Casualty Providers Referral / Authorization Supplemental Information Vision

Rendering Provider:  Service Facility:

**Referring Provider:**  Supervising Provider:

Primary Care Provider:

Accept Assignment: Yes

Save Cancel

Contacts->Name->Middle Name

Pulled from the PatientAccount->Claims Tab->Select Claim->More Info->Providers Tab->Referring Provider

## Element: NM107 (Referring Provider Suffix)

The screenshot shows the 'Edit Claim Details' window with the 'Providers' tab selected. The 'Referring Provider' field is highlighted with a red rectangle. The window includes various sections for claim details, including Owner, Facility, Type, Special Program Codes, Primary/Secondary sections, and a bottom section for Accept Assignment, Save, and Cancel buttons.

Owner: Randall Oates, MD Facility: Northwest Clinic

Type: ☐ Employment State:  ☐ Auto Accident ☐ Other Accident ☒ None

Special Program Codes: Special Program:  Delay Reason: <None>

Primary: ☒ Release of Information Signature ☐ Signature Executed For Patient Benefits Assignment: Yes

Secondary: ☒ Release of Information Signature ☐ Signature Executed For Patient Benefits Assignment: Yes

Ambulance Contract Dates File Information Misc Details Patient Property And Casualty Providers Referral / Authorization Supplemental Information Vision

Rendering Provider:  Service Facility:

**Referring Provider:**  Supervising Provider:

Primary Care Provider:

Accept Assignment: Yes

Save Cancel

Contacts->Suffix

Pulled from the PatientAccount->Claims Tab->Select Claim->More Info->Providers Tab->Referring Provider

## Element: NM108 (Referring Provider Identification Code)

Hard coded to 'XX'.

## Element: NM109 (Referring Provider Identification Code Qualifier)

**Edit Claim Details**

Owner:  Facility:

Type	Special Program Codes	Primary	Secondary
<input type="checkbox"/> Employment <input type="checkbox"/> Auto Accident <input type="checkbox"/> Other Accident <input checked="" type="checkbox"/> None	Special Program: <input type="text"/> Delay Reason: <input type="text" value="&lt;None&gt;"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>

**Providers**

Rendering Provider	Service Facility
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Accept Assignment:

Contacts->NPI

Pulled from the PatientAccount->Claims Tab->Select Claim->More Info->Providers  
Tab->Referring Provider

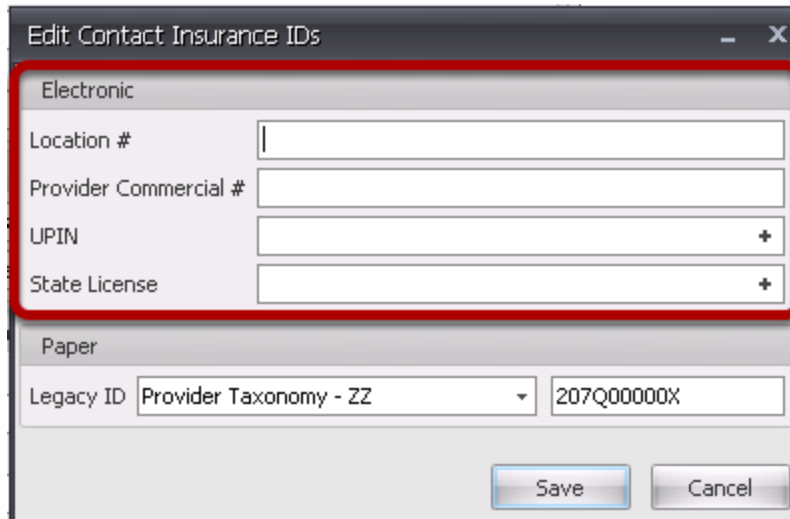
## Segment: REF

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Loop: 2310A Segment: REF

Additional IDs that can be reported for a Referring Provider, instead of or in addition to the Referring Provider NPI number.

### Element: REF01 (Referring Provider Secondary Identification Reference ID Qualifier)



The screenshot shows a software window titled "Edit Contact Insurance IDs". It has two main sections: "Electronic" and "Paper". The "Electronic" section is highlighted with a red rectangular border and contains four input fields: "Location #", "Provider Commercial #", "UPIN", and "State License". The "UPIN" and "State License" fields have a "+" button to their right. The "Paper" section is below and contains a "Legacy ID" dropdown menu currently set to "Provider Taxonomy - ZZ" and a text field containing "207Q00000X". At the bottom right of the window are "Save" and "Cancel" buttons.

Depending on the Insurance Company to whom a claim is being sent, there may or may not be a requirement to include additional referring provider IDs.

- Determine the company to whom a claim is being filed, by clicking on the claim in the Patient Account.
- If the specified insurance company states that additional numbers are required on the claim for the Referring Provider, do the following;
  1. Click on the Tools menu, and select Contacts.
  2. Toward the bottom of the Contacts window, there is a section titled Insurance Information.
  3. Under Insurance Information, click the Add button to add a unique instance for the Referring Provider and the Insurance Company.
  4. Select the Insurance Company that is needing the additional IDs, and click Select.
  5. (See image above) Enter any of the additional IDs required for the Insurance Company.
- State License Number: 'OB' (If the State License Number has already been entered in the Contacts window, click the + to the right of it, for the number to default.)
- Provider UPIN Number: '1G' (If the UPIN Number has already been entered in the Contacts window, click the + to the right of it, for the number to default.)

- Provider Commercial Number: 'G2'

6. Click Save.

**Element: REF02 (Referring Provider Secondary Identification Reference ID)**

The screenshot shows a dialog box titled "Edit Contact Insurance IDs". It has two main sections: "Electronic" and "Paper". The "Electronic" section is highlighted with a red border and contains four input fields: "Location #", "Provider Commercial #", "UPIN" (with a "+" button to its right), and "State License" (with a "+" button to its right). The "Paper" section is below it and contains a "Legacy ID" dropdown menu set to "Provider Taxonomy - ZZ" and a text field containing "207Q00000X". At the bottom of the dialog are "Save" and "Cancel" buttons.

Depending on the Insurance Company to whom a claim is being sent, there may or may not be a requirement to include additional referring provider IDs.

- Determine the company to whom a claim is being filed, by clicking on the claim in the Patient Account.
  - If the specified insurance company states that additional numbers are required on the claim for the Referring Provider, do the following;
    1. Click on the Tools menu, and select Contacts.
    2. Toward the bottom of the Contacts window, there is a section titled Insurance Information.
    3. Under Insurance Information, click the Add button to add a unique instance for the Referring Provider and the Insurance Company.
    4. Select the Insurance Company that is needing the additional IDs, and click Select.
    5. (See image above) Enter any of the additional IDs required for the Insurance Company.
  - State License Number: 'OB' (If the State License Number has already been entered in the Contacts window, click the + to the right of it, for the number to default.)
  - Provider UPIN Number: '1G' (If the UPIN Number has already been entered in the Contacts window, click the + to the right of it, for the number to default.)
  - Provider Commercial Number: 'G2'
6. Click Save.

Rebuild the claim as needed to pull the updated information.



# **Loop 2310B-Rendering Provider Name**



## Segment: NM1

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Loop: 2310B Segment: NM1

Rendering Provider Loop, when the Rendering Provider is different than the Billing Provider, indicated in Loop 2010AA.

<b>Segment: NM101 (Rendering Provider Entity Identifier Code)</b>
---

Hard coded to '82' to represent Rendering Provider.

<b>Element: NM102 (Rendering Provider Entity Type Code)</b>
---

Hard coded to '1' for person. Anon-person provider is not supported currently.

## Element: NM103 (Rendering Provider Last Name)

The screenshot shows a software window titled "Providers" with a list of providers on the left and a detailed form on the right. The list includes "Danny Davis", "David C. Daniel", "Jack Jackson, MD", "James R. Doe, DO", "Randall Oates, MD" (highlighted), "Test Eight", "Test Five", "Test Seven", and "Test Six". The form on the right has tabs for "General", "Misc", "Codes", and "Signature". The "General" tab is active, showing fields for Name (Title, First, M, Last, Suffix), Address (Clinic, Street, City, State, Zip Code), Contact Information (Phone #, Fax #, Email), Physician Numbers (DEA #, State ID, NPI#, UPIN#, Taxonomy), and a checkbox for "Is Supervisor". The "Last" field in the Name section is highlighted with a red box and contains the text "Oates".

Name				
Title	First	M	Last	Suffix
Dr.	Randall		Oates	MD

Address

Clinic: DOCS Clinic

Street: 4220 N Crossover Rd

City: Fayetteville State: AR Zip Code: 72203-

Contact Information

Phone #: (479) 555-4444

Fax #: (479) 555-5555

Email: roates@email.com

Physician Numbers

DEA #: 89416351 State ID: 65165

NPI#: 94561632 UPIN#: 616516

Taxonomy: 5661563178

☒ Is Supervisor

Update

1. Go to the Tools menu.
2. Click on Provider Manager.
3. In the Provider name, enter the Last Name.

Size limit for field is 60 characters.

## Element: NM104 (Rendering Provider First Name)

The screenshot shows a software interface for managing providers. On the left is a list of providers, with 'Randall Oates, MD' selected. On the right is a detailed form for the selected provider, with tabs for General, Misc, Codes, and Signature. The 'General' tab is active, showing fields for Name, Address, Contact Information, and Physician Numbers. A red box highlights the 'First' name field in the Name section, which contains the text 'Randall'.

Providers			
Danny Davis			
David C. Daniel			
Jack Jackson, MD			
James R. Doe, DO			
Randall Oates, MD			
Test Eight			
Test Five			
Test Seven			
Test Six			

**General** | Misc | Codes | Signature

**Name**

Title	First	M	Last	Suffix
Dr.	Randall		Oates	MD

**Address**

Clinic	DOCS Clinic		
Street	4220 N Crossover Rd		
City	State	Zip Code	
Fayetteville	AR	72203-	

**Contact Information**

Phone #	(479) 555-4444
Fax #	(479) 555-5555
Email	roates@email.com

**Physician Numbers**

DEA #	89416351	State ID	65165
NPI#	94561632	UPIN#	616516
Taxonomy	5661563178		

☒ Is Supervisor

Update

1. Go to the Tools menu.
2. Click on Provider Manager.
3. In the Provider name, enter the First Name.

Size limit for field is 35 characters.

## Element: NM105 (Rendering Provider Middle Name)

The screenshot shows a software window titled "Providers" with a list of providers on the left and a detailed form on the right. The list includes: Danny Davis, David C. Daniel, Jack Jackson, MD, James R. Doe, DO, **Randall Oates, MD** (highlighted), Test Eight, Test Five, Test Seven, and Test Six. The detailed form for Randall Oates, MD, has the following fields:

- Name:** Title (Dr.), First (Randall), Middle (M, highlighted with a red circle), Last (Oates), Suffix (MD).
- Address:** Clinic (DOCS Clinic), Street (4220 N Crossover Rd), City (Fayetteville), State (AR), Zip Code (72203-).
- Contact Information:** Phone # ((479) 555-4444), Fax # ((479) 555-5555), Email (roates@email.com).
- Physician Numbers:** DEA # (89416351), State ID (65165), NPI# (94561632), UPIN# (616516), Taxonomy (5661563178).
- ☒ Is Supervisor
- Update** button

1. Go to the Tools menu.
2. Click on Provider Manager.
3. In the Provider name, enter the Middle Initial.

Size limit for field is 25 characters.

## Element: NM106 (Rendering Provider Suffix)

The screenshot shows a software window titled "Providers" with a list of providers on the left and a detailed form on the right. The list includes: Danny Davis, David C. Daniel, Jack Jackson, MD, James R. Doe, DO, **Randall Oates, MD** (highlighted), Test Eight, Test Five, Test Seven, and Test Six. The detailed form for "Randall Oates, MD" has tabs for "General", "Misc", "Codes", and "Signature". The "General" tab is active, showing fields for Name (Title: Dr., First: Randall, M: [checkbox], Last: Oates, Suffix: MD), Address (Clinic: DOCS Clinic, Street: 4220 N Crossover Rd, City: Fayetteville, State: AR, Zip Code: 72203-), Contact Information (Phone #: (479) 555-4444, Fax #: (479) 555-5555, Email: roates@email.com), Physician Numbers (DEA #: 89416351, State ID: 65165, NPI#: 94561632, UPIN#: 616516, Taxonomy: 5661563178), and a checkbox for "Is Supervisor" which is checked. An "Update" button is at the bottom right.

1. Go to the Tools menu.
2. Click on Provider Manager.
3. In the Provider name, enter the Suffix.

Size limit for field is 10 characters.

## Element: NM108 (Rendering Provider Identification Code Qualifier)

Hard coded to 'XX' for Centers for Medicare and Medicaid Services National Provider Identifier.

**Element: NM109 (Rendering Provider Identification Code)**

Hard coded to only allow for the NPI number.

## Segment: PRV

---

Loop 2310B Segment: PRV

<b>Element: PRV01 (Rendering Provider Specialty Provider Code)</b>
--

Hard coded to 'PE' for Performing.

<b>Element: PRV02 (Rendering Provider Specialty Reference Identification Qualifier)</b>
---

Hard coded to 'PXC' for Health Care Provider Taxonomy Code.

## Element: PRV03 (Rendering Provider Specialty Reference Identification)

**Edit Billing Information**

**Insurance Payment To**

☐ Override Group Values

Name: Professional Groups, Inc.  
Street: 456 Test St  
Street 2:  
City: Springdale State: AR  
Zip: 72764-1234  
Phone: (479)555-1234  
Entity Type: ☐ Person ☒ Non Person  
Tax ID: ☒ EIN ☐ SSN 70-1111111

**Paper**  
NPI: 222222222  
Legacy ID: Provider Taxonomy - ZZ 1223G0001X

**Electronic**  
Submitter ID: Mutually Defined - ZZ T123  
Location #:  
Provider Commercial #:  
UPIN: +  
State License: +

**Pay-To Address**  
Street: POB 1234  
Street 2:  
City: Springdale State: AR  
Zip: 72765-1234

**Eligibility Request Info**  
Receiver ID:  
Eligibility NPI: ☒ Group NPI ☐ Rendering Provider NPI

**Provider Information**

**Paper**  
Legacy ID: Provider Taxonomy - ZZ 1223G0001X

**Electronic**  
Location #:  
Provider Commercial #:  
UPIN: +  
State License: +  
Taxonomy:

Save Cancel

1. Go to the Tools menu.
2. Click on Insurance Companies.
3. Select the Insurance Company needed.
4. Edit the rendering provider in Provider Setup.
5. Click to view drop down list and select Provider Taxonomy-ZZ in Legacy ID field.
6. Add Taxonomy/Specialty code



## Segment: REF

Loop: 2310B Segment: REF

### Element: REF01 (Rendering Provider Secondary Identification Reference ID Qualifier)

**Edit Billing Information**

**Insurance Payment To**

☐ Override Group Values

Name: Professional Groups, Inc.  
Street: 456 Test St  
Street 2:  
City: Springdale State: AR  
Zip: 72764-1234  
Phone: (479)555-1234  
Entity Type: ☐ Person ☒ Non Person  
Tax ID: ☒ EIN ☐ SSN 70-1111111

**Paper**

NPI: 222222222  
Legacy ID: Provider Taxonomy - ZZ 1223G0001X

**Electronic**

Submitter ID: Mutually Defined - ZZ T123  
Location #:  
Provider Commercial #:  
UPIN: +  
State License: +

**Pay-To Address**

Street: POB 1234  
Street 2:  
City: Springdale State: AR  
Zip: 72765-1234

**Eligibility Request Info**

Receiver ID:  
Eligibility NPI: ☒ Group NPI ☐ Rendering Provider NPI

**Provider Information**

**Paper**

Legacy ID: Provider Taxonomy - ZZ 1223G0001X

**Electronic**

Location #:  
Provider Commercial #:  
UPIN: +  
State License: +  
Taxonomy:

Save Cancel

1. Go to the Tools menu.
2. Click on Insurance Companies.
3. Edit the needed insurance company.
4. Edit the associated provider for the visit.

5. Enter the appropriate fields necessary for sending with the Rendering Provider with the insurance company.

- Location #: Enters the 'LU' Qualifier.
- Provider Commercial #: Enters the 'G2' Qualifier.
- UPIN: Enters the '1G' Qualifier.
- State License: Enters the '0B' Qualifier.

\* Note - All 4 numbers can be required per provider per insurance.

## Element: REF01 (Rendering Provider Secondary Identification Reference ID Qualifier)

**Edit Billing Information**

**Insurance Payment To**

☐ Override Group Values

Name: Professional Groups, Inc.  
Street: 456 Test St  
Street 2:  
City: Springdale State: AR  
Zip: 72764-1234  
Phone: (479)555-1234

Entity Type: ☐ Person ☒ Non Person  
Tax ID: ☒ EIN ☐ SSN 70-1111111

**Paper**  
NPI: 222222222  
Legacy ID: Provider Taxonomy - ZZ 1223G0001X

**Electronic**  
Submitter ID: Mutually Defined - ZZ T123  
Location #:   
Provider Commercial #:   
UPIN: +  
State License: +

**Pay-To Address**  
Street: POB 1234  
Street 2:   
City: Springdale State: AR  
Zip: 72765-1234

**Eligibility Request Info**  
Receiver ID:   
Eligibility NPI: ☒ Group NPI ☐ Rendering Provider NPI

**Provider Information**

**Paper**  
Legacy ID: Provider Taxonomy - ZZ 1223G0001X

**Electronic**  
Location #:   
Provider Commercial #:   
UPIN: +  
State License: +  
Taxonomy:

Save Cancel

1. Go to the Tools menu.
  2. Click on Insurance Companies.
  3. Edit the needed insurance company.
  4. Edit the associated provider for the visit.
  5. Enter the appropriate fields necessary for sending with the Rendering Provider with the insurance company.
- Location #: Enters the 'LU' Qualifier.

- Provider Commercial #: Enters the 'G2' Qualifier.
- UPIN: Enters the '1G' Qualifier.
- State License: Enters the '0B' Qualifier.

\* Note - All 4 numbers can be required per provider per insurance.

# **Loop 2310C-Service Facility Location**

## Segment: NM1

---

Loop 2310C Segment: NM1

<b>Element: NM101 (Service Facility Entity Identifier Code)</b>
---

Hard coded to '77' indicating "Service Location".

<b>Element: NM102 (Service Facility Entity Type Qualifier)</b>
--

Hard coded to '2' indicating Non-Person Entity.

## Element: NM103 (Service Facility Name)

Facility

Facility: Northwest Clinic

Details Scheduler Additional IDs

Full Legal Name  
Northwest Clinic, Inc.

Street  
123456 North Street

City St Zip  
Fayetteville AR 72701

Phone #  
(800) 455-7627

NPI #  
12346576

Place of Service  
Office - 11

Billing Inquiry #  
(800) 222-2222

CLIA Number  
|

State License Number

Update Cancel

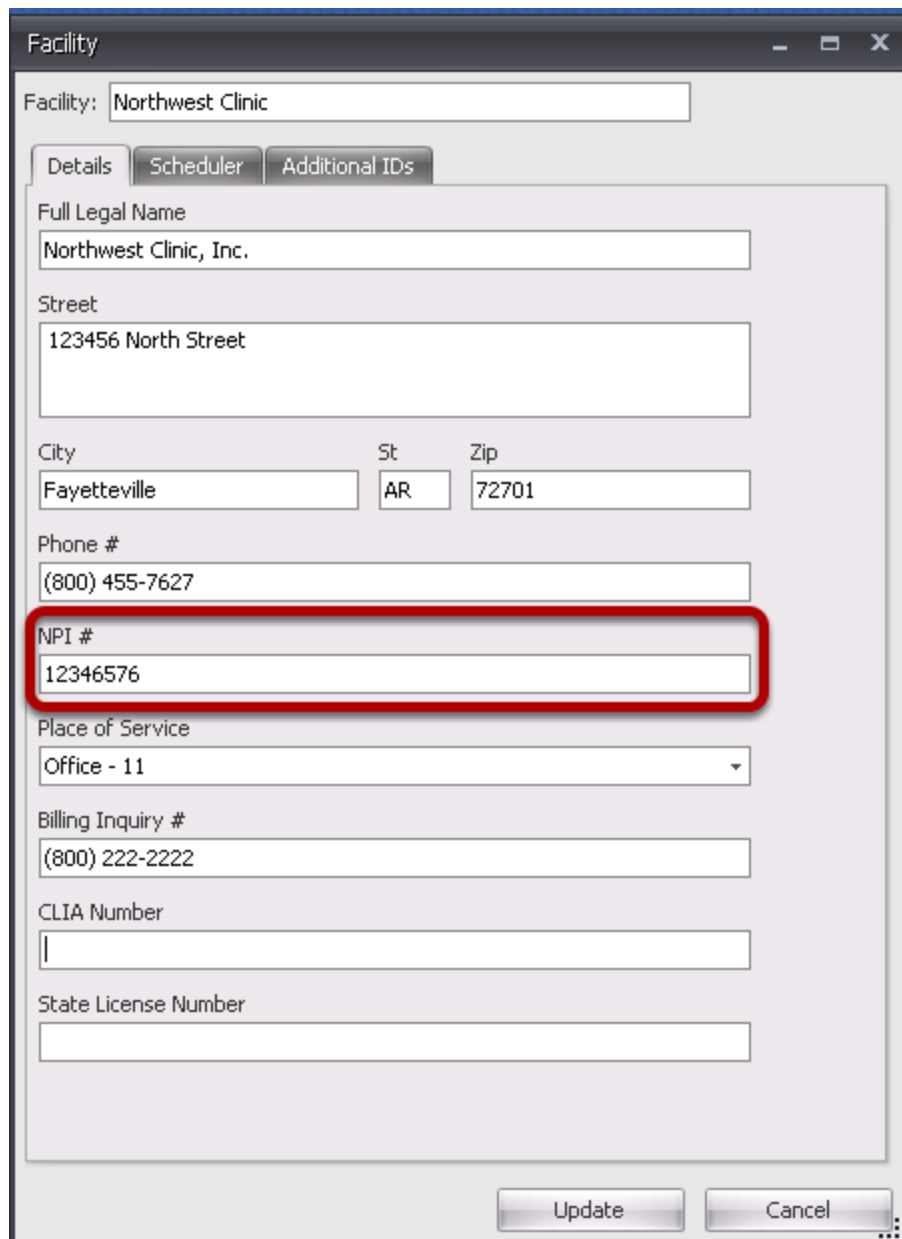
1. Go to the Tools menu.
2. Click on Manage Facilities.
3. Edit the needed Facility.
4. Enter the name of the Facility.

Size limit is set to 60 characters.

## Element: NM108 (Service Facility ID Code Qualifier)

Hard coded to 'XX', indicating the Centers for Medicare and Medicaid Services National Provider Identifier.

**Element: NM109 (Service Facility ID Code)**



The image shows a software window titled "Facility" with a standard Windows interface (minimize, maximize, close buttons). Inside the window, there is a form for entering facility information. At the top, a text field labeled "Facility:" contains the text "Northwest Clinic". Below this are three tabs: "Details" (which is selected), "Scheduler", and "Additional IDs". The "Details" tab contains several fields: "Full Legal Name" with the value "Northwest Clinic, Inc.", "Street" with "123456 North Street", "City" with "Fayetteville", "St" with "AR", "Zip" with "72701", "Phone #" with "(800) 455-7627", "NPI #" with "12346576", "Place of Service" with a dropdown menu showing "Office - 11", "Billing Inquiry #" with "(800) 222-2222", "CLIA Number" (empty), and "State License Number" (empty). The "NPI #" field is highlighted with a red rectangular border. At the bottom right of the window are two buttons: "Update" and "Cancel".

Facility: Northwest Clinic

Details Scheduler Additional IDs

Full Legal Name  
Northwest Clinic, Inc.

Street  
123456 North Street

City St Zip  
Fayetteville AR 72701

Phone #  
(800) 455-7627

NPI #  
12346576

Place of Service  
Office - 11

Billing Inquiry #  
(800) 222-2222

CLIA Number

State License Number

Update Cancel

Enter the associated NPI number for the facility.

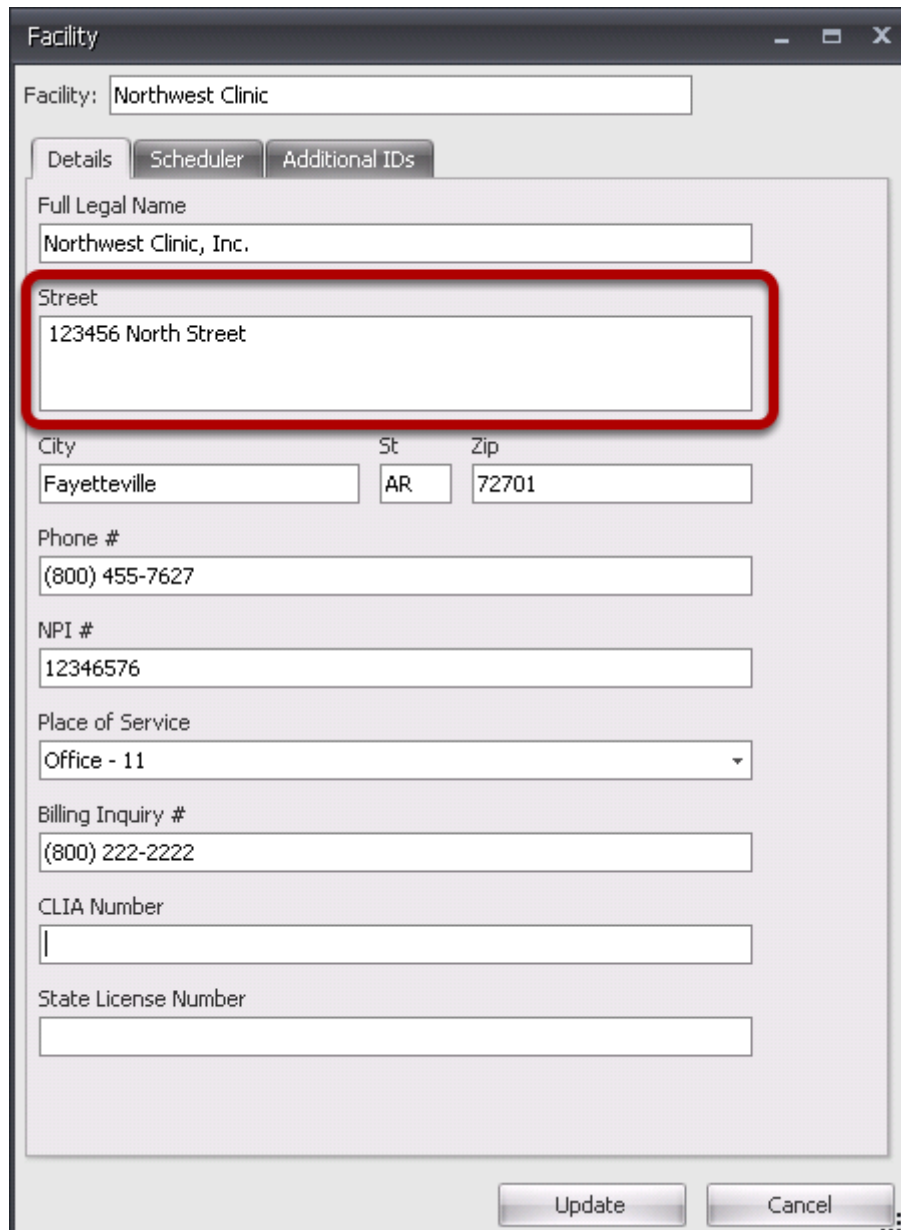


## Segment: N3

---

Loop: 2310C Segment: N3

### Element: N301 (Service Facility Address)



The screenshot shows a web form titled "Facility" with a tabbed interface. The "Details" tab is selected. The form contains several input fields and a dropdown menu. The "Street" field, containing "123456 North Street", is highlighted with a red rectangular box. Below it are fields for "City" (Fayetteville), "St" (AR), and "Zip" (72701). Other fields include "Phone #", "NPI #", "Place of Service" (a dropdown menu showing "Office - 11"), "Billing Inquiry #", "CLIA Number", and "State License Number". At the bottom right are "Update" and "Cancel" buttons.

Field	Value
Facility	Northwest Clinic
Full Legal Name	Northwest Clinic, Inc.
Street	123456 North Street
City	Fayetteville
St	AR
Zip	72701
Phone #	(800) 455-7627
NPI #	12346576
Place of Service	Office - 11
Billing Inquiry #	(800) 222-2222
CLIA Number	
State License Number	

Enter the facility address.

Size Limit of 55 characters.

## Element: N302 (Service Facility Address 2)

The screenshot shows a web form titled "Facility" with a tabbed interface. The "Details" tab is selected. The form contains several input fields: "Facility:" (Northwest Clinic), "Full Legal Name" (Northwest Clinic, Inc.), "Street" (123456 North Street), "City" (Fayetteville), "St" (AR), "Zip" (72701), "Phone #" ((800) 455-7627), "NPI #" (12346576), "Place of Service" (Office - 11), "Billing Inquiry #" ((800) 222-2222), "CLIA Number" (empty), and "State License Number" (empty). The "Street" field is highlighted with a red rectangular box. At the bottom right, there are "Update" and "Cancel" buttons.

Field	Value
Facility:	Northwest Clinic
Full Legal Name	Northwest Clinic, Inc.
Street	123456 North Street
City	Fayetteville
St	AR
Zip	72701
Phone #	(800) 455-7627
NPI #	12346576
Place of Service	Office - 11
Billing Inquiry #	(800) 222-2222
CLIA Number	
State License Number	

Enter the facility address on a 2nd line.

Size Limit of 55 characters.

Segment: N4

Loop 2310C Segment: N4

Element: N401 (Service Facility City)

Facility

Facility: Northwest Clinic

Details

Scheduler

Additional IDs

Full Legal Name

Northwest Clinic, Inc.

Street

123456 North Street

City

Fayetteville

St

AR

Zip

72701

Phone #

(800) 455-7627

NPI #

12346576

Place of Service

Office - 11

Billing Inquiry #

(800) 222-2222

CLIA Number

State License Number

Update

Cancel

Enter the City of the facility.

Size limited to 30 characters.

## Element: N402 (Service Facility State)

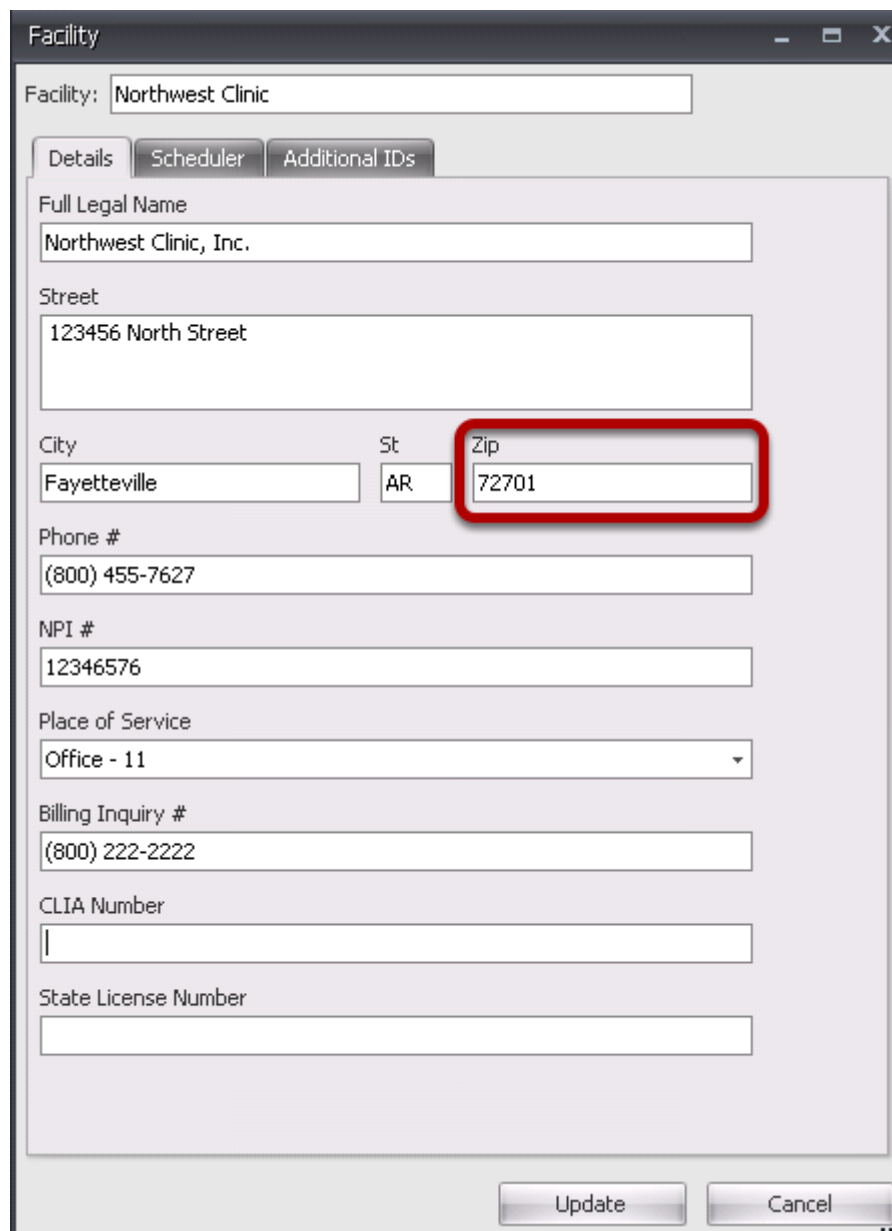
The screenshot shows a web form titled "Facility" with a tabbed interface. The "Details" tab is selected. The form contains the following fields and controls:

- Facility:** Text input field containing "Northwest Clinic".
- Details | Scheduler | Additional IDs:** Tabbed interface with "Details" selected.
- Full Legal Name:** Text input field containing "Northwest Clinic, Inc.".
- Street:** Text input field containing "123456 North Street".
- City:** Text input field containing "Fayetteville".
- St:** A small dropdown menu containing "AR", which is highlighted with a red rectangular box.
- Zip:** Text input field containing "72701".
- Phone #:** Text input field containing "(800) 455-7627".
- NPI #:** Text input field containing "12346576".
- Place of Service:** Dropdown menu with "Office - 11" selected.
- Billing Inquiry #:** Text input field containing "(800) 222-2222".
- CLIA Number:** Text input field.
- State License Number:** Text input field.
- Buttons:** "Update" and "Cancel" buttons at the bottom right.

Enter the State code for the facility.

Size limited to 2 characters.

### Element: N403 (Service Facility Zip)



The screenshot shows a web form titled "Facility" with a tabbed interface. The "Details" tab is selected. The form contains several input fields: "Facility:" (Northwest Clinic), "Full Legal Name" (Northwest Clinic, Inc.), "Street" (123456 North Street), "City" (Fayetteville), "St" (AR), "Zip" (72701), "Phone #" ((800) 455-7627), "NPI #" (12346576), "Place of Service" (Office - 11), "Billing Inquiry #" ((800) 222-2222), "CLIA Number" (empty), and "State License Number" (empty). The "Zip" field is highlighted with a red rectangular box. At the bottom right are "Update" and "Cancel" buttons.

Enter the Zip code for the facility.

Size limited to 15 characters.

### Element: N404 (Service Facility Country Code)

Not implemented currently.

### Element: N407 (Service Facility Country Subdivision Code)

Not implemented currently.

## Segment: REF

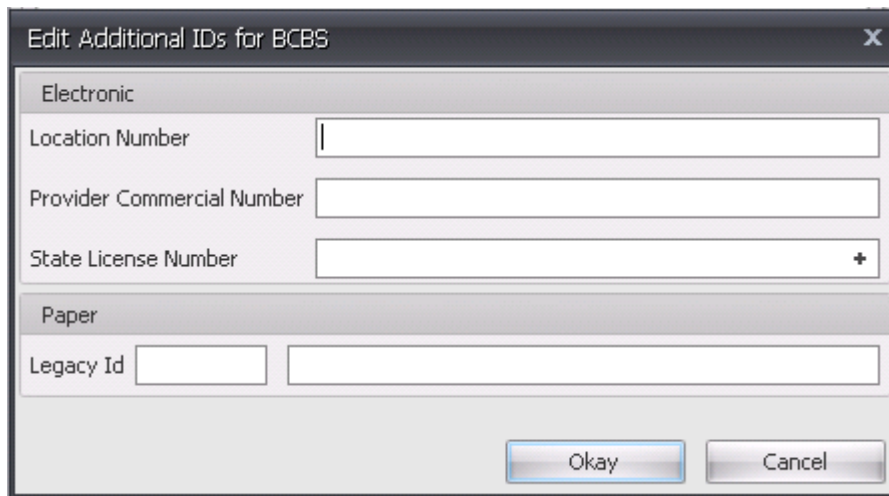
---

Loop: 2310C Segment: REF

### Element: REF01 (Service Facility Secondary Identification Reference ID Qualifier)

List should only contain the IDs of '0B', 'G2', and 'LU'. Up to all 3 IDs can be used.

### Element: REF02 (Service Facility Secondary Identification Reference ID)



1. Go to the Tools menu.
  2. Select Manage Facilities.
  3. Edit the needed Facility.
  4. Click on the Additional IDs tab.
  5. Click the green + to add a related Insurance Company.
  6. Select an insurance company from the list.
  7. Enter any of the numbers that are required by the Insurance Company selected.
- Location #: Enters the 'LU' Qualifier.
  - Provider Commercial Number: Enters the 'G2' Qualifier.
  - State License Number: Enters the '0B' Qualifier.

Up to all 3 IDs can be required per insurance company, per facility.

## Segment: PER

Loop: 2310C Segment: PER

### Element: PER01 (Service Facility Contact Information Function Code)

Hard coded to 'IC', indicating Information Contact.

### Element: PER02 (Service Facility Contact Information Name)

The screenshot shows the 'Edit Claim Details' window with various tabs and fields. The 'Service Facility' section is highlighted with a red box. The fields in this section are:

- Service Facility: A dropdown menu with '<None>' selected.
- Contact: A text field with '<None>'.
- Phone: A text field with '<None>'.
- Extension: A text field with '<None>'.

Other visible fields include:

- Owner: Randall Oates, MD
- Facility: Northwest Clinic
- Type: ☐ Employment, ☐ Auto Accident, ☐ Other Accident, ☒ None
- State: Select State
- Special Program Codes: Special Program (dropdown), Delay Reason (<None>)
- Primary: ☒ Release of Information Signature, ☐ Signature Executed For Patient, Benefits Assignment: Yes
- Secondary: ☒ Release of Information Signature, ☐ Signature Executed For Patient, Benefits Assignment: Yes
- Claim Number: <None>
- Contact Name: <None>
- Contact Phone: <None> Ex: <None>
- Patient Id Type: ☒ Do Not Send, ☐ Member Id Number, ☐ Social Security Number
- Patient Id: <None>
- First Contact Date: <None>
- Accept Assignment: Yes

The purpose of this field is to identify a person or office to whom administrative communications should be directed.

According to the official 5010, 837p specifications:

**"SITUATIONAL RULE: Required when the name is different than the name in the Loop ID-1000A Submitter EDI Contact Information PER segment and in the Loop ID-2010AA Billing Provider Contact Information PER."**

1. Enter the free form name of the contact within the clinic.

Field limited to 60 characters.

**Element: PER03 (Service Facility Contact Information Communication Number Qualifier)**

Hard coded to 'TE', indicating Telephone.

**Element: PER04 (Service Facility Contact Information Communication Number)**

The screenshot shows the 'Edit Claim Details' window. At the top, 'Owner' is 'Randall Oates, MD' and 'Facility' is 'Northwest Clinic'. Below this are sections for 'Type' (with checkboxes for Employment, Auto Accident, Other Accident, and None), 'Special Program Codes' (with dropdowns for Special Program and Delay Reason), and 'Primary'/'Secondary' sections (with checkboxes for Release of Information Signature, Signature Executed For Patient, and dropdowns for Benefits Assignment). A tabbed interface at the bottom includes 'Ambulance', 'Contract', 'Dates', 'File Information', 'Misc Details', 'Patient', 'Property And Casualty', 'Providers', 'Referral / Authorization', 'Supplemental Information', and 'Vision'. The 'Contract' tab is active, showing fields for Claim Number, Contact Name, Contact Phone, Patient Id Type (with radio buttons for Do Not Send, Member Id Number, and Social Security Number), Patient Id, and First Contact Date. A 'Service Facility' sub-section is expanded, showing 'Contact' and 'Phone' fields. The 'Phone' field is highlighted with a red rectangle. At the bottom right, there is an 'Accept Assignment' dropdown set to 'Yes' and 'Save'/'Cancel' buttons.

Enter the Contact telephone number.

**Element: PER05 (Service Facility Contact Information Communication Number Qualifier 2)**

Hard coded to 'EX' for Telephone Extension.



## Element: PER06 (Service Facility Contact Information Communication Number 2)

**Edit Claim Details**

Owner:  Facility:

Type	Special Program Codes	Primary	Secondary
<input type="checkbox"/> Employment <input type="checkbox"/> Auto Accident <input type="checkbox"/> Other Accident <input checked="" type="checkbox"/> None	Special Program: <input type="text" value=""/> Delay Reason: <input type="text" value="&lt;None&gt;"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>

**Tabs:** Ambulance | Contract | Dates | File Information | Misc Details | Patient | **Property And Casualty** | Providers | Referral / Authorization | Supplemental Information | Vision

Claim Number:   
Contact Name:   
Contact Phone:  Ex:   
Patient Id Type: ☒ Do Not Send ☐ Member Id Number ☐ Social Security Number  
Patient Id:   
First Contact Date:

**Service Facility**

Contact	<input type="text" value="&lt;None&gt;"/>
Phone	<input type="text" value="&lt;None&gt;"/> <b>Extension</b> <input type="text" value="&lt;None&gt;"/>

Accept Assignment:

Enter the extension for the Contact telephone number.

# **Loop 2310D-Supervising Provider Name**

## Segment: NM1

Loop 2310D Segment: NM1

### Element: NM101 (Supervising Provider Entity Identifier Code)

Hard coded to 'DQ', indicating Supervising Physician.

### Element: NM102 (Supervising Provider Entity Type Qualifier)

Hard code to '1', indicating Person.

### Element: NM103 (Supervising Provider Last Name)

The screenshot shows the 'Edit Claim Details' window with the 'Providers' tab selected. The 'Supervising Provider' dropdown menu is highlighted with a red rectangle. The window includes fields for Owner (Randall Oates, MD), Facility (Northwest Clinic), Type (Employment, Auto Accident, Other Accident, None), Special Program Codes (Special Program, Delay Reason), Primary (Release of Information Signature, Signature Executed For Patient, Benefits Assignment), and Secondary (Release of Information Signature, Signature Executed For Patient, Benefits Assignment). The 'Providers' tab shows Rendering Provider, Referring Provider, Primary Care Provider, Service Facility, and Supervising Provider. The 'Supervising Provider' dropdown is highlighted with a red rectangle. The 'Accept Assignment' dropdown is set to 'Yes'. The 'Save' and 'Cancel' buttons are at the bottom right.

1. Open the PatientAccount, related to the claim needed.
2. Click on the Claims tab.
3. Under the needed claim, click More Info.
4. Click on the Providers tab.
5. Enter the Supervising Provider in the drop down indicated in the image above.

This list populating the drop down is being pulled from either the Provider Manager or Contacts.

Size limit for last name is 60 characters.

### Element: NM104 (Supervising Provider First Name)

The screenshot shows the 'Edit Claim Details' window with the 'Providers' tab selected. The 'Supervising Provider' dropdown is highlighted with a red rectangle. The window includes fields for Owner (Randall Oates, MD), Facility (Northwest Clinic), Type (Employment, Auto Accident, Other Accident, None), Special Program Codes (Special Program, Delay Reason), Primary (Release of Information Signature, Signature Executed For Patient, Benefits Assignment), and Secondary (Release of Information Signature, Signature Executed For Patient, Benefits Assignment). The 'Providers' tab shows Rendering Provider, Referring Provider, Primary Care Provider, Service Facility, and Supervising Provider. The 'Accept Assignment' dropdown is set to 'Yes'.

1. Open the PatientAccount, related to the claim needed.
2. Click on the Claims tab.
3. Under the needed claim, click More Info.
4. Click on the Providers tab.
5. Enter the Supervising Provider in the drop down indicated in the image above.

This list populating the drop down is being pulled from either the Provider Manager or Contacts.

Size limit for last name is 35 characters.

## Element: NM105 (Supervising Provider Middle Name)

The screenshot shows the 'Edit Claim Details' window with the 'Providers' tab selected. The 'Supervising Provider' dropdown is highlighted with a red rectangle. The window includes various fields for claim details, including Owner, Facility, Type, Special Program Codes, Primary/Secondary information, and a list of providers.

Owner: Randall Oates, MD Facility: Northwest Clinic

Type: ☐ Employment State:  ☐ Auto Accident ☐ Other Accident ☒ None

Special Program Codes: Special Program:  Delay Reason: <None>

Primary: ☒ Release of Information Signature ☐ Signature Executed For Patient Benefits Assignment: Yes

Secondary: ☒ Release of Information Signature ☐ Signature Executed For Patient Benefits Assignment: Yes

Providers: Rendering Provider:  Referring Provider:  Primary Care Provider:  Service Facility:  Supervising Provider:

Accept Assignment: Yes

Save Cancel

1. Open the Patient Account, related to the claim needed.
2. Click on the Claims tab.
3. Under the needed claim, click More Info.
4. Click on the Providers tab.
5. Enter the Supervising Provider in the drop down indicated in the image above.

This list populating the drop down is being pulled from either the Provider Manager or Contacts.

Size limit for last name is 25 characters.

## Element: NM107 (Supervising Provider Suffix)

The screenshot shows the 'Edit Claim Details' window with the 'Providers' tab selected. The 'Supervising Provider' dropdown is highlighted with a red rectangle. The window includes fields for Owner (Randall Oates, MD), Facility (Northwest Clinic), Type (Employment, Auto Accident, Other Accident, None), Special Program Codes (Special Program, Delay Reason), Primary (Release of Information Signature, Signature Executed For Patient, Benefits Assignment), and Secondary (Release of Information Signature, Signature Executed For Patient, Benefits Assignment). The 'Providers' tab shows Rendering Provider, Referring Provider, Primary Care Provider, Service Facility, and Supervising Provider. The 'Supervising Provider' dropdown is highlighted with a red rectangle. The 'Accept Assignment' dropdown is set to 'Yes'. The 'Save' and 'Cancel' buttons are at the bottom right.

1. Open the PatientAccount, related to the claim needed.
2. Click on the Claims tab.
3. Under the needed claim, click More Info.
4. Click on the Providers tab.
5. Enter the Supervising Provider in the drop down indicated in the image above.

This list populating the drop down is being pulled from either the Provider Manager or Contacts.

Size limit for last name is 10 characters.

## Element: NM108 (Supervising Provider Identification Code Qualifier)

Hard coded to 'XX', only if an NPI is entered, for either the Provider or Contact, selected in the Supervising Provider drop down.

**Element: NM109 (Supervising Provider Identification Code)**

If a Supervising Provider has been selected in the More info dialog of a claim AND an NPI number was entered for the physician selected (whether it is an internal provider in the Provider Manager or in Contacts), the NPI number will pull onto the claim in this segment.

## Segment: REF

---

Loop: 2310D Segment: REF

### **Element: REF01 (Supervising Provider Secondary Identification Reference ID Qualifier)**

When applicable and required, additional identifiers may be needed for a provider, when filing with a specific insurance.

If the Supervising Provider is an internal provider, edit the associated insurance company, and edit the internal provider underneath the insurance. Under the Rendering section, the additional identifiers will be indicated.

If the Supervising Provider is under Contacts, edit the Contact and find the Insurance Information at the bottom. To add specific secondary identifiers, add/edit the associated insurance company (listed on the claim), enter the appropriate codes for Location # (LU), Provider Commercial # (G2), UPIN (1G), or State License (OB).

Can hold up to 4 qualifiers.

### **Element: REF02 (Supervising Provider Secondary Identification Reference ID)**

Inputs the ID numbers associated with any of the following indicated in the screens indicated in REF01:

- Location # (LU)
- Provider Commercial # (G2)
- UPIN (1G)
- State License (OB)



# **Loop 2310E-Ambulance Pick-Up Location**

## Segment: NM1

---

Loop: 2310E   Segment: NM1

<b>Element: NM101 (Ambulance Pick-Up location Entity Identifier Code)</b>
---

Hard coded to 'PW'.

<b>Element: NM102 (Ambulance Pick-Up Location Entity Type)</b>
--

Hard coded to '2'.

## Segment: N3

Loop: 2310E Segment: N3

### Element: N301 (Ambulance Pick-Up Location Address)

**Edit Claim Details**

Owner: Randall Oates, MD Facility: Northwest Clinic

**Type**

- ☐ Employment
- ☐ Auto Accident
- ☐ Other Accident
- ☒ None

**Special Program Codes**

Special Program:

Delay Reason:

**Primary**

- ☒ Release of Information Signature
- ☐ Signature Executed For Patient
- Benefits Assignment: Yes

**Secondary**

- ☒ Release of Information Signature
- ☐ Signature Executed For Patient
- Benefits Assignment: Yes

**Ambulance** | Contract | Dates | File Information | Misc Details | Patient | Property And Casualty | Providers | Referral / Authorization | Supplemental Information | Vision

**Pick-Up Address**

Street:

Street 2:

City:

State:

Zip Code:

**Drop-Off**

Street:

Street 2:

City:

**Ambulance Certification**

Admitted to a hospital	<input checked="" type="radio"/> Do Not Send	<input type="radio"/> No	<input type="radio"/> Yes
Moved by stretcher	<input checked="" type="radio"/> Do Not Send	<input type="radio"/> No	<input type="radio"/> Yes
Unconscious or in shock	<input checked="" type="radio"/> Do Not Send	<input type="radio"/> No	<input type="radio"/> Yes
Transported in an emergency situation	<input checked="" type="radio"/> Do Not Send	<input type="radio"/> No	<input type="radio"/> Yes
Physically restrained	<input checked="" type="radio"/> Do Not Send	<input type="radio"/> No	<input type="radio"/> Yes
Visible hemorrhaging	<input checked="" type="radio"/> Do Not Send	<input type="radio"/> No	<input type="radio"/> Yes
Medically necessary	<input checked="" type="radio"/> Do Not Send	<input type="radio"/> No	<input type="radio"/> Yes
Confined to a bed or chair	<input checked="" type="radio"/> Do Not Send	<input type="radio"/> No	<input type="radio"/> Yes

Accept Assignment: Yes

Save Cancel

Edit Patient Account -> Claims tab -> Select Claim -> Click More Info -> Ambulance tab -> Pick-Up Address -> Street

Size limit set to 55 characters.

## Element: N302 (Ambulance Pick-Up Location Address 2)

**Edit Claim Details**

Owner:  Facility:

Type	Special Program Codes	Primary	Secondary
<input type="checkbox"/> Employment <input type="checkbox"/> Auto Accident <input type="checkbox"/> Other Accident <input checked="" type="checkbox"/> None	Special Program: <input type="text"/> Delay Reason: <input type="text" value="&lt;None&gt;"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>

**Ambulance** | Contract | Dates | File Information | Misc Details | Patient | Property And Casualty | Providers | Referral / Authorization | Supplemental Information | Vision

Pick-Up Address	Ambulance Certification
Street: <input type="text" value="&lt;None&gt;"/>	Admitted to a hospital: <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes
<b>Street 2: <input type="text" value="&lt;None&gt;"/></b>	Moved by stretcher: <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes
City: <input type="text" value="&lt;None&gt;"/>	Unconscious or in shock: <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes
State: <input type="text"/>	Transported in an emergency situation: <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes
Zip Code: <input type="text" value="&lt;None&gt;"/>	Physically restrained: <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes
<b>Drop-Off</b>	Visible hemorrhaging: <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes
Street: <input type="text" value="&lt;None&gt;"/>	Medically necessary: <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes
Street 2: <input type="text" value="&lt;None&gt;"/>	Confined to a bed or chair: <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes
City: <input type="text" value="&lt;None&gt;"/>	

Accept Assignment:

Edit Patient Account -> Claims tab -> Select Claim -> Click More Info -> Ambulance tab -> Pick-Up Address -> Street 2

Size limit set to 55 characters.

## Segment: N4

Loop 2310E Segment: N4

### Element: N401 (Ambulance Pick-Up Location City)

**Edit Claim Details**

Owner: Randall Oates, MD Facility: Northwest Clinic

**Type**

- ☐ Employment
- ☐ Auto Accident
- ☐ Other Accident
- ☒ None

**Special Program Codes**

Special Program:

Delay Reason:

**Primary**

- ☒ Release of Information Signature
- ☐ Signature Executed For Patient
- Benefits Assignment: Yes

**Secondary**

- ☒ Release of Information Signature
- ☐ Signature Executed For Patient
- Benefits Assignment: Yes

**Ambulance** | Contract | Dates | File Information | Misc Details | Patient | Property And Casualty | Providers | Referral / Authorization | Supplemental Information | Vision

**Pick-Up Address**

Street:

Street 2:

**City**:

State:

Zip Code:

**Drop-Off**

Street:

Street 2:

City:

**Ambulance Certification**

Admitted to a hospital	<input checked="" type="radio"/> Do Not Send	<input type="radio"/> No	<input type="radio"/> Yes
Moved by stretcher	<input checked="" type="radio"/> Do Not Send	<input type="radio"/> No	<input type="radio"/> Yes
Unconscious or in shock	<input checked="" type="radio"/> Do Not Send	<input type="radio"/> No	<input type="radio"/> Yes
Transported in an emergency situation	<input checked="" type="radio"/> Do Not Send	<input type="radio"/> No	<input type="radio"/> Yes
Physically restrained	<input checked="" type="radio"/> Do Not Send	<input type="radio"/> No	<input type="radio"/> Yes
Visible hemorrhaging	<input checked="" type="radio"/> Do Not Send	<input type="radio"/> No	<input type="radio"/> Yes
Medically necessary	<input checked="" type="radio"/> Do Not Send	<input type="radio"/> No	<input type="radio"/> Yes
Confined to a bed or chair	<input checked="" type="radio"/> Do Not Send	<input type="radio"/> No	<input type="radio"/> Yes

Accept Assignment: Yes

Save Cancel

Edit Patient Account->Claims Tab->Select Claim->More Info->Ambulance Tab->Pick-Up Address->City

Size limited to 30 characters.

## Element: N402 (Ambulance Pick-Up Location State)

**Edit Claim Details**

Owner:  Facility:

Type	Special Program Codes	Primary	Secondary
<input type="checkbox"/> Employment <input type="checkbox"/> Auto Accident <input type="checkbox"/> Other Accident <input checked="" type="checkbox"/> None	Special Program: <input type="text" value=""/> Delay Reason: <input type="text" value="&lt;None&gt;"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>

**Ambulance** | Contract | Dates | File Information | Misc Details | Patient | Property And Casualty | Providers | Referral / Authorization | Supplemental Information | Vision

Pick-Up Address	Ambulance Certification
Street: <input type="text" value="&lt;None&gt;"/>	Admitted to a hospital: <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes
Street 2: <input type="text" value="&lt;None&gt;"/>	Moved by stretcher: <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes
City: <input type="text" value="&lt;None&gt;"/>	Unconscious or in shock: <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes
<b>State:</b> <input type="text" value=""/>	Transported in an emergency situation: <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes
Zip Code: <input type="text" value="&lt;None&gt;"/>	Physically restrained: <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes
Drop-Off	Visible hemorrhaging: <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes
Street: <input type="text" value="&lt;None&gt;"/>	Medically necessary: <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes
Street 2: <input type="text" value="&lt;None&gt;"/>	Confined to a bed or chair: <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes
City: <input type="text" value="&lt;None&gt;"/>	

Accept Assignment:

Edit Patient Account->Claims Tab->Select Claim->More Info->Ambulance Tab->Pick-Up Address->State

Size limited to 2 characters.

## Element: N403 (Ambulance Pick-Up Location Zip Code)

**Edit Claim Details**

Owner: Randall Oates, MD Facility: Northwest Clinic

**Type**

- ☐ Employment
- ☐ Auto Accident
- ☐ Other Accident
- ☒ None

**Special Program Codes**

Special Program:

Delay Reason:

**Primary**

- ☒ Release of Information Signature
- ☐ Signature Executed For Patient
- Benefits Assignment: Yes

**Secondary**

- ☒ Release of Information Signature
- ☐ Signature Executed For Patient
- Benefits Assignment: Yes

**Ambulance** Contract Dates File Information Misc Details Patient Property And Casualty Providers Referral / Authorization Supplemental Information Vision

**Pick-Up Address**

Street:

Street 2:

City:

State:

**Zip Code**:

**Drop-Off**

Street:

Street 2:

City:

**Ambulance Certification**

Admitted to a hospital	<input checked="" type="radio"/> Do Not Send	<input type="radio"/> No	<input type="radio"/> Yes
Moved by stretcher	<input checked="" type="radio"/> Do Not Send	<input type="radio"/> No	<input type="radio"/> Yes
Unconscious or in shock	<input checked="" type="radio"/> Do Not Send	<input type="radio"/> No	<input type="radio"/> Yes
Transported in an emergency situation	<input checked="" type="radio"/> Do Not Send	<input type="radio"/> No	<input type="radio"/> Yes
Physically restrained	<input checked="" type="radio"/> Do Not Send	<input type="radio"/> No	<input type="radio"/> Yes
Visible hemorrhaging	<input checked="" type="radio"/> Do Not Send	<input type="radio"/> No	<input type="radio"/> Yes
Medically necessary	<input checked="" type="radio"/> Do Not Send	<input type="radio"/> No	<input type="radio"/> Yes
Confined to a bed or chair	<input checked="" type="radio"/> Do Not Send	<input type="radio"/> No	<input type="radio"/> Yes

Accept Assignment: Yes

Save Cancel

Edit Patient Account->Claims Tab->Select Claim->More Info->Ambulance Tab->Pick-Up Address->Zip Code

Size limited to 15 characters.

## Element: N404 (Ambulance Pick-Up Location Country Code)

Not implemented.

## Element: N407 (Ambulance Pick-Up Location Country Subdivision Code)

Not implemented.

# **Loop 2310F-ambulance Drop-Off Location**



## Segment: NM1

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Loop: 2310F Segment: NM1

<b>Element: NM101 (Ambulance Drop-Off Location Entity Identifier Code)</b>
--

Hard coded to '45'.

<b>Element: NM102 (Ambulance Drop-Off Location Entity Type Qualifier)</b>
---

Hard coded to '2'.

## Segment: N3

Loop: 2310F Segment: N3

### Element: N301 (Ambulance Drop-Off Location Address)

The screenshot shows the 'Edit Claim Details' window with the 'Ambulance' tab selected. The 'Drop-Off' section is highlighted with a red rectangle. The 'Street' field is currently set to '<None>'. Other fields in the 'Drop-Off' section include 'Street 2', 'City', 'State', and 'Zip Code'. The 'Ambulance' tab is also selected, showing various options for the ambulance drop-off location.

Owner: Randall Oates, MD Facility: Northwest Clinic

Type: ☐ Employment ☐ Auto Accident ☐ Other Accident ☒ None

Special Program Codes: Special Program:  Delay Reason:

Primary: ☒ Release of Information Signature ☐ Signature Executed For Patient Benefits Assignment: Yes

Secondary: ☒ Release of Information Signature ☐ Signature Executed For Patient Benefits Assignment: Yes

Ambulance: State:  Zip Code:

Drop-Off: Street:  Street 2:  City:  State:  Zip Code:

Contract: Dates: File Information: Misc Details: Patient: Property And Casualty: Providers: Referral / Authorization: Supplemental Information: Vision

Transported in an emergency situation: ☒ Do Not Send ☐ No ☐ Yes

Physically restrained: ☒ Do Not Send ☐ No ☐ Yes

Visible hemorrhaging: ☒ Do Not Send ☐ No ☐ Yes

Medically necessary: ☒ Do Not Send ☐ No ☐ Yes

Confined to a bed or chair: ☒ Do Not Send ☐ No ☐ Yes

Transport Reason:

Transport Distance (Miles):

Round Trip Description:

Accept Assignment: Yes

Save Cancel

Edit Patient Account->Claims Tab->Select Claim->More Info->Ambulance Tab->Drop Off section->Street

Size limited to 55 characters.

## Element: N302 (Ambulance Drop-Off Location Address 2)

**Edit Claim Details**

Owner: Randall Oates, MD Facility: Northwest Clinic

Type	Special Program Codes	Primary	Secondary
<input type="checkbox"/> Employment <input type="checkbox"/> Auto Accident <input type="checkbox"/> Other Accident <input checked="" type="checkbox"/> None	Special Program: Delay Reason: <None>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: Yes	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: Yes

**Ambulance** | Contract | Dates | File Information | Misc Details | Patient | Property And Casualty | Providers | Referral / Authorization | Supplemental Information | Vision

State:   
Zip Code: <None>

**Drop-Off**

Street:   
**Street 2: <None>**   
City:   
State:   
Zip Code: <None>

Unconscious or in shock:   
Transported in an emergency situation: ☒ Do Not Send ☐ No ☐ Yes  
Physically restrained: ☒ Do Not Send ☐ No ☐ Yes  
Visible hemorrhaging: ☒ Do Not Send ☐ No ☐ Yes  
Medically necessary: ☒ Do Not Send ☐ No ☐ Yes  
Confined to a bed or chair: ☒ Do Not Send ☐ No ☐ Yes

Transport Reason: <None>  
Transport Distance (Miles): <None>  
Round Trip Description:   
State:   
City:   
Zip:   
County:   
Country:   
Accept Assignment: Yes

Save Cancel

Edit Patient Account->Claims Tab->Select Claim->More Info->Ambulance Tab->Drop Off section->Street 2

Size limited to 55 characters.

## Segment: N4

Loop: 2310F Segment: N4

### Element: N401 (Ambulance Drop-Off Location City)

The screenshot shows the 'Edit Claim Details' window with the 'Ambulance' tab selected. The 'Drop-Off' section is highlighted with a red box, and the 'City' field is the focus. The 'City' field is currently empty and has a red border. The 'State' and 'Zip Code' fields are also visible. The 'Accept Assignment' dropdown is set to 'Yes'.

Owner: Randall Oates, MD Facility: Northwest Clinic

Type: ☐ Employment ☐ Auto Accident ☐ Other Accident ☒ None

Special Program Codes: Special Program: <None> Delay Reason: <None>

Primary: ☒ Release of Information Signature ☐ Signature Executed For Patient Benefits Assignment: Yes

Secondary: ☒ Release of Information Signature ☐ Signature Executed For Patient Benefits Assignment: Yes

Ambulance: State: <None> Zip Code: <None>

Drop-Off: Street: <None> Street 2: <None> City: <None> State: <None> Zip Code: <None>

Transported in an emergency situation: ☒ Do Not Send ☐ No ☐ Yes

Physically restrained: ☒ Do Not Send ☐ No ☐ Yes

Visible hemorrhaging: ☒ Do Not Send ☐ No ☐ Yes

Medically necessary: ☒ Do Not Send ☐ No ☐ Yes

Confined to a bed or chair: ☒ Do Not Send ☐ No ☐ Yes

Transport Reason: <None>

Transport Distance (Miles): <None>

Round Trip Description: <None>

Accept Assignment: Yes

Save Cancel

Edit Patient Account->Claims Tab->Select Claim->More Info->Ambulance Tab->Drop Off section->City

Size limited to 30 characters.

## Element: N402 (Ambulance Drop-Off Location State)

**Edit Claim Details**

Owner: Randall Oates, MD Facility: Northwest Clinic

**Type**

- ☐ Employment
- ☐ Auto Accident
- ☐ Other Accident
- ☒ None

**Special Program Codes**

Special Program:

Delay Reason:

**Primary**

- ☒ Release of Information Signature
- ☐ Signature Executed For Patient
- Benefits Assignment: Yes

**Secondary**

- ☒ Release of Information Signature
- ☐ Signature Executed For Patient
- Benefits Assignment: Yes

**Ambulance** | Contract | Dates | File Information | Misc Details | Patient | Property And Casualty | Providers | Referral / Authorization | Supplemental Information | Vision

**Drop-Off**

State:

Zip Code:

Street:

Street 2:

City:

State:

Zip Code:

Transported in an emergency situation: ☒ Do Not Send ☐ No ☐ Yes

Physically restrained: ☒ Do Not Send ☐ No ☐ Yes

Visible hemorrhaging: ☒ Do Not Send ☐ No ☐ Yes

Medically necessary: ☒ Do Not Send ☐ No ☐ Yes

Confined to a bed or chair: ☒ Do Not Send ☐ No ☐ Yes

Transport Reason:

Transport Distance (Miles):

Round Trip Description:

Accept Assignment: Yes

Save Cancel

Edit Patient Account->Claims Tab->Select Claim->More Info->Ambulance Tab->Drop Off section->State

Size limited to 2 characters.

## Element: N403 (Ambulance Drop-Off Location Zip Code)

**Edit Claim Details**

Owner: Randall Oates, MD Facility: Northwest Clinic

**Type**

- ☐ Employment
- ☐ Auto Accident
- ☐ Other Accident
- ☒ None

**Special Program Codes**

Special Program:

Delay Reason:

**Primary**

- ☒ Release of Information Signature
- ☐ Signature Executed For Patient
- Benefits Assignment: Yes

**Secondary**

- ☒ Release of Information Signature
- ☐ Signature Executed For Patient
- Benefits Assignment: Yes

**Ambulance** | Contract | Dates | File Information | Misc Details | Patient | Property And Casualty | Providers | Referral / Authorization | Supplemental Information | Vision

State:

Zip Code:

**Drop-Off**

Street:

Street 2:

City:

State:

Zip Code:

Transported in an emergency situation: ☒ Do Not Send ☐ No ☐ Yes

Physically restrained: ☒ Do Not Send ☐ No ☐ Yes

Visible hemorrhaging: ☒ Do Not Send ☐ No ☐ Yes

Medically necessary: ☒ Do Not Send ☐ No ☐ Yes

Confined to a bed or chair: ☒ Do Not Send ☐ No ☐ Yes

Transport Reason:

Transport Distance (Miles):

Round Trip Description:

Accept Assignment: Yes

Save Cancel

Edit Patient Account->Claims Tab->Select Claim->More Info->Ambulance Tab->Drop Off section->Zip Code

Size limited to 15 characters.

## Element: N404 (Ambulance Drop-Off Location Country Code)

Not Implemented.

## Element: N407 (Ambulance Drop-Off Location Country Subdivision Code)

Not Implemented.

# Loop 2330A-Other Subscriber Name

## Segment: NM1

---

Loop: 2330A Segment: NM1

<b>Element: NM101 (Other Subscriber Entity Identifier Code)</b>
---

Hard coded to 'IL'.

<b>Element: NM102 (Other Subscriber Entity Type Qualifier)</b>
--

PatientAccount->Insurance Tab-Insurance Policy

Hard coded to '2'.



## Element: NM103 (Other Subscriber Last Name)

Clyde, Annie

**Clyde, Annie** Account 112  
Chart

Date of Birth 5/21/1947 Age 64 Sex Female Status Married

Address 315 Maple Ave Springdale, AR 72764

Home (555) 223-5656 Work (555) 223-6677 Cell (479) 236-5846

Email aclyde@email.com

**\$ Balances**

	Personal	Insurance	Totals
Family	\$390.00	\$665.47	\$1,055.47
Patient	\$231.00	\$600.00	\$831.00
<b>Totals</b>	<b>\$621.00</b>	<b>\$1,265.47</b>	<b>\$1,886.47</b>

**Insurance Policy**

Type: Other

Company: BCBS  
P.O. Box 2181  
Little Rock, AR 72203-2181  
(800) 827-4814

**Policy Information**

Policy # Type: ☒ Member ID ☐ Unique Health ID

Policy #: 4567 Plan Name: TrBlu

Group #: GP3000 Group Name:

Effective: 1/1/2008 Expires: 1/1/2010

**Payment Options**

☒ Co-Pay \$20.00 ☐ Co-Ins 0 %

Status: Primary

Notes: Has not met deductible - 9/22/10

**Insured Information**

Relation: Self

Is Person: ☒ Yes ☐ No

Name: First: Annie Middle: Last: Clyde Suffix:

Address: 315 Maple Ave

City: Springdale State: AR Zip: 72764

Soc. Sec. #:

Birthdate: 5/21/1967 ☐ Male ☒ Female

Phone: (555)223-5656 Employer: SOAPware, Inc

Save Cancel

+ New Insurance ☐ Show Inactive

Insurance BCBS Ins Card

PatientAccount->Insurance Tab->View Insurance Policy->Last Name

Size limited to 60 characters.

## Element: NM104 (Other Subscriber First Name)

Clyde, Annie

**Clyde, Annie** Account 112  
Chart

Date of Birth 5/21/1947 Age 64 Sex Female Status Married

Address 315 Maple Ave Springdale, AR 72764

Home (555) 223-5656 Work (555) 223-6677 Cell (479) 236-5846

Email aclyde@email.com

**\$ Balances**

	Personal	Insurance	Totals
Family	\$390.00	\$665.47	\$1,055.47
Patient	\$231.00	\$600.00	\$831.00
<b>Totals</b>	<b>\$621.00</b>	<b>\$1,265.47</b>	<b>\$1,886.47</b>

**Insurance Policy**

Type: Other

Company: BCBS  
P.O. Box 2181  
Little Rock, AR 72203-2181  
(800) 827-4814

**Policy Information**

Policy # Type: ☒ Member ID ☐ Unique Health ID

Policy #: 4567 Plan Name: TrBlu

Group #: GP3000 Group Name:

Effective: 1/1/2008 Expires: 1/1/2010

**Payment Options**

☒ Co-Pay \$20.00 ☐ Co-Ins 0 %

Status: Primary

Notes: Has not met deductible - 9/22/10

**Insured Information**

Relation: Self

Is Person: ☒ Yes ☐ No

Name: First: Annie Middle: Last: Clyde Suffix:

Address: 315 Maple Ave

City: Springdale State: AR Zip: 72764

Soc. Sec. #:

Birthdate: 5/21/1967 ☐ Male ☒ Female

Phone: (555)223-5656 Employer: SOAPware, Inc

Save Cancel

+ New Insurance ☐ Show Inactive

Insurance BCBS Ins Card

PatientAccount->Insurance Tab->View Insurance Policy->First Name

Size limited to 35 characters.

## Element: NM105 (Other Subscriber Middle Name)

Clyde, Annie

**Account** 112  
**Chart**

**Date of Birth** 5/21/1947 **Age** 64 **Sex** Female **Status** Married

**Address** 315 Maple Ave Springdale, AR 72764

**Home** (555) 223-5656 **Work** (555) 223-6677 **Cell** (479) 236-5846

**Email** aclyde@email.com

**\$ Balances**

	Personal	Insurance	Totals
Family	\$390.00	\$665.47	\$1,055.47
Patient	\$231.00	\$600.00	\$831.00
<b>Totals</b>	<b>\$621.00</b>	<b>\$1,265.47</b>	<b>\$1,886.47</b>

**Insurance Policy**

Type: Other

Company: BCBS  
P.O. Box 2181  
Little Rock, AR 72203-2181  
(800) 827-4814

**Policy Information**

Policy # Type: ☒ Member ID ☐ Unique Health ID

Policy #: 4567 Plan Name: TrBlu

Group #: GP3000 Group Name:

Effective: 1/1/2008 Expires: 1/1/2010

**Payment Options**

☒ Co-Pay \$20.00 ☐ Co-Ins 0 %

Status: Primary

Notes: Has not met deductible - 9/22/10

**Insured Information**

Relation: Self

Is Person: ☒ Yes ☐ No

Name: First: Annie Middle: Last: Clyde Suffix:

Address: 315 Maple Ave

City: Springdale State: AR Zip: 72764-

Soc. Sec. #:

Birthdate: 5/21/1967 ☐ Male ☒ Female

Phone: (555)223-5656 Employer: SOAPware, Inc

Save Cancel

+ New Insurance ☐ Show Inactive

Insurance BCBS Ins Card

PatientAccount->Insurance Tab->View Insurance Policy->MiddleName

Size limited to 25 characters.

## Element: NM107 (Other Subscriber Suffix)

Clyde, Annie

**Clyde, Annie** Account 112  
Chart

Date of Birth 5/21/1947 Age 64 Sex Female Status Married

Address 315 Maple Ave Springdale, AR 72764

Home (555) 223-5656 Work (555) 223-6677 Cell (479) 236-5846

Email aclyde@email.com

**\$ Balances**

	Personal	Insurance	Totals
Family	\$390.00	\$665.47	\$1,055.47
Patient	\$231.00	\$600.00	\$831.00
<b>Totals</b>	<b>\$621.00</b>	<b>\$1,265.47</b>	<b>\$1,886.47</b>

**Insurance Policy**

Type: Other

Company: BCBS  
P.O. Box 2181  
Little Rock, AR 72203-2181  
(800) 827-4814

**Policy Information**

Policy # Type: ☒ Member ID ☐ Unique Health ID

Policy #: 4567 Plan Name: TrBlu

Group #: GP3000 Group Name:

Effective: 1/1/2008 Expires: 1/1/2010

**Payment Options**

☒ Co-Pay \$20.00 ☐ Co-Ins 0 %

Status: Primary

Notes: Has not met deductible - 9/22/10

**Insured Information**

Relation: Self

Is Person: ☒ Yes ☐ No

Name: First: Annie Middle: Last: Clyde Suffix:

Address: 315 Maple Ave

City: Springdale State: AR Zip: 72764

Soc. Sec. #:

Birthdate: 5/21/1967 ☐ Male ☒ Female

Phone: (555)223-5656 Employer: SOAPware, Inc

Save Cancel

+ New Insurance ☐ Show Inactive

Insurance BCBS Ins Card

PatientAccount->Insurance Tab->View Insurance Policy->Suffix

Size limited to 10 characters.

## Element: NM108 (Other Subscriber Identification Code Qualifier)

Clyde, Annie

**Account** 112  
**Chart**

**Date of Birth** 5/21/1947 **Age** 64 **Sex** Female **Status** Married

**Address** 315 Maple Ave Springdale, AR 72764

**Home** (555) 223-5656 **Work** (555) 223-6677 **Cell** (479) 236-5846

**Email** aclyde@email.com

**Balances**

	Personal	Insurance	Totals
Family	\$390.00	\$665.47	\$1,055.47
Patient	\$231.00	\$600.00	\$831.00
<b>Totals</b>	<b>\$621.00</b>	<b>\$1,265.47</b>	<b>\$1,886.47</b>

**Insurance Policy**

Type: Other

Company: BCBS  
P.O. Box 2181  
Little Rock, AR 72203-2181  
(800) 827-4814

**Policy Information**

Policy # Type: ☒ Member ID ☐ Unique Health ID

Policy #: 4567 Plan Name: TrBlu

Group #: GP3000 Group Name:

Effective: 1/1/2008 Expires: 1/1/2010

**Payment Options**

☒ Co-Pay \$20.00 ☐ Co-Ins 0 %

Status: Primary

**Insured Information**

Relation: Self

Is Person: ☒ Yes ☐ No

Name: First: Annie Middle: Last: Clyde Suffix:

Address: 315 Maple Ave

City: Springdale State: AR Zip: 72764-

Soc. Sec. #:

Birthdate: 5/21/1967 ☐ Male ☒ Female

Phone: (555)223-5656 Employer: SOAPware, Inc

Notes: Has not met deductible - 9/22/10

Save Cancel

+ New Insurance ☐ Show Inactive

Insurance BCBS Ins Card

PatientAccount->Insurance Tab->View Insurance Policy->Policy Number Type



## Element: NM109 (Other Subscriber Identification Code)

Clyde, Annie

**Clyde, Annie** Account 112 Chart

Date of Birth 5/21/1947 Age 64 Sex Female Status Married

Address 315 Maple Ave Springdale, AR 72764

Home (555) 223-5656 Work (555) 223-6677 Cell (479) 236-5846

Email aclyde@email.com

	Personal	Insurance	Totals
Family	\$390.00	\$665.47	\$1,055.47
Patient	\$231.00	\$600.00	\$831.00
<b>Totals</b>	<b>\$621.00</b>	<b>\$1,265.47</b>	<b>\$1,886.47</b>

**Insurance Policy**

Type: Other

Company: BCBS

P.O. Box 2181  
Little Rock, AR 72203-2181  
(800) 827-4814

**Policy Information**

Policy # Type: ☒ Member ID ☐ Unique Health ID

Policy #: 4567 Plan Name: TrBlu

Group #: GP3000 Group Name:

Effective: 1/1/2008 Expires: 1/1/2010

**Payment Options**

☒ Co-Pay \$20.00 ☐ Co-Ins 0 %

Status: Primary

Fee Sched:

**Insured Information**

Relation: Self

Is Person: ☒ Yes ☐ No

Name: First: Annie Middle: Last: Clyde Suffix:

Address: 315 Maple Ave

City: Springdale State: AR Zip: 72764

Soc. Sec. #:

Birthdate: 5/21/1967 ☐ Male ☒ Female

Phone: (555)223-5656 Employer: SOAPware, Inc

Notes: Has not met deductible - 9/22/10

Save Cancel

+ New Insurance ☐ Show Inactive

Insurance BCBS Ins Card

PatientAccount->Insurance Tab->View Insurance Policy->Policy Number

Size limited to 80 characters.

## Segment: N3

Loop: 2330A Segment: N3

### Element: N301 (Other Subscriber Address Information)

Clyde, Annie

**Clyde, Annie** Account 112 Chart

Date of Birth 5/21/1947 Age 64 Sex Female Status Married

Address 315 Maple Ave Springdale, AR 72764

Home (555) 223-5656 Work (555) 223-6677 Cell (479) 236-5846

Email aclyde@email.com

	Personal	Insurance	Totals
Family	\$390.00	\$665.47	\$1,055.47
Patient	\$231.00	\$600.00	\$831.00
<b>Totals</b>	<b>\$621.00</b>	<b>\$1,265.47</b>	<b>\$1,886.47</b>

**Insurance Policy**

Type: Other

Company: BCBS

P.O. Box 2181  
Little Rock, AR 72203-2181  
(800) 827-4814

**Policy Information**

Policy # Type: ☒ Member ID ☐ Unique Health ID

Policy #: 4567 Plan Name: TrBlu

Group #: GP3000 Group Name:

Effective: 1/1/2008 Expires: 1/1/2010

**Payment Options**

☒ Co-Pay \$20.00 ☐ Co-Ins 0 %

Status: Primary

Fee Sched:

**Insured Information**

Relation: Self

Is Person: ☒ Yes ☐ No

Name: First: Annie Middle: Last: Clyde Suffix:

Address: 315 Maple Ave

City: Springdale State: AR Zip: 72764-

Soc. Sec. #:

Birthday: 5/21/1967 ☐ Male ☒ Female

Phone: (555)223-5656 Employer: SOAPware, Inc

Notes: Has not met deductible - 9/22/10

Save Cancel

+ New Insurance Show Inactive

Insurance BCBS Ins Card

PatientAccount->Insurance Tab->View Insurance Policy->Address

Size limited to 55 characters.

## Element: NM302 (Other Subscriber Address 2 Information)

Clyde, Annie

**Clyde, Annie** Account 112  
Chart

Date of Birth 5/21/1947 Age 64 Sex Female Status Married

Address 315 Maple Ave Springdale, AR 72764

Home (555) 223-5656 Work (555) 223-6677 Cell (479) 236-5846

Email aclyde@email.com

**\$ Balances**

	Personal	Insurance	Totals
Family	\$390.00	\$665.47	\$1,055.47
Patient	\$231.00	\$600.00	\$831.00
<b>Totals</b>	<b>\$621.00</b>	<b>\$1,265.47</b>	<b>\$1,886.47</b>

**Insurance Policy**

Type: Other

Company: BCBS  
P.O. Box 2181  
Little Rock, AR 72203-2181  
(800) 827-4814

**Policy Information**

Policy # Type: ☒ Member ID ☐ Unique Health ID

Policy #: 4567 Plan Name: TrBlu

Group #: GP3000 Group Name:

Effective: 1/1/2008 Expires: 1/1/2010

**Payment Options**

☒ Co-Pay \$20.00 ☐ Co-Ins 0 %

Status: Primary

Notes: Has not met deductible - 9/22/10

**Insured Information**

Relation: Self

Is Person: ☒ Yes ☐ No

Name: First: Annie Middle: Last: Clyde Suffix:

Address: 315 Maple Ave

City: Springdale State: AR Zip: 72764-

Soc. Sec. #:

Birthdate: 5/21/1967 ☐ Male ☒ Female

Phone: (555)223-5656 Employer: SOAPware, Inc

Save Cancel

+ New Insurance ☐ Show Inactive

Insurance BCBS Ins Card

PatientAccount->Insurance Tab->View Insurance Policy->Street 2

Size limited to 55 characters.



## Segment: N4

Loop: 2330A Segment: N4

### Element: N401 (Other Subscriber City)

Clyde, Annie

**Clyde, Annie** Account 112 Chart

Date of Birth 5/21/1947 Age 64 Sex Female Status Married

Address 315 Maple Ave Springdale, AR 72764

Home (555) 223-5656 Work (555) 223-6677 Cell (479) 236-5846

Email aclyde@email.com

	Personal	Insurance	Totals
Family	\$390.00	\$665.47	\$1,055.47
Patient	\$231.00	\$600.00	\$831.00
<b>Totals</b>	<b>\$621.00</b>	<b>\$1,265.47</b>	<b>\$1,886.47</b>

**Insurance Policy**

Type: Other

Company: BCBS

P.O. Box 2181  
Little Rock, AR 72203-2181  
(800) 827-4814

**Policy Information**

Policy # Type: ☒ Member ID ☐ Unique Health ID

Policy #: 4567 Plan Name: TrBlu

Group #: GP3000 Group Name:

Effective: 1/1/2008 Expires: 1/1/2010

**Payment Options**

☒ Co-Pay \$20.00 ☐ Co-Ins 0 %

Status: Primary

Fee Sched:

**Insured Information**

Relation: Self

Is Person: ☒ Yes ☐ No

Name: First: Annie Middle: Last: Clyde Suffix:

Address: 315 Maple Ave

City: Springdale State: AR Zip: 72764-

Soc. Sec. #:

Birthday: 5/21/1967 ☐ Male ☒ Female

Phone: (555)223-5656 Employer: SOAPware, Inc

Notes: Has not met deductible - 9/22/10

Save Cancel

+ New Insurance Show Inactive

Insurance BCBS Ins Card

PatientAccount->Insurance Tab->View Insurance Policy->City

Size limited to 30 characters.

## Element: NM402 (Other Subscriber State)

Clyde, Annie

**Clyde, Annie** Account 112  
Chart

Date of Birth 5/21/1947 Age 64 Sex Female Status Married

Address 315 Maple Ave Springdale, AR 72764

Home (555) 223-5656 Work (555) 223-6677 Cell (479) 236-5846

Email aclyde@email.com

**\$ Balances**

	Personal	Insurance	Totals
Family	\$390.00	\$665.47	\$1,055.47
Patient	\$231.00	\$600.00	\$831.00
<b>Totals</b>	<b>\$621.00</b>	<b>\$1,265.47</b>	<b>\$1,886.47</b>

**Insurance Policy**

Type: Other

Company: BCBS  
P.O. Box 2181  
Little Rock, AR 72203-2181  
(800) 827-4814

**Policy Information**

Policy # Type: ☒ Member ID ☐ Unique Health ID

Policy #: 4567 Plan Name: TrBlu

Group #: GP3000 Group Name:

Effective: 1/1/2008 Expires: 1/1/2010

**Payment Options**

☒ Co-Pay \$20.00 ☐ Co-Ins 0 %

Status: Primary

Notes: Has not met deductible - 9/22/10

**Insured Information**

Relation: Self

Is Person: ☒ Yes ☐ No

Name: First: Annie Middle: Last: Clyde Suffix:

Address: 315 Maple Ave

City: Springdale State: AR Zip: 72764

Soc. Sec. #:

Birthdate: 5/21/1967 ☐ Male ☒ Female

Phone: (555)223-5656 Employer: SOAPware, Inc

Save Cancel

+ New Insurance ☐ Show Inactive

Insurance BCBS Ins Card

PatientAccount->Insurance Tab->View Insurance Policy->State

## Element: NM403 (Other Subscriber Zip Code)

Clyde, Annie

**Clyde, Annie** Account 112  
Chart

Date of Birth 5/21/1947 Age 64 Sex Female Status Married

Address 315 Maple Ave Springdale, AR 72764

Home (555) 223-5656 Work (555) 223-6677 Cell (479) 236-5846

Email aclyde@email.com

**\$ Balances**

	Personal	Insurance	Totals
Family	\$390.00	\$665.47	\$1,055.47
Patient	\$231.00	\$600.00	\$831.00
<b>Totals</b>	<b>\$621.00</b>	<b>\$1,265.47</b>	<b>\$1,886.47</b>

**Insurance Policy**

Type: Other

Company: BCBS  
P.O. Box 2181  
Little Rock, AR 72203-2181  
(800) 827-4814

**Policy Information**

Policy # Type: ☒ Member ID ☐ Unique Health ID

Policy #: 4567 Plan Name: TrBlu

Group #: GP3000 Group Name:

Effective: 1/1/2008 Expires: 1/1/2010

**Payment Options**

☒ Co-Pay \$20.00 ☐ Co-Ins 0 %

Status: Primary

Notes: Has not met deductible - 9/22/10

**Insured Information**

Relation: Self

Is Person: ☒ Yes ☐ No

Name: First: Annie Middle: Last: Clyde Suffix:

Address: 315 Maple Ave

City: Springdale State: AR Zip: 72764- (highlighted)

Soc. Sec. #:

Birthdate: 5/21/1967 ☐ Male ☒ Female

Phone: (555)223-5656 Employer: SOAPware, Inc

Save Cancel

+ New Insurance ☐ Show Inactive

Insurance BCBS Ins Card

PatientAccount->Insurance Tab->View Insurance Policy->Zip Code

## Element: NM404 (Other Subscriber Country Code)

Not Implemented.

## Element: NM407 (Other Subscriber Country Subdivision Code)

Not Implemented.

## Segment: REF

Loop: 2330A Segment: REF

### Element: REF01 (Other Subscriber Secondary Identification Reference ID Qualifier)

Hard coded to 'SY' for Social Security.

### Element: REF02 (Other Subscriber Secondary Identification Reference ID)

The screenshot displays a patient account window for Annie Clyde. The window includes a patient photo, name, account number (112), and contact information. A table on the right shows balances for Personal, Insurance, and Totals. The main section is the 'Insurance Policy' window, which is open and shows details for a policy with Type 'Other' and Company 'BCBS'. The 'Insured Information' section is highlighted with a red box, showing the 'Soc. Sec. #' field, which is currently empty. The 'Soc. Sec. #' field is highlighted with a red box.

	Personal	Insurance	Totals
Family	\$390.00	\$665.47	\$1,055.47
Patient	\$231.00	\$600.00	\$831.00
<b>Totals</b>	<b>\$621.00</b>	<b>\$1,265.47</b>	<b>\$1,886.47</b>

**Insurance Policy**

Type: Other  
Company: BCBS  
P.O. Box 2181  
Little Rock, AR 72203-2181  
(800) 827-4814

**Policy Information**

Policy # Type: ☒ Member ID ☐ Unique Health ID

Policy #: 4567 Plan Name: TrBlu  
Group #: GP3000 Group Name:   
Effective: 1/1/2008 Expires: 1/1/2010

**Payment Options**

☒ Co-Pay: \$20.00 ☐ Co-Ins: 0 %  
Status: Primary Fee Sched:   
Notes: Has not met deductible - 9/22/10

**Insured Information**

Relation: Self  
Is Person: ☒ Yes ☐ No  
Name: First: Annie Middle: Last: Clyde Suffix:   
Address: 315 Maple Ave  
City: Springdale State: AR Zip: 72764  
**Soc. Sec. #**  
Birthday: 5/21/1967 ☐ Male ☒ Female  
Phone: (555)223-5656 Employer: SOAPware, Inc

Save Cancel

PatientAccount->Insurance Tab->View Insurance Policy->Soc. Sec. #

Size limited to 50 characters.

# **Loop 2330B-Other Payer Name**

## Segment: NM1

Loop: 2330B Segment: NM1

### Element: NM101 (Other Payer Entity Identifier Code)

Hard coded to 'PR'.

### Element: NM102 (Other Payer Entity Type Qualifier)

Hard coded to '2'.

### Element: NM103 (Other Payer Name)

**Edit Insurance Company**

**Company Information**

Company Name: BCBS

Address: P.O. Box 2181

Address 2:

City: Little Rock

State: AR Zip: 72203-2181

Phone: (800)827-4814 ext:

Fax: ()- -

NPI: 123456789

Type (CMS 1500): Other

Eligibility ID Qualifier: Facility ID Number - 13

Group Provider (Legacy):

Fee Schedule (Legacy):

Fee Schedule: Aetna11

**Electronic Submission Info**

Payer Qualifier: Mutually Defined - ZZ

Payer ID: 1234

Clearinghouse Name: Gateway EDI

Clearinghouse ID: 431420764

Type: Blue Cross/Blue Shield - BL

Receiver Qualifier: Mutually Defined - ZZ

Receiver ID: 431420764000000

**Additional IDs**

EIN:

Claim Office #:

NAIC Code:

Active ☒ Show Legacy IDs ☒ Default Electronic ☒

**Provider Setup**

Name	Pay To NPI	Pay To Legacy ID	Rendering NPI	Rendering Legacy ID
> Jack Jackson, MD	123456789	66451651	651654	
James R. Doe, DO	123456789	66451651	127980532	
Randall Oates, MD	123456789	66451651	94561632	

OK Cancel

Tools menu->Insurance Companies-Edit Insurance Company->Company Name

Size limited to 60 characters.

**Element: NM108 (Other Payer Identification Code Qualifier)**

'PI' for Payer Identification or 'XV' for Centers for Medicare and Medicaid Services Plan ID

**Element: NM109 (Other Payer Identification Code)**

**Edit Insurance Company**

Company Name	BCBS		
Address	PO Box 2181		
Address 2			
City	Little Rock		
State	AR	Zip	72203-2181
Phone	(501)378-1111	ext	
Fax	( ) -		
NPI			
Type (CMS 1500)	Other		
Eligibility ID Qualifier	None		
Group Provider (Legacy)			
Fee Schedule (Legacy)			
Fee Schedule	Default		

Active ☒ Show Legacy IDs ☐ Default Electronic ☒




**Electronic Submission Info**

Payer Qualifier	Mutually Defined - ZZ
Payer ID	00181
Clearinghouse Name	Gateway EDI
Clearinghouse ID	431420764
Type	Blue Cross/Blue Shield - BL
Receiver Qualifier	Mutually Defined - ZZ
Receiver ID	431420764000000

**Additional IDs**

EIN	
Claim Office #	
NAIC Code	

**Provider Setup**

  				
Name	Pay To NPI	Pay To Legacy ID	Rendering NPI	Rendering Legacy ID
> Randall Oates	PaytoNPI	billtaxonomy	1215067822	

OK Cancel

Tools menu->Insurance Companies-Edit Insurance Company->Payer ID or **National Plan ID (Not yet implemented)**.

Size limited to 80 characters.



## Segment: N3

Loop: 2330B Segment: N3

### Element: N301 (Other Payer Address Information)

Edit Insurance Company

Company Name	BCBS		
Address	P.O. Box 2181		
Address 2			
City	Little Rock		
State	AR	Zip	72203-2181
Phone	(800)827-4814	ext	
Fax	( ) -		
NPI	123456789		
Type (CMS 1500)	Other		
Eligibility ID Qualifier	Facility ID Number - 1J		
Group Provider (Legacy)			
Fee Schedule (Legacy)			
Fee Schedule	Aetna11		

Electronic Submission Info




Payer Qualifier	Mutually Defined - ZZ
Payer ID	1234
Clearinghouse Name	Gateway EDI
Clearinghouse ID	431420764
Type	Blue Cross/Blue Shield - BL
Receiver Qualifier	Mutually Defined - ZZ
Receiver ID	431420764000000

Additional IDs

EIN	
Claim Office #	
NAIC Code	

Active ☒ Show Legacy IDs ☒ Default Electronic ☒

Provider Setup

				
Name	Pay To NPI	Pay To Legacy ID	Rendering NPI	Rendering Legacy ID
> Jack Jackson, MD	123456789	66451651	651654	
James R. Doe, DO	123456789	66451651	127980532	
Randall Oates, MD	123456789	66451651	94561632	

OK Cancel

Tools menu->Insurance Companies->Edit Insurance Company->Address

Size limited to 55 characters.



## Element: N302 (Other Payer Address Information 2)

**Edit Insurance Company**

Company Name	BCBS		
Address	P.O. Box 2181		
Address 2			
City	Little Rock		
State	AR	Zip	72203-2181
Phone	(800)827-4814	ext	
Fax	( ) -		
NPI	123456879		
Type (CMS 1500)	Other		
Eligibility ID Qualifier	Facility ID Number - 1J		
Group Provider (Legacy)			
Fee Schedule (Legacy)			
Fee Schedule	Aetna11		

Active ☒ Show Legacy IDs ☒ Default Electronic ☒




**Electronic Submission Info**

Payer Qualifier	Mutually Defined - ZZ
Payer ID	1234
Clearinghouse Name	Gateway EDI
Clearinghouse ID	431420764
Type	Blue Cross/Blue Shield - BL
Receiver Qualifier	Mutually Defined - ZZ
Receiver ID	431420764000000

**Additional IDs**

EIN	
Claim Office #	
NAIC Code	

**Provider Setup**

  				
Name ▲	Pay To NPI	Pay To Legacy ID	Rendering NPI	Rendering Legacy ID
> Jack Jackson, MD	123456789	66451651	651654	
James R. Doe, DO	123456789	66451651	127980532	
Randall Oates, MD	123456789	66451651	94561632	

OK Cancel

Tools menu->Insurance Companies->Edit Insurance Company->Address 2

Size limited to 55 characters.

## Segment: N4

Loop: 2330B Segment: N4

### Element: N401 (Other Payer City)

**Edit Insurance Company**

Company Name	BCBS		
Address	P.O. Box 2181		
Address 2			
City	Little Rock		
State	AR	Zip	72203-2181
Phone	(800)827-4814	ext	
Fax	( ) -		
NPI	12345679		
Type (CMS 1500)	Other		
Eligibility ID Qualifier	Facility ID Number - 1J		
Group Provider (Legacy)			
Fee Schedule (Legacy)			
Fee Schedule	Aetna11		

Active ☒ Show Legacy IDs ☒ Default Electronic ☒




**Electronic Submission Info**

Payer Qualifier	Mutually Defined - ZZ
Payer ID	1234
Clearinghouse Name	Gateway EDI
Clearinghouse ID	431420764
Type	Blue Cross/Blue Shield - BL
Receiver Qualifier	Mutually Defined - ZZ
Receiver ID	431420764000000

**Additional IDs**

EIN	
Claim Office #	
NAIC Code	

**Provider Setup**

				
Name ▲	Pay To NPI	Pay To Legacy ID	Rendering NPI	Rendering Legacy ID
> Jack Jackson, MD	123456789	66451651	651654	
James R. Doe, DO	123456789	66451651	127980532	
Randall Oates, MD	123456789	66451651	94561632	

OK Cancel

Tools menu->Insurance Companies->Edit Insurance Company->City

Size limited to 30 characters.

## Element: N402 (Other Payer State)

**Edit Insurance Company**

Company Name	BCBS		
Address	P.O. Box 2181		
Address 2			
City	Little Rock		
State	AR	Zip	72203-2181
Phone	(800)827-4814	ext	
Fax	( ) -		
NPI	123456879		
Type (CMS 1500)	Other		
Eligibility ID Qualifier	Facility ID Number - 13		
Group Provider (Legacy)			
Fee Schedule (Legacy)			
Fee Schedule	Aetna11		

Electronic Submission Info




Payer Qualifier	Mutually Defined - ZZ
Payer ID	1234
Clearinghouse Name	Gateway EDI
Clearinghouse ID	431420764
Type	Blue Cross/Blue Shield - BL
Receiver Qualifier	Mutually Defined - ZZ
Receiver ID	431420764000000

Additional IDs

EIN	
Claim Office #	
NAIC Code	

Active ☒ Show Legacy IDs ☒ Default Electronic ☒

**Provider Setup**

				
Name ▲	Pay To NPI	Pay To Legacy ID	Rendering NPI	Rendering Legacy ID
> Jack Jackson, MD	123456789	66451651	651654	
James R. Doe, DO	123456789	66451651	127980532	
Randall Oates, MD	123456789	66451651	94561632	

OK Cancel

Tools menu->Insurance Companies->Edit Insurance Company->State

Size limited to 2 characters.

## Element: N403 (Other Payer Zip Code)

**Edit Insurance Company**

Company Name	BCBS	
Address	P.O. Box 2181	
Address 2		
City	Little Rock	
State	AR	Zip 72203-2181
Phone	(800)827-4814	ext
Fax	( ) -	
NPI	123456789	
Type (CMS 1500)	Other	
Eligibility ID Qualifier	Facility ID Number - 1J	
Group Provider (Legacy)		
Fee Schedule (Legacy)		
Fee Schedule	Aetna11	

Electronic Submission Info




Payer Qualifier	Mutually Defined - ZZ
Payer ID	1234
Clearinghouse Name	Gateway EDI
Clearinghouse ID	431420764
Type	Blue Cross/Blue Shield - BL
Receiver Qualifier	Mutually Defined - ZZ
Receiver ID	431420764000000

Additional IDs

EIN	
Claim Office #	
NAIC Code	

Active ☒ Show Legacy IDs ☒ Default Electronic ☒

**Provider Setup**

  				
Name	Pay To NPI	Pay To Legacy ID	Rendering NPI	Rendering Legacy ID
> Jack Jackson, MD	123456789	66451651	651654	
James R. Doe, DO	123456789	66451651	127980532	
Randall Oates, MD	123456789	66451651	94561632	

OK Cancel

Tools menu->Insurance Companies->Edit Insurance Company->Zip Code

Size limited to 15 characters.

## Element: N404 (Other Payer Country Code)

Not Implemented.

## Element: N407 (Other Payer Country Subdivision Code)

Not Implemented.

## Segment: DTP (Not implemented)

---

Loop: 2330B Segment: DTP

Elements not implemented:

DTP01

DTP02

DTP03

## Segment: REF

Loop: 2330B Segment: REF

### Element: REF01 (Other Payer Secondary Identification Reference ID Qualifier)

Hard coded to '2U', 'EI', 'FY', and 'NF'. Up to 2 allowed.

### Element: REF02 (Other Payer Secondary Identification Reference ID)

Edit Insurance Company

Company Name	BCBS		
Address	P.O. Box 2181		
Address 2			
City	Little Rock		
State	AR	Zip	72203-2181
Phone	(800)827-4814	ext	
Fax	( ) -		
NPI	123456789		
Type (CMS 1500)	Other		
Eligibility ID Qualifier	Facility ID Number - 1J		
Group Provider (Legacy)			
Fee Schedule (Legacy)			
Fee Schedule	Aetna11		

Electronic Submission Info




Payer Qualifier	Mutually Defined - ZZ
Payer ID	1234
Clearinghouse Name	Gateway EDI
Clearinghouse ID	431420764
Type	Blue Cross/Blue Shield - BL
Receiver Qualifier	Mutually Defined - ZZ
Receiver ID	431420764000000

Additional IDs

EIN	
Claim Office #	
NAIC Code	

Active ☒ Show Legacy IDs ☒ Default Electronic ☒

Provider Setup

				
Name	Pay To NPI	Pay To Legacy ID	Rendering NPI	Rendering Legacy ID
> Jack Jackson, MD	123456789	66451651	651654	
James R. Doe, DO	123456789	66451651	127980532	
Randall Oates, MD	123456789	66451651	94561632	

OK Cancel

Tools menu->Insurance Companies->Edit Insurance Company->Payer ID/NAIC/EIN/Claim Office #

**Element: REF01 (Other Payer Prior Authorization Number Reference ID Qualifier)**

Hard coded to 'G1'.

**Element: REF02 (Other Payer Prior Authorization Reference ID)**

The screenshot shows the 'Edit Claim Details' window with the 'Referral / Authorization' tab selected. The 'Prior Authorization' section is highlighted with a red box. It contains a table with columns 'Number' and 'Policy' and a link 'Click here to add a new row'. The 'Referral Numbers' section also has a similar table. The 'Accept Assignment' dropdown is set to 'Yes'.

Number	Policy
<a href="#">Click here to add a new row</a>	

Number	Policy
<a href="#">Click here to add a new row</a>	

Accept Assignment: Yes

Save Cancel

Patient Account->Claims Tab->Select Claim->More Info->Referral/Authorization Tab->Prior Authorization

Size limited to 50 characters.

**Element: REF01 (Other Payer Referral Number Reference ID Qualifier)**

Hard coded to '9F'.

## Element: REF02 (Other Payer Referral Number)

The screenshot shows the 'Edit Claim Details' window with the 'Referral / Authorization' tab selected. The 'Referral Numbers' table is highlighted with a red box. The table has two columns: 'Number' and 'Policy'. Below the table, there is a link that says 'Click here to add a new row'. The 'Prior Authorization' table is also visible, with a similar structure and a link to add a new row. The 'Accept Assignment' dropdown is set to 'Yes'.

Number	Policy
Click here to add a new row	

Number	Policy
Click here to add a new row	

Accept Assignment: Yes

Save Cancel

Patient Account->Claims Tab->Select Claim->More Info->Referral/Authorization Tab->Referral Numbers

Size limited to 50 characters.

## Element: REF01 (Other Payer Claim Adjustment Indicator Reference ID Qualifier)

Not Implemented.

## Element: REF02 (Other Payer Claim Adjustment Indicator Reference ID)

Not Implemented.

## Element: REF01 (Other Payer Claim Control Number Reference ID Qualifier)

Hard coded to 'F8'.



## Element: REF02 (Other Payer Claim Control Number Reference ID)

**Edit Claim Details**

Owner:  Facility:

Type	Special Program Codes	Primary	Secondary
<input type="checkbox"/> Employment <input type="checkbox"/> Auto Accident <input type="checkbox"/> Other Accident <input checked="" type="checkbox"/> None	Special Program: <input type="text"/> Delay Reason: <input type="text" value="&lt;None&gt;"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>

**Medicaid Resub Num**

**Note**  
Text:   
Type:

**Lab**  
☐ Outside Lab Charges:   
Lab:   
☐ Homebound  
**Spinal Manipulation**  
Nature of Condition:   
Description:

**Original Reference Number**  
Number:  Policy Id:   
LOOP 2300 / 2330B REF with F8

**EPSTD**  
Code:   
Code (2):   
Code (3):

**Mammography**

Accept Assignment:

Patient Account->Claims Tab->Select Claim->More Info->Misc Details Tab->Original Reference Number

# **Loop 2330C-Other Payer Referring Provider**

## Segment: NM1

---

Loop: 2330C Segment: NM1

<b>Element: NM101 (Other Payer Referring Provider Entity Identifier Code)</b>
---

Hard coded to 'DN'.

<b>Element: NM102 (Other Payer Referring Provider Entity Type Qualifier)</b>
--

Hard coded to '1'.

<b>Element: NM101 (Other Payer Primary Care Provider Entity Identifier Code)</b>
--

Hard coded to 'P3'.

<b>Element: NM102 (Other Payer Primary Care Provider Entity Type Qualifier)</b>
---

Hard coded to '1'.

## Segment: REF

---

Loop: 2330C Segment: REF

**Element: REF01 (Other Payer Referring Provider Secondary Identification Reference ID Qualifier)**

'OB', '1G', and 'G2'. Allows up to all 3.

**Element: REF02 (Other Payer Referring Provider Secondary Identification Reference ID)**

Allows 'OB', '1G', and 'G2'. Allows up to all 3.

**Element: REF01 (Other Payer Primary Care Provider Secondary Identification Reference ID Qualifier)**

Allows 'OB', '1G', and 'G2'. Allows up to all 3.

**Element: REF02 (Other Payer Primary Care Provider Secondary Identification Reference ID)**

Allows 'OB', '1G', and 'G2'. Allows up to all 3.

# **Loop 2330D-Other Payer Rendering Provider**

## Segment: NM1

---

Loop: 2330D Segment: NM1

<b>Element: NM101 (Other Payer Rendering Provider Entity Identifier Code)</b>
---

Hard coded to '82'.

<b>Element: NM102 (Other Payer Rendering Provider Entity Type Qualifier)</b>
--

'1' or '2'

## Segment: REF

---

Loop: 2330D Segment: REF

**Element: REF01 (Other Payer Rendering Provider Secondary Identification Reference ID Qualifier)**

Allows 'OB', '1G', and 'G2'. Allows up to all 3.

**Element: REF02 (Other Payer Rendering Provider Secondary Identification Reference ID)**

Allows 'OB', '1G', and 'G2'. Allows up to all 3.

# **Loop 2330E-Other Payer Service Facility Location**



**Segment: NM1**

---

Loop: 2330E   Segment: NM1

<b>Element: NM101 (Other Payer Service Facility Location Entity Identifier Code)</b>
--

Hard coded to '77'.

<b>Element: NM102 (Other Payer Service Facility Location Entity Type Qualifier)</b>
---

Hard coded to '2'.

## Segment: REF

Loop: 2330E Segment: REF

### Element: REF01 (Other Payer Service Facility Secondary Identification Reference Id Qualifier)

Allows 'OB', '1G', and 'G2'. Allows up to all 3.

### Element: REF02 (Other Payer Service Facility Secondary Identification Reference ID)

The screenshot shows the 'Edit Claim Details' window with the 'Providers' tab selected. The 'Service Facility' dropdown is highlighted with a red box. The window includes fields for Owner, Facility, Type, Special Program Codes, Primary, and Secondary information. The 'Providers' tab shows fields for Rendering Provider, Referring Provider, Primary Care Provider, Service Facility, and Supervising Provider. The 'Accept Assignment' dropdown is set to 'Yes'.

1. Facility->Additional IDs
2. PatientAccount->Claims Tab->Select Claim->More Info->Providers Tab->Service Facility

# **Loop 2330F-Other Payer Supervising Provider**

## Segment: NM1

---

Loop: 2330F Segment: NM1

<b>Element: NM101 (Other Payer Supervising Provider Entity Identifier Code)</b>
---

Hard coded to 'DQ'.

<b>Element: NM102 (Other Payer Supervising Provider Entity Type Qualifier)</b>
--

Hard coded to '1'.

## Segment: REF

Loop: 2330F Segment: REF

**Element: REF01 (Other Payer Supervising Provider Secondary Identification Reference Id Qualifier)**

Hard coded to '0B', '1G', 'G2', and 'LU'. Up to 3x.

**Element: REF02 (Other Payer Supervising Provider Secondary Identification Reference Id)**

The screenshot shows the 'Edit Claim Details' window with the 'Providers' tab selected. The 'Supervising Provider' dropdown menu is highlighted with a red rectangle. The window includes fields for Owner (Randall Oates, MD), Facility (Northwest Clinic), Type (None selected), Special Program Codes (Special Program and Delay Reason), Primary (Release of Information Signature and Signature Executed For Patient), and Secondary (Release of Information Signature and Signature Executed For Patient). The 'Accept Assignment' dropdown is set to 'Yes'. The 'Save' and 'Cancel' buttons are at the bottom right.

1. Facility->Additional IDs.
2. PatientAccount->Claims Tab->Select Claim->More Info->Providers->Supervising Provider

# **Loop 2330G-Other Payer Billing Provider**

**Segment: NM1**

---

Loop: 2330G   Segment: NM1

<b>Element: NM101 (Other Payer Billing Provider Entity Identifier Code)</b>
---

Hard coded to '85'.

<b>Element: NM102 (Other Payer Billing Provider Entity Type Qualifier)</b>
--

'1' or '2'

## Segment: REF

Loop: 2330G Segment: REF

### Element: REF01 (Other Payer Billing Provider Secondary Identification Reference Id Qualifier)

'G2' and/or 'LU'

### Element: REF02 (Other Payer Billing Provider Secondary Identification Reference Id)

The screenshot shows the 'Edit Claim Details' window with the following fields and sections:

- Owner:** Randall Oates, MD (highlighted with a red box)
- Facility:** Northwest Clinic
- Type:** ☐ Employment, ☐ Auto Accident, ☐ Other Accident, ☒ None
- Special Program Codes:** Special Program (dropdown), Delay Reason (dropdown: <None>)
- Primary:** ☒ Release of Information Signature, ☐ Signature Executed For Patient, Benefits Assignment: Yes
- Secondary:** ☒ Release of Information Signature, ☐ Signature Executed For Patient, Benefits Assignment: Yes
- Tabs:** Ambulance, Contract, Dates, File Information, Misc Details, Patient, Property And Casualty, Providers, Referral / Authorization, Supplemental Information, Vision
- Illness, Injury or Pregnancy:** Current IIP (dropdown), Accident (dropdown), Onset of Current (dropdown), Last Menstrual Period (dropdown)
- Patient, Treatment Dates:** Last Seen Date (dropdown), Referral Date (dropdown), Similar Illness Date (dropdown), Initial Treatment (dropdown), Acute Manifestation (dropdown), Hearing/Vision Rx (dropdown), Last X-Ray (dropdown), Order Date (dropdown)
- Hospital, Disability Dates:** Not Work From (dropdown) To (dropdown), Disability From (dropdown) To (dropdown), Hospital From (dropdown) To (dropdown), Care From (dropdown) To (dropdown)
- Accept Assignment:** Yes
- Buttons:** Save, Cancel

1. Edit Insurance Company->Edit Provider->Provider Commercial Number and/or Location Number
2. PatientAccount->Claims Tab->Edit Claim->More Info->Owner



# Loop 2400

**Segment: LX**

---

Loop: 2400   Segment: LX

Service Line Number - system generated

## Segment: SV1

---

Loop: 2400 Segment: SV1

<b>Element: SV101-1 (Professional Service Product/Service ID Qualifier)</b>
---

Hard coded to 'HC'.

## Element: SV101-2 (Professional Service Product/Service ID)

**Charge Details**

Service From: 9/23/2010 Service To: 9/23/2010 Provider: Randall Oates, MD Code: 99213 Description: OFFICE/OUTPATIENT VISI... Unit: 1.0 Charge: \$135.00

Diagnosis Codes

DX	Description
X 466.0	Bronchitis, acute
786.50	Chest pain, unspecified

Modifiers

Code	Description
------	-------------

Omit from Claim: ☐

Notes

File Information Misc Details Providers Referral / Authorization Supplemental Information Supporting Documentation

Ambulance Contract Dialysis DME Drug

Pick-Up Address

Street: <None> Street 2: <None> City: <None> State: Zip Code: <None> Drop-Off:

Ambulance Certification

Admitted to a hospital: ☒ Do Not Send ☐ No ☐ Yes

Moved by stretcher: ☒ Do Not Send ☐ No ☐ Yes

Unconscious or in shock: ☒ Do Not Send ☐ No ☐ Yes

Transported in an emergency situation: ☒ Do Not Send ☐ No ☐ Yes

Physically restrained: ☒ Do Not Send ☐ No ☐ Yes

Amounts Details

Payments/Adjustments

Date	Name/Description	Amount
9/23/2010	Clyde, Annie	\$20.00
10/20/2...	Payment	\$25.00
10/20/2...	Payment	\$10.00
		\$55.00

Totals

Charges: \$135.00

Pay/Adjust: \$55.00

Balance: \$80.00

Quick Misc Details

Facility: Northwest Clinic

EPSDT:

☐ Emergency ☐ Family Plan

Supplemental:

Insurance Details

Save Cancel

Edit Charge->Code

## Element: SV101-3 (Professional Service Procedure Modifier)

**Charge Details**

Service From: 9/23/2010 Service To: 9/23/2010 Provider: Randall Oates, MD Code: 99213 Description: OFFICE/OUTPATIENT VISI... Unit: 1.0 Charge: \$135.00

Diagnosis Codes

DX	Description
X 466.0	Bronchitis, acute
786.50	Chest pain, unspecified

Modifiers

Code	Description
------	-------------

Notes

File Information Misc Details Providers Referral / Authorization Supplemental Information Supporting Documentation

Ambulance Contract Dialysis DME Drug

Pick-Up Address

Street: <None> Street 2: <None> City: <None> State: Zip Code: <None> Drop-Off:

Ambulance Certification

Admitted to a hospital: ☒ Do Not Send ☐ No ☐ Yes

Moved by stretcher: ☒ Do Not Send ☐ No ☐ Yes

Unconscious or in shock: ☒ Do Not Send ☐ No ☐ Yes

Transported in an emergency situation: ☒ Do Not Send ☐ No ☐ Yes

Physically restrained: ☒ Do Not Send ☐ No ☐ Yes

Amounts Details

Payments/Adjustments

Date	Name/Description	Amount
9/23/2010	Clyde, Annie	\$20.00
10/20/2...	Payment	\$25.00
10/20/2...	Payment	\$10.00
		\$55.00

Totals

Charges: \$135.00

Pay/Adjust: \$55.00

Balance: \$80.00

Quick Misc Details

Facility: Northwest Clinic

EPSDT:

☐ Emergency ☐ Family Plan

Supplemental:

Insurance Details

Save Cancel

Edit Charge->Modifiers

## Element: SV101-4 (Professional Service Procedure Modifier 2)

Charge Details

Service From

9/23/2010

Service To

9/23/2010

Provider

Randall Oates, MD

Code

99213

Description

OFFICE/OUTPATIENT VISI...

Unit

1.0

Charge

\$135.00

Diagnosis Codes

DX

Description

X 466.0

Bronchitis, acute

786.50

Chest pain, unspecified

Modifiers

Code

Description

Notes

File Information

Misc Details

Providers

Referral / Authorization

Supplemental Information

Supporting Documentation

Ambulance

Contract

Dialysis

DME

Drug

Pick-Up Address

Street

<None>

Street 2

<None>

City

<None>

State

Zip Code

<None>

Drop-Off

Ambulance Certification

Admitted to a hospital

Do Not Send

No

Yes

Moved by stretcher

Do Not Send

No

Yes

Unconscious or in shock

Do Not Send

No

Yes

Transported in an emergency situation

Do Not Send

No

Yes

Physically restrained

Do Not Send

No

Yes

Amounts Details

Payments/Adjustments

Date

Name/Description

Amount

9/23/2010

Clyde, Annie

\$20.00

10/20/2...

Payment

\$25.00

10/20/2...

Payment

\$10.00

\$55.00

Totals

Charges

\$135.00

Pay/Adjust

\$55.00

Balance

\$80.00

Quick Misc Details

Facility

Northwest Clinic

EPSDT

Emergency

Family Plan

Supplemental

Insurance Details

Save

Cancel

Edit Charge->Modifiers

NEW 837P 5010 Crosswalk (Loops and Segments) - 330

**Element: SV101-5 (Professional Service Procedure Modifier 3)**

Service From	Service To	Provider	Code	Description	Unit	Charge
9/23/2010	9/23/2010	Randall Oates, MD	99213	OFFICE/OUTPATIENT VISI...	1.0	\$135.00

Diagnosis Codes		Add Code	Modifiers		Add Code	<input type="checkbox"/> Omit from Claim	Notes
DX	Description		Code	Description			
X 466.0	Bronchitis, acute						
786.50	Chest pain, unspecified						

File Information	Misc Details	Providers	Referral / Authorization	Supplemental Information	Supporting Documentation
Ambulance	Contract	Dialysis	DME	Drug	

Pick-Up Address	Ambulance Certification
Street <None>	Admitted to a hospital <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes
Street 2 <None>	Moved by stretcher <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes
City <None>	Unconscious or in shock <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes
State	Transported in an emergency situation <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes
Zip Code <None>	Physically restrained <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes
Drop-Off	

Amounts Details			Totals		Quick Misc Details	
<b>Payments/Adjustments</b>					Facility Northwest Clinic	
Date ▲	Name/Description	Amount	Charges		EPSDT	
9/23/2010	Clyde, Annie	\$20.00	\$135.00			
10/20/2...	Payment	\$25.00	Pay/Adjust		<input type="checkbox"/> Emergency	
10/20/2...	Payment	\$10.00	\$55.00		<input type="checkbox"/> Family Plan	
		\$55.00	Balance		Supplemental	
			\$80.00			

Insurance Details

Save Cancel

## Edit Charge->Modifiers



## Element: SV101-6 (Professional Service Procedure Modifier 4)

**Charge Details**

Service From: 9/23/2010 Service To: 9/23/2010 Provider: Randall Oates, MD Code: 99213 Description: OFFICE/OUTPATIENT VISI... Unit: 1.0 Charge: \$135.00

Diagnosis Codes

DX	Description
X 466.0	Bronchitis, acute
786.50	Chest pain, unspecified

Modifiers

Code	Description
------	-------------

Notes

File Information Misc Details Providers Referral / Authorization Supplemental Information Supporting Documentation

Ambulance Contract Dialysis DME Drug

Pick-Up Address

Street: <None> Street 2: <None> City: <None> State: Zip Code: <None> Drop-Off:

Ambulance Certification

Admitted to a hospital: ☒ Do Not Send ☐ No ☐ Yes

Moved by stretcher: ☒ Do Not Send ☐ No ☐ Yes

Unconscious or in shock: ☒ Do Not Send ☐ No ☐ Yes

Transported in an emergency situation: ☒ Do Not Send ☐ No ☐ Yes

Physically restrained: ☒ Do Not Send ☐ No ☐ Yes

Amounts Details

Payments/Adjustments

Date	Name/Description	Amount
9/23/2010	Clyde, Annie	\$20.00
10/20/2...	Payment	\$25.00
10/20/2...	Payment	\$10.00
		\$55.00

Totals

Charges: \$135.00

Pay/Adjust: \$55.00

Balance: \$80.00

Quick Misc Details

Facility: Northwest Clinic

EPSTD:

☐ Emergency ☐ Family Plan

Supplemental:

Insurance Details

Save Cancel

Edit Charge->Modifiers



## Element: SV101-7 (Professional Service Procedure Description)

Charge Details

Service From

Service To

Provider

Code

Description

Unit

Charge

9/23/2010

9/23/2010

Randall Oates

J3301

Triamcinolone acet inj NOS

1.0

\$50.00

Diagnosis Codes

Add Code

DX	Description
X 466.0	Acute bronchitis
786.50	Chest pain, unspecified

Modifiers

Add Code

Code	Description
------	-------------

☐ Omit from Claim

Notes

Ambulance

Contract

Dialysis

DME

Drug

File Information

Misc Details

Providers

Referral / Authorization

Supplemental Information

Supporting Documentation

Hospice

Rendering Provider is Hospice Employee

☒ Do Not Send ☐ No ☐ Yes

Labs

Lab

Referring Lab

Charge Breakdown

Tax

Additional Description

NOC KENALOG N412345678900 QT4 BMME

Notes

Note

Type

Spinal Manipulation

Last X-Ray

Amounts Details

Payments/Adjustments

Date	Name/Description	Amount
------	------------------	--------

Totals

Charges

Pay/Adjust

Balance

Quick Misc Details

Facility

EPSDT

☐ Emergency ☐ Family Plan

Supplemental

Insurance Details

Save

Cancel

Edit Charge->Description

**Element: SV102 (Professional Service Line Item Charge Amount)**

Service From	Service To	Provider	Code	Description	Unit	Charge
9/23/2010	9/23/2010	Randall Oates, MD	99213	OFFICE/OUTPATIENT VISI...	1.0	\$135.00

Diagnosis Codes		Add Code	Modifiers		Add Code	Omit from Claim
DX	Description		Code	Description		
X 466.0	Bronchitis, acute					<input type="checkbox"/>
786.50	Chest pain, unspecified					

File Information	Misc Details	Providers	Referral / Authorization	Supplemental Information	Supporting Documentation
Ambulance	Contract	Dialysis	DME	Drug	

Pick-Up Address	Ambulance Certification
Street <None>	Admitted to a hospital <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes
Street 2 <None>	Moved by stretcher <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes
City <None>	Unconscious or in shock <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes
State	Transported in an emergency situation <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes
Zip Code <None>	Physically restrained <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes
Drop-Off	

Amounts Details			Totals		Quick Misc Details	
<b>Payments/Adjustments</b>			Charges		Facility	Northwest Clinic
Date ▲	Name/Description	Amount			EPSDT	
9/23/2010	Clyde, Annie	\$20.00	Pay/Adjust	\$55.00	<input type="checkbox"/> Emergency	
10/20/2...	Payment	\$25.00	Balance	\$80.00	<input type="checkbox"/> Family Plan	
10/20/2...	Payment	\$10.00			Supplemental	
		\$55.00				

Insurance Details

Save Cancel

## Edit Charge->Charge

## Element: SV103 (Professional Service Unit or Basis for Measurement Code)

**Charge Details**

Service From: 9/23/2010 Service To: 9/23/2010 Provider: Randall Oates, MD Code: 99213 Description: OFFICE/OUTPATIENT VISI... Unit: 1.0 Charge: \$135.00

Diagnosis Codes

DX	Description
X 466.0	Bronchitis, acute
786.50	Chest pain, unspecified

Modifiers

Code	Description
------	-------------

Omit from Claim: ☐

Notes

File Information | Misc Details | Providers | Referral / Authorization | Supplemental Information | Supporting Documentation

Ambulance | Contract | Dialysis | DME | Drug

Pick-Up Address

Street: <None> Street 2: <None> City: <None> State: Zip Code: <None> Drop-Off:

Ambulance Certification

Admitted to a hospital: ☒ Do Not Send ☐ No ☐ Yes

Moved by stretcher: ☒ Do Not Send ☐ No ☐ Yes

Unconscious or in shock: ☒ Do Not Send ☐ No ☐ Yes

Transported in an emergency situation: ☒ Do Not Send ☐ No ☐ Yes

Physically restrained: ☒ Do Not Send ☐ No ☐ Yes

Amounts Details

Payments/Adjustments

Date	Name/Description	Amount
9/23/2010	Clyde, Annie	\$20.00
10/20/2...	Payment	\$25.00
10/20/2...	Payment	\$10.00
		\$55.00

Totals

Charges: \$135.00

Pay/Adjust: \$55.00

Balance: \$80.00

Quick Misc Details

Facility: Northwest Clinic

EPSDT:

☐ Emergency ☐ Family Plan

Supplemental:

Insurance Details

Save Cancel

Edit Charge->Units ('MJ' or 'UN')

## Element: SV104 (Professional Service Quantity)

**Charge Details**

Service From	Service To	Provider	Code	Description	Unit	Charge
9/23/2010	9/23/2010	Randall Oates, MD	99213	OFFICE/OUTPATIENT VISI...	1.0	\$135.00

Diagnosis Codes: **Add Code**

DX	Description
X 466.0	Bronchitis, acute
786.50	Chest pain, unspecified

Modifiers: **Add Code**

Code	Description
------	-------------

☐ Omit from Claim

Notes

---

File Information | Misc Details | Providers | Referral / Authorization | Supplemental Information | Supporting Documentation

Ambulance | Contract | Dialysis | DME | Drug

Pick-Up Address

Street: <None>  
 Street 2: <None>  
 City: <None>  
 State:   
 Zip Code: <None>

Drop-Off

Ambulance Certification

Admitted to a hospital: ☒ Do Not Send ☐ No ☐ Yes  
 Moved by stretcher: ☒ Do Not Send ☐ No ☐ Yes  
 Unconscious or in shock: ☒ Do Not Send ☐ No ☐ Yes  
 Transported in an emergency situation: ☒ Do Not Send ☐ No ☐ Yes  
 Physically restrained: ☒ Do Not Send ☐ No ☐ Yes

---

Amounts Details

Payments/Adjustments

Date	Name/Description	Amount
9/23/2010	Clyde, Annie	\$20.00
10/20/2...	Payment	\$25.00
10/20/2...	Payment	\$10.00
		\$55.00

Totals

Charges: \$135.00  
 Pay/Adjust: \$55.00  
 Balance: \$80.00

Quick Misc Details

Facility: Northwest Clinic  
 EPSDT:   
☐ Emergency  
☐ Family Plan  
 Supplemental:

---

Insurance Details

Save Cancel

Edit Charge->Unit number

## Element: SV105 (Professional Service Facility Code Value)

**Charge Details**

Service From: 9/23/2010 Service To: 9/23/2010 Provider: Randall Oates, MD Code: 99213 Description: OFFICE/OUTPATIENT VISI... Unit: 1.0 Charge: \$135.00

Diagnosis Codes: **Add Code**

DX	Description
X 466.0	Bronchitis, acute
786.50	Chest pain, unspecified

Modifiers: **Add Code**

Code	Description
------	-------------

☐ Omit from Claim

Notes

File Information | Misc Details | Providers | Referral / Authorization | Supplemental Information | Supporting Documentation

Ambulance | Contract | Dialysis | DME | Drug

Pick-Up Address

Street: <None> Street 2: <None> City: <None> State: Zip Code: <None> Drop-Off:

Ambulance Certification

Admitted to a hospital: ☒ Do Not Send ☐ No ☐ Yes

Moved by stretcher: ☒ Do Not Send ☐ No ☐ Yes

Unconscious or in shock: ☒ Do Not Send ☐ No ☐ Yes

Transported in an emergency situation: ☒ Do Not Send ☐ No ☐ Yes

Physically restrained: ☒ Do Not Send ☐ No ☐ Yes

Amounts Details

Payments/Adjustments

Date	Name/Description	Amount
9/23/2010	Clyde, Annie	\$20.00
10/20/2...	Payment	\$25.00
10/20/2...	Payment	\$10.00
		\$55.00

Totals

Charges: \$135.00

Pay/Adjust: \$55.00

Balance: \$80.00

Quick Misc Details

Facility: Northwest Clinic

EPSDT:

☐ Emergency ☐ Family Plan

Supplemental:

Insurance Details

Save Cancel

Edit Charge->Facility



## Element: SV107-1 (Professional Service Diagnosis Code Pointer)

**Charge Details**

Service From: 9/23/2010 Service To: 9/23/2010 Provider: Randall Oates, MD Code: 99213 Description: OFFICE/OUTPATIENT VISI... Unit: 1.0 Charge: \$135.00

**Diagnosis Codes** Add Code

DX	Description
X 466.0	Bronchitis, acute
786.50	Chest pain, unspecified

**Modifiers** Add Code

Code	Description
------	-------------

☐ Omit from Claim

**Notes**

**File Information** **Misc Details** **Providers** **Referral / Authorization** **Supplemental Information** **Supporting Documentation**

**Ambulance** **Contract** **Dialysis** **DME** **Drug**

**Pick-Up Address**

Street: <None>  
Street 2: <None>  
City: <None>  
State:   
Zip Code: <None>  
Drop-Off:

**Ambulance Certification**

Admitted to a hospital: ☒ Do Not Send ☐ No ☐ Yes  
Moved by stretcher: ☒ Do Not Send ☐ No ☐ Yes  
Unconscious or in shock: ☒ Do Not Send ☐ No ☐ Yes  
Transported in an emergency situation: ☒ Do Not Send ☐ No ☐ Yes  
Physically restrained: ☒ Do Not Send ☐ No ☐ Yes

**Amounts Details**

**Payments/Adjustments**

Date	Name/Description	Amount
9/23/2010	Clyde, Annie	\$20.00
10/20/2...	Payment	\$25.00
10/20/2...	Payment	\$10.00
		\$55.00

**Totals**

Charges: \$135.00  
Pay/Adjust: \$55.00  
Balance: \$80.00

**Quick Misc Details**

Facility: Northwest Clinic  
EPSDT:   
☐ Emergency  
☐ Family Plan  
Supplemental:

**Insurance Details**

Save Cancel

Edit Charge->Diagnosis Codes

## Element: SV107-2 (Professional Service Diagnosis Code Pointer 2)

**Charge Details**

Service From: 9/23/2010 Service To: 9/23/2010 Provider: Randall Oates, MD Code: 99213 Description: OFFICE/OUTPATIENT VISI... Unit: 1.0 Charge: \$135.00

**Diagnosis Codes** Add Code

DX	Description
X 466.0	Bronchitis, acute
786.50	Chest pain, unspecified

**Modifiers** Add Code

Code	Description
------	-------------

☐ Omit from Claim

**Notes**

**File Information** **Misc Details** **Providers** **Referral / Authorization** **Supplemental Information** **Supporting Documentation**

**Ambulance** **Contract** **Dialysis** **DME** **Drug**

**Pick-Up Address**

Street: <None>  
Street 2: <None>  
City: <None>  
State:   
Zip Code: <None>  
Drop-Off:

**Ambulance Certification**

Admitted to a hospital ☒ Do Not Send ☐ No ☐ Yes  
Moved by stretcher ☒ Do Not Send ☐ No ☐ Yes  
Unconscious or in shock ☒ Do Not Send ☐ No ☐ Yes  
Transported in an emergency situation ☒ Do Not Send ☐ No ☐ Yes  
Physically restrained ☒ Do Not Send ☐ No ☐ Yes

**Amounts Details**

**Payments/Adjustments**

Date	Name/Description	Amount
9/23/2010	Clyde, Annie	\$20.00
10/20/2...	Payment	\$25.00
10/20/2...	Payment	\$10.00
		\$55.00

**Totals**

Charges: \$135.00  
Pay/Adjust: \$55.00  
Balance: \$80.00

**Quick Misc Details**

Facility: Northwest Clinic  
EPSDT:   
☐ Emergency  
☐ Family Plan  
Supplemental:

**Insurance Details**

Save Cancel

Edit Charge->Diagnosis Codes

## Element: SV107-3 (Professional Service Diagnosis Code Pointer 3)

**Charge Details**

Service From: 9/23/2010 Service To: 9/23/2010 Provider: Randall Oates, MD Code: 99213 Description: OFFICE/OUTPATIENT VISI... Unit: 1.0 Charge: \$135.00

**Diagnosis Codes** Add Code

DX	Description
X 466.0	Bronchitis, acute
786.50	Chest pain, unspecified

**Modifiers** Add Code

Code	Description
------	-------------

☐ Omit from Claim

**Notes**

**File Information** **Misc Details** **Providers** **Referral / Authorization** **Supplemental Information** **Supporting Documentation**

**Ambulance** **Contract** **Dialysis** **DME** **Drug**

**Pick-Up Address**

Street: <None>  
Street 2: <None>  
City: <None>  
State:   
Zip Code: <None>  
Drop-Off:

**Ambulance Certification**

Admitted to a hospital ☒ Do Not Send ☐ No ☐ Yes  
Moved by stretcher ☒ Do Not Send ☐ No ☐ Yes  
Unconscious or in shock ☒ Do Not Send ☐ No ☐ Yes  
Transported in an emergency situation ☒ Do Not Send ☐ No ☐ Yes  
Physically restrained ☒ Do Not Send ☐ No ☐ Yes

**Amounts Details**

**Payments/Adjustments**

Date	Name/Description	Amount
9/23/2010	Clyde, Annie	\$20.00
10/20/2...	Payment	\$25.00
10/20/2...	Payment	\$10.00
		\$55.00

**Totals**

Charges: \$135.00  
Pay/Adjust: \$55.00  
Balance: \$80.00

**Quick Misc Details**

Facility: Northwest Clinic  
EPSDT:   
☐ Emergency  
☐ Family Plan  
Supplemental:

**Insurance Details**

Save Cancel

Edit Charge->Diagnosis Codes



## Element: SV107-4 (Professional Service Diagnosis Code Pointer 4)

**Charge Details**

Service From: 9/23/2010 Service To: 9/23/2010 Provider: Randall Oates, MD Code: 99213 Description: OFFICE/OUTPATIENT VISI... Unit: 1.0 Charge: \$135.00

**Diagnosis Codes** Add Code

DX	Description
X 466.0	Bronchitis, acute
786.50	Chest pain, unspecified

**Modifiers** Add Code

Code	Description
------	-------------

☐ Omit from Claim

**Notes**

**File Information** **Misc Details** **Providers** **Referral / Authorization** **Supplemental Information** **Supporting Documentation**

**Ambulance** **Contract** **Dialysis** **DME** **Drug**

**Pick-Up Address**

Street: <None>  
Street 2: <None>  
City: <None>  
State:   
Zip Code: <None>  
Drop-Off:

**Ambulance Certification**

Admitted to a hospital ☒ Do Not Send ☐ No ☐ Yes  
Moved by stretcher ☒ Do Not Send ☐ No ☐ Yes  
Unconscious or in shock ☒ Do Not Send ☐ No ☐ Yes  
Transported in an emergency situation ☒ Do Not Send ☐ No ☐ Yes  
Physically restrained ☒ Do Not Send ☐ No ☐ Yes

**Amounts Details**

**Payments/Adjustments**

Date	Name/Description	Amount
9/23/2010	Clyde, Annie	\$20.00
10/20/2...	Payment	\$25.00
10/20/2...	Payment	\$10.00
		\$55.00

**Totals**

Charges: \$135.00  
Pay/Adjust: \$55.00  
Balance: \$80.00

**Quick Misc Details**

Facility: Northwest Clinic  
EPSDT:   
☐ Emergency  
☐ Family Plan  
Supplemental:

**Insurance Details**

Save Cancel

Edit Charge->Diagnosis Codes

<p><b>Element: SV109 (Professional Service Emergency Indicator)</b></p>
---

Service From	Service To	Provider	Code	Description	Unit	Charge
9/23/2010	9/23/2010	Randall Oates, MD	99213	OFFICE/OUTPATIENT VISI...	1.0	\$135.00

Diagnosis Codes		Add Code	Modifiers		Add Code	<input type="checkbox"/> Omit from Claim	Notes
DX	Description		Code	Description			
X 466.0	Bronchitis, acute						
786.50	Chest pain, unspecified						

File Information	Misc Details	Providers	Referral / Authorization	Supplemental Information	Supporting Documentation
Ambulance	Contract	Dialysis	DME	Drug	

Pick-Up Address	Ambulance Certification
Street <None>	Admitted to a hospital <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes
Street 2 <None>	Moved by stretcher <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes
City <None>	Unconscious or in shock <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes
State	Transported in an emergency situation <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes
Zip Code <None>	Physically restrained <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes
Drop-Off	

Amounts Details			Quick Misc Details	
Payments/Adjustments			Totals	Facility
Date	Name/Description	Amount	Charges	Northwest Clinic
9/23/2010	Clyde, Annie	\$20.00	\$135.00	EPSTD
10/20/2...	Payment	\$25.00	Pay/Adjust	<input checked="" type="checkbox"/> Emergency
10/20/2...	Payment	\$10.00	\$55.00	<input type="checkbox"/> Family Plan
		\$55.00	Balance	Supplemental
			\$80.00	

Insurance Details

Save Cancel

### Edit Charge->Emergency

## Element: SV111 (Professional Service EPSDT Indicator)

**Charge Details**

Service From: 9/23/2010 Service To: 9/23/2010 Provider: Randall Oates, MD Code: 99213 Description: OFFICE/OUTPATIENT VISI... Unit: 1.0 Charge: \$135.00

Diagnosis Codes: **Add Code**

DX	Description
X 466.0	Bronchitis, acute
786.50	Chest pain, unspecified

Modifiers: **Add Code**

Code	Description
------	-------------

☐ Omit from Claim

Notes

File Information | Misc Details | Providers | Referral / Authorization | Supplemental Information | Supporting Documentation

Ambulance | Contract | Dialysis | DME | Drug

Pick-Up Address

Street: <None> Street 2: <None> City: <None> State: Zip Code: <None> Drop-Off:

Ambulance Certification

Admitted to a hospital: ☒ Do Not Send ☐ No ☐ Yes

Moved by stretcher: ☒ Do Not Send ☐ No ☐ Yes

Unconscious or in shock: ☒ Do Not Send ☐ No ☐ Yes

Transported in an emergency situation: ☒ Do Not Send ☐ No ☐ Yes

Physically restrained: ☒ Do Not Send ☐ No ☐ Yes

Amounts Details

Payments/Adjustments

Date	Name/Description	Amount
9/23/2010	Clyde, Annie	\$20.00
10/20/2...	Payment	\$25.00
10/20/2...	Payment	\$10.00
		\$55.00

Totals

Charges: \$135.00

Pay/Adjust: \$55.00

Balance: \$80.00

Quick Misc Details

Facility: Northwest Clinic

EPSDT:

☐ Emergency ☐ Family Plan

Supplemental:

Insurance Details

Save Cancel

Edit Charge->EPSDT

## Element: SV112 (Professional Service Family Planning Indicator)

**Charge Details**

Service From: 9/23/2010 Service To: 9/23/2010 Provider: Randall Oates, MD Code: 99213 Description: OFFICE/OUTPATIENT VISI... Unit: 1.0 Charge: \$135.00

Diagnosis Codes: **Add Code**

DX	Description
X 466.0	Bronchitis, acute
786.50	Chest pain, unspecified

Modifiers: **Add Code**

Code	Description
------	-------------

☐ Omit from Claim

Notes

File Information | Misc Details | Providers | Referral / Authorization | Supplemental Information | Supporting Documentation

Ambulance | Contract | Dialysis | DME | Drug

Pick-Up Address

Street: <None> Street 2: <None> City: <None> State: Zip Code: <None> Drop-Off:

Ambulance Certification

Admitted to a hospital: ☒ Do Not Send ☐ No ☐ Yes

Moved by stretcher: ☒ Do Not Send ☐ No ☐ Yes

Unconscious or in shock: ☒ Do Not Send ☐ No ☐ Yes

Transported in an emergency situation: ☒ Do Not Send ☐ No ☐ Yes

Physically restrained: ☒ Do Not Send ☐ No ☐ Yes

Amounts Details

Payments/Adjustments

Date	Name/Description	Amount
9/23/2010	Clyde, Annie	\$20.00
10/20/2...	Payment	\$25.00
10/20/2...	Payment	\$10.00
		\$55.00

Totals

Charges: \$135.00

Pay/Adjust: \$55.00

Balance: \$80.00

Quick Misc Details

Facility: Northwest Clinic

EPSTD:

☐ Emergency

☒ Family Plan

Supplemental:

Insurance Details

Save Cancel

Edit Charge->Family Plan

## Element: SV115 (Professional Service Copay Status Code)

**Charge Details**

Service From: 9/23/2010 Service To: 9/23/2010 Provider: Randall Oates, MD Code: 99213 Description: OFFICE/OUTPATIENT VISI... Unit: 1.0 Charge: \$135.00

Diagnosis Codes: Add Code

DX	Description
X 466.0	Bronchitis, acute
786.50	Chest pain, unspecified

Modifiers: Add Code

Code	Description
------	-------------

☐ Omit from Claim

Notes

Ambulance Contract Dialysis DME Drug

File Information Misc Details Providers Referral / Authorization Supplemental Information Supporting Documentation

Purchased Service: <None> Last Seen Date: <None>

Mammography

Certification Number: <None>

Shipping

Shipped Date: <None>

Obstetric

Anesthesia Additional Units: <None>

Immunization

Batch Number: <None>

Co-Pay

☐ Co-Pay Exempt

Amounts Details

Payments/Adjustments

Date	Name/Description	Amount
9/23/2010	Clyde, Annie	\$20.00
10/20/2...	Payment	\$25.00
10/20/2...	Payment	\$10.00
		\$55.00

Totals

Charges	\$135.00
Pay/Adjust	\$55.00
Balance	\$80.00

Quick Misc Details

Facility: Northwest Clinic

EPSTD

☐ Emergency

☐ Family Plan

Supplemental

Insurance Details

Save Cancel

Edit Charge->Misc Details->(Scroll down) Co-Pay Exempt



**Segment: SV5**

---

Loop: 2400 Element: SV5

<b>Element: SV501-1 (Durable Medical Equipment Service Product/Service ID Qualifier)</b>
--

Hard coded to 'HC'.

**Element: SV501-2 (Durable Medical Equipment Service Product/Service ID)**

**Charge Details**

Service From: 9/23/2010 Service To: 9/23/2010 Provider: Randall Oates, MD Code: 99213 Description: OFFICE/OUTPATIENT VISI... Unit: 1.0 Charge: \$135.00

Diagnosis Codes: Add Code

DX	Description
X 466.0	Bronchitis, acute
786.50	Chest pain, unspecified

Modifiers: Add Code

Code	Description
------	-------------

☐ Omit from Claim

Notes

File Information Misc Details Providers Referral / Authorization Supplemental Information Supporting Documentation

Ambulance Contract Dialysis DME Drug

Pick-Up Address

Street: <None> Street 2: <None> City: <None> State: Zip Code: <None> Drop-Off

Ambulance Certification

Admitted to a hospital: ☒ Do Not Send ☐ No ☐ Yes

Moved by stretcher: ☒ Do Not Send ☐ No ☐ Yes

Unconscious or in shock: ☒ Do Not Send ☐ No ☐ Yes

Transported in an emergency situation: ☒ Do Not Send ☐ No ☐ Yes

Physically restrained: ☒ Do Not Send ☐ No ☐ Yes

Amounts Details

Payments/Adjustments

Date	Name/Description	Amount
9/23/2010	Clyde, Annie	\$20.00
10/20/2...	Payment	\$25.00
10/20/2...	Payment	\$10.00
		\$55.00

Totals

Charges: \$135.00

Pay/Adjust: \$55.00

Balance: \$80.00

Quick Misc Details

Facility: Northwest Clinic

EPSDT

☐ Emergency ☐ Family Plan

Supplemental

Insurance Details

Save Cancel

Edit Charge->Code

**Element: SV502 (Durable Medical Equipment Service Unit or Basis for Measurement Code)**

Hard coded to 'DA'.

<p><b>Element: SV503 (Durable Medical Equipment Service Length of Medical Necessity)</b></p>
--

Service From	Service To	Provider	Code	Description	Unit	Charge
9/23/2010	9/23/2010	Randall Oates, MD	99213	OFFICE/OUTPATIENT VISI...	1.0	\$135.00

Diagnosis Codes		Add Code	Modifiers		Add Code	<input type="checkbox"/> Omit from Claim
DX	Description		Code	Description		Notes
X 466.0	Bronchitis, acute					
786.50	Chest pain, unspecified					

File Information	Misc Details	Providers	Referral / Authorization	Supplemental Information	Supporting Documentation
Ambulance	Contract	Dialysis	DME	Drug	

Length of Medical Necessity (Days)	<None>	Certification
Rental Price	<None>	Certification Type <None>
Purchase Price	<None>	Length of Need (Months) <None>
Payment Frequency	<None>	Revision/Recertification <None>
Att. Transmission Code	<None>	Certification Condition
Begin Therapy	<None>	<input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes
Last Certification	<None>	<input type="checkbox"/> Signed certification on file with supplier

Amounts Details			Quick Misc Details	
Payments/Adjustments			Facility Northwest Clinic	
Date	Name/Description	Amount	EPSDT	
9/23/2010	Clyde, Annie	\$20.00	<input type="checkbox"/> Emergency	
10/20/2...	Payment	\$25.00	<input type="checkbox"/> Family Plan	
10/20/2...	Payment	\$10.00	Supplemental	
		\$55.00		

Totals
Charges \$135.00
Pay/Adjust \$55.00
Balance \$80.00

Insurance Details

Save Cancel

Edit Charge->DME Tab-> Length of Medical Necessity (Days)



<b>Element: SV504 (Durable Medical Equipment Service Rental Price)</b>	
--	--

Service From	Service To	Provider	Code	Description	Unit	Charge
9/23/2010	9/23/2010	Randall Oates, MD	99213	OFFICE/OUTPATIENT VISI...	1.0	\$135.00

Diagnosis Codes		Add Code	Modifiers		Add Code	<input type="checkbox"/> Omit from Claim
DX	Description		Code	Description		Notes
X 466.0	Bronchitis, acute					
786.50	Chest pain, unspecified					

File Information	Misc Details	Providers	Referral / Authorization	Supplemental Information	Supporting Documentation
Ambulance	Contract	Dialysis	DME	Drug	
Length of Medical Necessity (Days)	<None>				
<b>Rental Price</b>	<None>				
Purchase Price	<None>				
Payment Frequency	<None>				
Att. Transmission Code	<None>				
Begin Therapy	<None>				
Last Certification	<None>				

Certification	
Certification Type	<None>
Length of Need (Months)	<None>
Revision/Recertification	<None>

Certification Condition	
<input checked="" type="radio"/> Do Not Send	<input type="radio"/> No <input type="radio"/> Yes
<input type="checkbox"/> Signed certification on file with supplier	

Amounts Details			Totals		Quick Misc Details	
Payments/Adjustments			Charges		Facility	Northwest Clinic
Date	Name/Description	Amount		\$135.00	EPSDT	
9/23/2010	Clyde, Annie	\$20.00	Pay/Adjust	\$55.00	<input type="checkbox"/> Emergency	
10/20/2...	Payment	\$25.00	Balance	\$80.00	<input type="checkbox"/> Family Plan	
10/20/2...	Payment	\$10.00			Supplemental	
		\$55.00				

Insurance Details	

Save Cancel

Edit Charge->DME Tab-> Rental Price

## Element: SV505 (Durable Medical Equipment Service Purchase Price)

Charge Details

Service From

Service To

Provider

Code

Description

Unit

Charge

9/23/2010

9/23/2010

Randall Oates, MD

99213

OFFICE/OUTPATIENT VISI...

1.0

\$135.00

Diagnosis Codes

Add Code

DX	Description
X 466.0	Bronchitis, acute
786.50	Chest pain, unspecified

Modifiers

Add Code

Code	Description
------	-------------

☐ Omit from Claim

Notes

File Information

Misc Details

Providers

Referral / Authorization

Supplemental Information

Supporting Documentation

Ambulance

Contract

Dialysis

DME

Drug

Length of Medical Necessity (Days)

<None>

Rental Price

<None>

Purchase Price

<None>

Payment Frequency

<None>

Att. Transmission Code

<None>

Begin Therapy

<None>

Last Certification

<None>

Certification

Certification Type

<None>

Length of Need (Months)

<None>

Revision/Recertification

<None>

Certification Condition

☒ Do Not Send

☐ No

☐ Yes

☐ Signed certification on file with supplier

Amounts Details

Payments/Adjustments

Date	Name/Description	Amount
9/23/2010	Clyde, Annie	\$20.00
10/20/2...	Payment	\$25.00
10/20/2...	Payment	\$10.00
		\$55.00

Totals

Charges

\$135.00

Pay/Adjust

\$55.00

Balance

\$80.00

Quick Misc Details

Facility

Northwest Clinic

EPSDT

☐ Emergency

☐ Family Plan

Supplemental

Insurance Details

Save

Cancel

Edit Charge->DME Tab-> Purchase Price

## Element: SV506 (Durable Medical Equipment Service Frequency Code)

**Charge Details**

Service From: 9/23/2010 Service To: 9/23/2010 Provider: Randall Oates, MD Code: 99213 Description: OFFICE/OUTPATIENT VISI... Unit: 1.0 Charge: \$135.00

Diagnosis Codes: Add Code

DX	Description
X 466.0	Bronchitis, acute
786.50	Chest pain, unspecified

Modifiers: Add Code

Code	Description
------	-------------

☐ Omit from Claim

Notes

File Information Misc Details Providers Referral / Authorization Supplemental Information Supporting Documentation

Ambulance Contract Dialysis DME Drug

Length of Medical Necessity (Days): <None>

Rental Price: <None>

Purchase Price: <None>

**Payment Frequency: <None>**

Att. Transmission Code: <None>

Begin Therapy: <None>

Last Certification: <None>

Certification

Certification Type: <None>

Length of Need (Months): <None>

Revision/Recertification: <None>

Certification Condition

☒ Do Not Send ☐ No ☐ Yes

☐ Signed certification on file with supplier

Amounts Details

Payments/Adjustments

Date	Name/Description	Amount
9/23/2010	Clyde, Annie	\$20.00
10/20/2...	Payment	\$25.00
10/20/2...	Payment	\$10.00
		\$55.00

Totals

Charges: \$135.00

Pay/Adjust: \$55.00

Balance: \$80.00

Quick Misc Details

Facility: Northwest Clinic

EPSDT:

☐ Emergency ☐ Family Plan

Supplemental:

Insurance Details

Save Cancel

Edit Charge->DME Tab-> Payment Frequency

## Segment: PWK01

Loop: 2400 Element: PWK01

### Element: PWK01 (Line Supplemental Information Attachment Report Type Code)

**Charge Details**

Service From	Service To	Provider	Code	Description	Unit	Charge
9/23/2010	9/23/2010	Randall Oates, MD	99213	OFFICE/OUTPATIENT VISI...	1.0	\$135.00

**Diagnosis Codes**

DX	Description
X 466.0	Bronchitis, acute
786.50	Chest pain, unspecified

**Modifiers**

Code	Description
------	-------------

☐ Omit from Claim

**Notes**

**Supplemental Information**

Control Number	Attachment Type	Transmission Type
	LOOP 2400 PWK Supplemental Information	

**Amounts Details**

**Payments/Adjustments**

Date	Name/Description	Amount
9/23/2010	Clyde, Annie	\$20.00
10/20/2...	Payment	\$25.00
10/20/2...	Payment	\$10.00
		\$55.00

**Totals**

Charges
\$135.00

**Pay/Adjust**

\$55.00
---------

**Balance**

\$80.00
---------

**Quick Misc Details**

Facility: Northwest Clinic

EPSDT:

☐ Emergency

☐ Family Plan

Supplemental:

**Save** **Cancel**

Edit Charge->Supplemental Information tab->Attachment Type



**Element: PWK02 (Line Supplemental Information Report Transmission Code)**

**Charge Details**

Service From: 9/23/2010 Service To: 9/23/2010 Provider: Randall Oates, MD Code: 99213 Description: OFFICE/OUTPATIENT VISI... Unit: 1.0 Charge: \$135.00

Diagnosis Codes: Add Code  
DX Description  
X 466.0 Bronchitis, acute  
786.50 Chest pain, unspecified

Modifiers: Add Code  
Code Description

☐ Omit from Claim

Notes

Ambulance Contract Dialysis DME Drug

File Information Misc Details Providers Referral / Authorization Supplemental Information Supporting Documentation

Control Number Attachment Type Transmission Type

LOOP 2400 PWK Supplemental Information

Amounts Details

Payments/Adjustments

Date	Name/Description	Amount
9/23/2010	Clyde, Annie	\$20.00
10/20/2...	Payment	\$25.00
10/20/2...	Payment	\$10.00
		\$55.00

Totals

Charges \$135.00

Pay/Adjust \$55.00

Balance \$80.00

Quick Misc Details

Facility Northwest Clinic

EPSDT

☐ Emergency

☐ Family Plan

Supplemental

Insurance Details

Save Cancel

Edit Charge->Supplemental Information tab->Transmission Type

**Element: PWK05 (Line Supplemental Information Identification Code Qualifier)**

Hard coded to 'AC'.

**Element: PWK06 (Line Supplemental Information Attachment Control Number)**

**Charge Details**

Service From: 9/23/2010 Service To: 9/23/2010 Provider: Randall Oates, MD Code: 99213 Description: OFFICE/OUTPATIENT VISI... Unit: 1.0 Charge: \$135.00

Diagnosis Codes: Add Code  
DX Description  
X 466.0 Bronchitis, acute  
786.50 Chest pain, unspecified

Modifiers: Add Code  
Code Description

☐ Omit from Claim

Notes

Ambulance Contract Dialysis DME Drug

File Information Misc Details Providers Referral / Authorization Supplemental Information Supporting Documentation

Control Number Attachment Type Transmission Type  
LOOP 2500 PWK Supplemental Information

Amounts Details

Payments/Adjustments

Date	Name/Description	Amount
9/23/2010	Clyde, Annie	\$20.00
10/20/2...	Payment	\$25.00
10/20/2...	Payment	\$10.00
		\$55.00

Totals

Charges \$135.00

Pay/Adjust \$55.00

Balance \$80.00

Quick Misc Details

Facility Northwest Clinic

EPSDT

☐ Emergency  
☐ Family Plan

Supplemental

Insurance Details

Save Cancel

Edit Charge->Supplemental Information tab->Control Number

**Element: PWK01 (DME Certificate of Medical Necessity Indicator Attachment Report Type Code)**

Hard coded to 'CT'.

**Element: PWK02 (DME Certificate of Medical Necessity Indicator Report Transmission Code)**

**Charge Details**

Service From	Service To	Provider	Code	Description	Unit	Charge
9/23/2010	9/23/2010	Randall Oates, MD	99213	OFFICE/OUTPATIENT VISI...	1.0	\$135.00

Diagnosis Codes		Modifiers		Omit from Claim
DX	Description	Code	Description	Notes
X 466.0	Bronchitis, acute			
786.50	Chest pain, unspecified			

File Information | Misc Details | Providers | Referral / Authorization | Supplemental Information | Supporting Documentation

Ambulance | Contract | Dialysis | **DME** | Drug

Length of Medical Necessity (Days)	Certification
<None>	Certification Type: <None>
Rental Price: <None>	Length of Need (Months): <None>
Purchase Price: <None>	Revision/Recertification: <None>
Payment Frequency: <None>	Certification Condition
<b>Att. Transmission Code: &lt;None&gt;</b>	<input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes
Begin Therapy: <None>	<input type="checkbox"/> Signed certification on file with supplier
Last Certification: <None>	

Amounts Details			Totals		Quick Misc Details	
Date	Name/Description	Amount	Charges	Pay/Adjust	Balance	Facility
9/23/2010	Clyde, Annie	\$20.00	\$135.00	\$55.00	\$80.00	Northwest Clinic
10/20/2...	Payment	\$25.00				EPSDT
10/20/2...	Payment	\$10.00				
		\$55.00				<input type="checkbox"/> Emergency
						<input type="checkbox"/> Family Plan
						Supplemental

Insurance Details

Save Cancel

Edit Charge->DME Tab->Attachment Transmission Code

## Segment: CR1

---

Loop: 2400 Element: CR1

<b>Element: CR101 (Ambulance Transport Information Unit or Basis for Measurement Code)</b>
--

Hard coded to 'LB'.



Element: CR102 (Ambulance Transport Information Patient Weight)

Service From	Service To	Provider	Code	Description	Unit	Charge
9/23/2010	9/23/2010	Randall Oates, MD	99213	OFFICE/OUTPATIENT VISI...	1.0	\$135.00

Diagnosis Codes		Modifiers		Omit from Claim	Notes
DX	Description	Code	Description	<input type="checkbox"/>	
X 466.0	Bronchitis, acute				
786.50	Chest pain, unspecified				

File Information	Misc Details	Providers	Referral / Authorization	Supplemental Information	Supporting Documentation
Ambulance State: <input type="text"/> Zip Code: <input type="text"/>	Contract	Dialysis	DME	Drug	

Additional Details	
Transport Reason	<input type="text"/>
Transport Distance (Miles)	<input type="text"/>
Round Trip Description	<input type="text"/>
Stretcher Purpose	<input type="text"/>
Patient Weight (Pounds)	<input type="text"/>
Patient Count	<input type="text"/>

Amounts Details			Totals		Quick Misc Details																
Payments/Adjustments <table border="1"> <thead> <tr> <th>Date</th> <th>Name/Description</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>9/23/2010</td> <td>Clyde, Annie</td> <td>\$20.00</td> </tr> <tr> <td>10/20/2...</td> <td>Payment</td> <td>\$25.00</td> </tr> <tr> <td>10/20/2...</td> <td>Payment</td> <td>\$10.00</td> </tr> <tr> <td colspan="2"></td> <td>\$55.00</td> </tr> </tbody> </table>			Date	Name/Description	Amount	9/23/2010	Clyde, Annie	\$20.00	10/20/2...	Payment	\$25.00	10/20/2...	Payment	\$10.00			\$55.00	Charges	\$135.00	Facility	Northwest Clinic
Date	Name/Description	Amount																			
9/23/2010	Clyde, Annie	\$20.00																			
10/20/2...	Payment	\$25.00																			
10/20/2...	Payment	\$10.00																			
		\$55.00																			
			Pay/Adjust	\$55.00	EPSDT																
			Balance	\$80.00	<input type="checkbox"/> Emergency																
					<input type="checkbox"/> Family Plan																
					Supplemental																

Insurance Details

## Edit Charge->Ambulance Tab->Patient Weight

## Element: CR104 (Ambulance Transport Information Transport Reason Code)

**Charge Details**

Service From: 9/23/2010 Service To: 9/23/2010 Provider: Randall Oates, MD Code: 99213 Description: OFFICE/OUTPATIENT VISI... Unit: 1.0 Charge: \$135.00

Diagnosis Codes

DX	Description
X 466.0	Bronchitis, acute
786.50	Chest pain, unspecified

Modifiers

Code	Description
------	-------------

☐ Omit from Claim

Notes

File Information Misc Details Providers Referral / Authorization Supplemental Information Supporting Documentation

Ambulance Contract Dialysis DME Drug

State: Zip Code: <None>

Additional Details

Transport Reason: <None>

Transport Distance (Miles): <None>

Round Trip Description: <None>

Stretcher Purpose: <None>

Patient Weight (Pounds): <None>

Patient Count: <None>

Amounts Details

Payments/Adjustments

Date	Name/Description	Amount
9/23/2010	Clyde, Annie	\$20.00
10/20/2...	Payment	\$25.00
10/20/2...	Payment	\$10.00
		\$55.00

Totals

Charges: \$135.00

Pay/Adjust: \$55.00

Balance: \$80.00

Quick Misc Details

Facility: Northwest Clinic

EPSDT:

☐ Emergency

☐ Family Plan

Supplemental:

Insurance Details

Save Cancel

Edit Charge->Ambulance Tab->Transport Reason

## Element: CR105 (Ambulance Transport Information Unit or Basis for Measurement Code)

Hard coded to 'DH'.

## Element: CR106 (Ambulance Transport Information Transport Distance)

**Charge Details**

Service From: 9/23/2010 Service To: 9/23/2010 Provider: Randall Oates, MD Code: 99213 Description: OFFICE/OUTPATIENT VISI... Unit: 1.0 Charge: \$135.00

Diagnosis Codes: Add Code

DX	Description
X 466.0	Bronchitis, acute
786.50	Chest pain, unspecified

Modifiers: Add Code

Code	Description
------	-------------

☐ Omit from Claim

Notes

File Information Misc Details Providers Referral / Authorization Supplemental Information Supporting Documentation

Ambulance Contract Dialysis DME Drug

State: Zip Code: <None>

Additional Details

Transport Reason: <None>

**Transport Distance (Miles): <None>**

Round Trip Description: <None>

Stretcher Purpose: <None>

Patient Weight (Pounds): <None>

Patient Count: <None>

Amounts Details

Payments/Adjustments

Date	Name/Description	Amount
9/23/2010	Clyde, Annie	\$20.00
10/20/2...	Payment	\$25.00
10/20/2...	Payment	\$10.00
		\$55.00

Totals

Charges: \$135.00

Pay/Adjust: \$55.00

Balance: \$80.00

Quick Misc Details

Facility: Northwest Clinic

EPSDT:

☐ Emergency

☐ Family Plan

Supplemental:

Insurance Details

Save Cancel

Edit Charge->Ambulance Tab->Transport Distance (Miles)

## Element: CR109 (Ambulance Transport Information Transport Round Trip Purpose Description)

Charge Details

Service From

9/23/2010

Service To

9/23/2010

Provider

Randall Oates, MD

Code

99213

Description

OFFICE/OUTPATIENT VISI...

Unit

1.0

Charge

\$135.00

Diagnosis Codes

DX

Description

X 466.0

Bronchitis, acute

786.50

Chest pain, unspecified

Add Code

Modifiers

Code

Description

Add Code

☐ Omit from Claim

Notes

File Information

Misc Details

Providers

Referral / Authorization

Supplemental Information

Supporting Documentation

Ambulance

Contract

Dialysis

DME

Drug

State

<None>

Zip Code

<None>

Additional Details

Transport Reason

<None>

Transport Distance (Miles)

<None>

Round Trip Description

<None>

Stretcher Purpose

<None>

Patient Weight (Pounds)

<None>

Patient Count

<None>

Amounts Details

Payments/Adjustments

Date

Name/Description

Amount

9/23/2010

Clyde, Annie

\$20.00

10/20/2...

Payment

\$25.00

10/20/2...

Payment

\$10.00

\$55.00

Totals

Charges

\$135.00

Pay/Adjust

\$55.00

Balance

\$80.00

Quick Misc Details

Facility

Northwest Clinic

EPSDT

☐ Emergency

☐ Family Plan

Supplemental

Insurance Details

Save

Cancel

Edit Charge->Ambulance Tab->Round Trip Description

NEW 837P 5010 Crosswalk (Loops and Segments) - 360

<p><b>Element: CR110 (Ambulance Transport Information Stretcher Purpose Description)</b></p>
--

Service From	Service To	Provider	Code	Description	Unit	Charge
9/23/2010	9/23/2010	Randall Oates, MD	99213	OFFICE/OUTPATIENT VISI...	1.0	\$135.00

**Diagnosis Codes**

DX	Description
X 466.0	Bronchitis, acute
786.50	Chest pain, unspecified

**Modifiers**

Code	Description
------	-------------

☐ Omit from Claim

**Notes**

File Information
Misc Details
Providers
Referral / Authorization
Supplemental Information
Supporting Documentation

Ambulance

State <None>

Zip Code <None>

**Additional Details**

Transport Reason <None>

Transport Distance (Miles) <None>

Round Trip Description <None>

**Stretcher Purpose** <None>

Patient Weight (Pounds) <None>

Patient Count <None>

**Amounts Details**

**Payments/Adjustments**

Date	Name/Description	Amount
9/23/2010	Clyde, Annie	\$20.00
10/20/2...	Payment	\$25.00
10/20/2...	Payment	\$10.00
		<b>\$55.00</b>

**Totals**

Charges \$135.00

Pay/Adjust \$55.00

Balance \$80.00

**Insurance Details**

**Quick Misc Details**

Facility Northwest Clinic

EPSDT

☐ Emergency

☐ Family Plan

Supplemental

Save
Cancel

## Edit Charge->Ambulance Tab->Stretcher Purpose



## Segment: CR3

Loop: 2400 Element: CR3

### Element: CR301 (DME Certification Type Code)

The screenshot shows the 'Charge Details' window with the following information:

Service From	Service To	Provider	Code	Description	Unit	Charge
9/23/2010	9/23/2010	Randall Oates, MD	99213	OFFICE/OUTPATIENT VISI...	1.0	\$135.00

**Diagnosis Codes:**

DX	Description
X 466.0	Bronchitis, acute
786.50	Chest pain, unspecified

**Modifiers:**

Code	Description
------	-------------

**File Information:**

File Information	Misc Details	Providers	Referral / Authorization	Supplemental Information	Supporting Documentation
Ambulance	Contract	Dialysis	DME	Drug	

**Length of Medical Necessity (Days):** <None>

**Rental Price:** <None>

**Purchase Price:** <None>

**Payment Frequency:** <None>

**Att. Transmission Code:** <None>

**Begin Therapy:** <None>

**Last Certification:** <None>

**Certification:**

Certification Type	Length of Need (Months)	Revision/Recertification
<None>	<None>	<None>

**Certification Condition:**

☒ Do Not Send ☐ No ☐ Yes

☐ Signed certification on file with supplier

**Amounts Details:**

Date	Name/Description	Amount
9/23/2010	Clyde, Annie	\$20.00
10/20/2...	Payment	\$25.00
10/20/2...	Payment	\$10.00
		\$55.00

**Totals:**

Charges	Pay/Adjust	Balance
\$135.00	\$55.00	\$80.00

**Quick Misc Details:**

Facility: Northwest Clinic

EPSDT:

☐ Emergency ☐ Family Plan

Supplemental:

**Insurance Details:**

Save Cancel

Edit Charge->DME Tab->Certification Type

### Element: CR302 (DME Certification Unit of Basis for Measurement Code)

Hard coded to 'MO'.

## Element: CR303 (DME Certification Durable Medical Equipment Duration)

**Charge Details**

Service From: 9/23/2010 Service To: 9/23/2010 Provider: Randall Oates, MD Code: 99213 Description: OFFICE/OUTPATIENT VISI... Unit: 1.0 Charge: \$135.00

Diagnosis Codes: Add Code

DX	Description
466.0	Bronchitis, acute
786.50	Chest pain, unspecified

Modifiers: Add Code

Code	Description
------	-------------

☐ Omit from Claim

Notes

File Information Misc Details Providers Referral / Authorization Supplemental Information Supporting Documentation

Ambulance Contract Dialysis DME Drug

Length of Medical Necessity (Days): <None>

Rental Price: <None>

Purchase Price: <None>

Payment Frequency: <None>

Att. Transmission Code: <None>

Begin Therapy: <None>

Last Certification: <None>

Certification

Certification Type: <None>

Length of Need (Months): <None>

Revision/Recertification: <None>

Certification Condition

☒ Do Not Send ☐ No ☐ Yes

☐ Signed certification on file with supplier

Amounts Details

Payments/Adjustments

Date	Name/Description	Amount
9/23/2010	Clyde, Annie	\$20.00
10/20/2...	Payment	\$25.00
10/20/2...	Payment	\$10.00
		\$55.00

Totals

Charges: \$135.00

Pay/Adjust: \$55.00

Balance: \$80.00

Quick Misc Details

Facility: Northwest Clinic

EPSDT:

☐ Emergency ☐ Family Plan

Supplemental:

Insurance Details

Save Cancel

Edit Charge->DME Tab->Length of Needs (Months)

## Segment: CRC

---

Loop: 2400 Element: CRC

<b>Element: CRC01 (Ambulance Certification Code Category)</b>
---

Hard coded to '07'.

<b>Element: CRC02 (Ambulance Certification Condition Indicator)</b>
---

'N' or 'Y'.



## Element: CRC03 (Ambulance Certification Condition Code)

**Charge Details**

Service From: 9/23/2010 Service To: 9/23/2010 Provider: Randall Oates, MD Code: 99213 Description: OFFICE/OUTPATIENT VISI... Unit: 1.0 Charge: \$135.00

Diagnosis Codes: Add Code

DX	Description
X 466.0	Bronchitis, acute
786.50	Chest pain, unspecified

Modifiers: Add Code

Code	Description
------	-------------

☐ Omit from Claim

Notes

File Information | Misc Details | Providers | Referral / Authorization | Supplemental Information | Supporting Documentation

Ambulance | Contract | Dialysis | DMF | Drug

Pick-Up Address

Street: <None> Street 2: <None> City: <None> State: Zip Code: <None>

Drop-Off

**Ambulance Certification**

Admitted to a hospital	<input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes
Moved by stretcher	<input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes
Unconscious or in shock	<input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes
Transported in an emergency situation	<input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes
Physically restrained	<input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes

Amounts Details

Payments/Adjustments

Date	Name/Description	Amount
9/23/2010	Clyde, Annie	\$20.00
10/20/2...	Payment	\$25.00
10/20/2...	Payment	\$10.00
		\$55.00

Totals

Charges	\$135.00
Pay/Adjust	\$55.00
Balance	\$80.00

Quick Misc Details

Facility: Northwest Clinic

EPSTD:

☐ Emergency ☐ Family Plan

Supplemental:

Insurance Details

Save Cancel

Edit Charge->Ambulance Tab->Ambulance Certification section

- 01 Patient was admitted to a hospital
- 04 Patient was moved by stretcher
- 05 Patient was unconscious or in shock
- 06 Patient was transported in an emergency situation

- 07 Patient had to be physically restrained
- 08 Patient had visible hemorrhaging
- 09 Ambulance service was medically necessary
- 12 Patient is confined to a bed or chair. (Use code 12 to indicate patient was bedridden during transport.)

## Element: CRC04 (Ambulance Certification Condition Code 2)

**Charge Details**

Service From: 9/23/2010 Service To: 9/23/2010 Provider: Randall Oates, MD Code: 99213 Description: OFFICE/OUTPATIENT VISI... Unit: 1.0 Charge: \$135.00

Diagnosis Codes: Add Code

DX	Description
X 466.0	Bronchitis, acute
786.50	Chest pain, unspecified

Modifiers: Add Code

Code	Description
------	-------------

☐ Omit from Claim

Notes

File Information | Misc Details | Providers | Referral / Authorization | Supplemental Information | Supporting Documentation

Ambulance | Contract | Dialysis | DMF | Drug

Pick-Up Address

Street: <None> Street 2: <None> City: <None> State: Zip Code: <None> Drop-Off:

Ambulance Certification

Admitted to a hospital ☒ Do Not Send ☐ No ☐ Yes

Moved by stretcher ☒ Do Not Send ☐ No ☐ Yes

Unconscious or in shock ☒ Do Not Send ☐ No ☐ Yes

Transported in an emergency situation ☒ Do Not Send ☐ No ☐ Yes

Physically restrained ☒ Do Not Send ☐ No ☐ Yes

Amounts Details

Payments/Adjustments

Date	Name/Description	Amount
9/23/2010	Clyde, Annie	\$20.00
10/20/2...	Payment	\$25.00
10/20/2...	Payment	\$10.00
		\$55.00

Totals

Charges: \$135.00

Pay/Adjust: \$55.00

Balance: \$80.00

Quick Misc Details

Facility: Northwest Clinic

EPSDT:

☐ Emergency ☐ Family Plan

Supplemental:

Insurance Details

Save Cancel

Edit Charge->Ambulance Tab->Ambulance Certification section

- 01 Patient was admitted to a hospital
- 04 Patient was moved by stretcher
- 05 Patient was unconscious or in shock
- 06 Patient was transported in an emergency situation

- 07 Patient had to be physically restrained
- 08 Patient had visible hemorrhaging
- 09 Ambulance service was medically necessary
- 12 Patient is confined to a bed or chair. (Use code 12 to indicate patient was bedridden during transport.)

## Element: CRC05 (Ambulance Certification Condition Code 3)

**Charge Details**

Service From: 9/23/2010 Service To: 9/23/2010 Provider: Randall Oates, MD Code: 99213 Description: OFFICE/OUTPATIENT VISI... Unit: 1.0 Charge: \$135.00

Diagnosis Codes: Add Code

DX	Description
X 466.0	Bronchitis, acute
786.50	Chest pain, unspecified

Modifiers: Add Code

Code	Description
------	-------------

☐ Omit from Claim

Notes

File Information | Misc Details | Providers | Referral / Authorization | Supplemental Information | Supporting Documentation

Ambulance | Contract | Dialysis | DMF | Drug

Pick-Up Address

Street: <None> Street 2: <None> City: <None> State: Zip Code: <None> Drop-Off

Ambulance Certification

Admitted to a hospital ☒ Do Not Send ☐ No ☐ Yes

Moved by stretcher ☒ Do Not Send ☐ No ☐ Yes

Unconscious or in shock ☒ Do Not Send ☐ No ☐ Yes

Transported in an emergency situation ☒ Do Not Send ☐ No ☐ Yes

Physically restrained ☒ Do Not Send ☐ No ☐ Yes

Amounts Details

Payments/Adjustments

Date	Name/Description	Amount
9/23/2010	Clyde, Annie	\$20.00
10/20/2...	Payment	\$25.00
10/20/2...	Payment	\$10.00
		\$55.00

Totals

Charges: \$135.00

Pay/Adjust: \$55.00

Balance: \$80.00

Quick Misc Details

Facility: Northwest Clinic

EPSTD:

☐ Emergency ☐ Family Plan

Supplemental:

Insurance Details

Save Cancel

Edit Charge->Ambulance Tab->Ambulance Certification section

- 01 Patient was admitted to a hospital
- 04 Patient was moved by stretcher
- 05 Patient was unconscious or in shock
- 06 Patient was transported in an emergency situation

- 07 Patient had to be physically restrained
- 08 Patient had visible hemorrhaging
- 09 Ambulance service was medically necessary
- 12 Patient is confined to a bed or chair. (Use code 12 to indicate patient was bedridden during transport.)

## Element: CRC06 (Ambulance Certification Condition Code 4)

**Charge Details**

Service From: 9/23/2010 Service To: 9/23/2010 Provider: Randall Oates, MD Code: 99213 Description: OFFICE/OUTPATIENT VISI... Unit: 1.0 Charge: \$135.00

Diagnosis Codes: Add Code

DX	Description
X 466.0	Bronchitis, acute
786.50	Chest pain, unspecified

Modifiers: Add Code

Code	Description
------	-------------

☐ Omit from Claim

Notes

File Information | Misc Details | Providers | Referral / Authorization | Supplemental Information | Supporting Documentation

Ambulance | Contract | Dialysis | DMF | Drug

Pick-Up Address

Street: <None> Street 2: <None> City: <None> State: Zip Code: <None> Drop-Off

Ambulance Certification

Admitted to a hospital ☒ Do Not Send ☐ No ☐ Yes

Moved by stretcher ☒ Do Not Send ☐ No ☐ Yes

Unconscious or in shock ☒ Do Not Send ☐ No ☐ Yes

Transported in an emergency situation ☒ Do Not Send ☐ No ☐ Yes

Physically restrained ☒ Do Not Send ☐ No ☐ Yes

Amounts Details

Payments/Adjustments

Date	Name/Description	Amount
9/23/2010	Clyde, Annie	\$20.00
10/20/2...	Payment	\$25.00
10/20/2...	Payment	\$10.00
		\$55.00

Totals

Charges: \$135.00

Pay/Adjust: \$55.00

Balance: \$80.00

Quick Misc Details

Facility: Northwest Clinic

EPSTD:

☐ Emergency ☐ Family Plan

Supplemental:

Insurance Details

Save Cancel

Edit Charge->Ambulance Tab->Ambulance Certification section

- 01 Patient was admitted to a hospital
- 04 Patient was moved by stretcher
- 05 Patient was unconscious or in shock
- 06 Patient was transported in an emergency situation

- 07 Patient had to be physically restrained
- 08 Patient had visible hemorrhaging
- 09 Ambulance service was medically necessary
- 12 Patient is confined to a bed or chair. (Use code 12 to indicate patient was bedridden during transport.)



## Element: CRC07 (Ambulance Certification Condition Code 5)

**Charge Details**

Service From: 9/23/2010 Service To: 9/23/2010 Provider: Randall Oates, MD Code: 99213 Description: OFFICE/OUTPATIENT VISI... Unit: 1.0 Charge: \$135.00

Diagnosis Codes: Add Code

DX	Description
X 466.0	Bronchitis, acute
786.50	Chest pain, unspecified

Modifiers: Add Code

Code	Description
------	-------------

☐ Omit from Claim

Notes

File Information | Misc Details | Providers | Referral / Authorization | Supplemental Information | Supporting Documentation

Ambulance | Contract | Dialysis | DMF | Drug

Pick-Up Address

Street: <None> Street 2: <None> City: <None> State: Zip Code: <None> Drop-Off

Ambulance Certification

Admitted to a hospital ☒ Do Not Send ☐ No ☐ Yes

Moved by stretcher ☒ Do Not Send ☐ No ☐ Yes

Unconscious or in shock ☒ Do Not Send ☐ No ☐ Yes

Transported in an emergency situation ☒ Do Not Send ☐ No ☐ Yes

Physically restrained ☒ Do Not Send ☐ No ☐ Yes

Amounts Details

Payments/Adjustments

Date	Name/Description	Amount
9/23/2010	Clyde, Annie	\$20.00
10/20/2...	Payment	\$25.00
10/20/2...	Payment	\$10.00
		\$55.00

Totals

Charges: \$135.00

Pay/Adjust: \$55.00

Balance: \$80.00

Quick Misc Details

Facility: Northwest Clinic

EPSDT

☐ Emergency ☐ Family Plan

Supplemental

Insurance Details

Save Cancel

Edit Charge->Ambulance Tab->Ambulance Certification section

- 01 Patient was admitted to a hospital
- 04 Patient was moved by stretcher
- 05 Patient was unconscious or in shock
- 06 Patient was transported in an emergency situation

- 07 Patient had to be physically restrained
- 08 Patient had visible hemorrhaging
- 09 Ambulance service was medically necessary
- 12 Patient is confined to a bed or chair. (Use code 12 to indicate patient was bedridden during transport.)

<b>Element: CRC01 (Hospice Employee Indicator Code Category)</b>
--

Hard coded to '70'.

## Element: CRC02 (Hospice Employed Provider Indicator)

**Charge Details**

Service From: 9/23/2010 Service To: 9/23/2010 Provider: Randall Oates, MD Code: 99213 Description: OFFICE/OUTPATIENT VISI... Unit: 1.0 Charge: \$135.00

Diagnosis Codes: Add Code

DX	Description
X 466.0	Bronchitis, acute
786.50	Chest pain, unspecified

Modifiers: Add Code

Code	Description
------	-------------

☐ Omit from Claim

Notes

Ambulance Contract Dialysis DME Drug

File Information Misc Details Providers Referral / Authorization Supplemental Information Supporting Documentation

**Hospice**

Rendering Provider is Hospice Employee

☒ Do Not Send ☐ No ☐ Yes

Labs

Lab: Referring Lab:

Charge Breakdown

Tax: <None>

Additional Description: <None>

Notes

Note: <None> Type: <None>

Spinal Manipulation

Last X-Ray: <None>

Amounts Details

Payments/Adjustments

Date	Name/Description	Amount
9/23/2010	Clyde, Annie	\$20.00
10/20/2...	Payment	\$25.00
10/20/2...	Payment	\$10.00
		\$55.00

Totals

Charges: \$135.00

Pay/Adjust: \$55.00

Balance: \$80.00

Quick Misc Details

Facility: Northwest Clinic

EPSDT:

☐ Emergency ☐ Family Plan

Supplemental:

Insurance Details

Save Cancel

Edit Charge->Misc Tab->Hospice

## Element: CRC03 (Hospice Employee Condition Indicator)

Hard coded to '65'.

## Element: CRC01 (Condition Indicator/Durable Medical Equipment Code Category)

Hard coded to '09', if Certification Type is defined.

## Element: CRC02 (Condition Indicator/Durable Medical Equipment Certification Condition Indicator)

The screenshot shows the 'Charge Details' window with the 'DME' tab selected. The 'Certification Condition' field is highlighted with a red box. The field has three radio buttons: 'Do Not Send' (selected), 'No', and 'Yes'. Below this field are two checkboxes: 'Signed certification on file with supplier' and 'Replacement item'. The 'Totals' section shows a balance of \$80.00. The 'Quick Misc Details' section shows the facility as 'Northwest Clinic' and the EPSDT status as 'Emergency'.

Service From	Service To	Provider	Code	Description	Unit	Charge
9/23/2010	9/23/2010	Randall Oates, MD	99213	OFFICE/OUTPATIENT VISI...	1.0	\$135.00

DX	Description
X 466.0	Bronchitis, acute
786.50	Chest pain, unspecified

Code	Description
------	-------------

File Information	Misc Details	Providers	Referral / Authorization	Supplemental Information	Supporting Documentation
Ambulance	Contract	Dialysis	DME	Drug	

Amounts Details	Quick Misc Details																						
<table border="1"><thead><tr><th>Date</th><th>Name/Description</th><th>Amount</th></tr></thead><tbody><tr><td>9/23/2010</td><td>Clyde, Annie</td><td>\$20.00</td></tr><tr><td>10/20/2...</td><td>Payment</td><td>\$25.00</td></tr><tr><td>10/20/2...</td><td>Payment</td><td>\$10.00</td></tr><tr><td></td><td></td><td>\$55.00</td></tr></tbody></table>	Date	Name/Description	Amount	9/23/2010	Clyde, Annie	\$20.00	10/20/2...	Payment	\$25.00	10/20/2...	Payment	\$10.00			\$55.00	<table border="1"><thead><tr><th>Totals</th></tr></thead><tbody><tr><td>Charges</td></tr><tr><td>\$135.00</td></tr><tr><td>Pay/Adjust</td></tr><tr><td>\$55.00</td></tr><tr><td>Balance</td></tr><tr><td>\$80.00</td></tr></tbody></table>	Totals	Charges	\$135.00	Pay/Adjust	\$55.00	Balance	\$80.00
Date	Name/Description	Amount																					
9/23/2010	Clyde, Annie	\$20.00																					
10/20/2...	Payment	\$25.00																					
10/20/2...	Payment	\$10.00																					
		\$55.00																					
Totals																							
Charges																							
\$135.00																							
Pay/Adjust																							
\$55.00																							
Balance																							
\$80.00																							

Insurance Details
Facility
Northwest Clinic
EPSDT
Emergency
Family Plan
Supplemental

Save Cancel

Charges->DME Tab->Certification Condition

## Element: CRC03 (Condition Indicator/Durable Medical Equipment Condition)

**Charge Details**

Service From: 9/23/2010 Service To: 9/23/2010 Provider: Randall Oates, MD Code: 99213 Description: OFFICE/OUTPATIENT VISI... Unit: 1.0 Charge: \$135.00

Diagnosis Codes: Add Code

DX	Description
X 466.0	Bronchitis, acute
786.50	Chest pain, unspecified

Modifiers: Add Code

Code	Description
------	-------------

☐ Omit from Claim

Notes

File Information Misc Details Providers Referral / Authorization Supplemental Information Supporting Documentation

Ambulance Contract Dialysis DME Drug

Purchase Price: <None> Length of Need (Months): <None>

Payment Frequency: <None> Revision/Recertification: <None>

Att. Transmission Code: <None>

Begin Therapy: <None>

Last Certification: <None>

Patient Height: <None>

Certification Condition

☒ Do Not Send ☐ No ☐ Yes

☐ Signed certification on file with supplier

☐ Replacement item

Amounts Details

Payments/Adjustments

Date	Name/Description	Amount
9/23/2010	Clyde, Annie	\$20.00
10/20/2...	Payment	\$25.00
10/20/2...	Payment	\$10.00
		\$55.00

Totals

Charges: \$135.00

Pay/Adjust: \$55.00

Balance: \$80.00

Quick Misc Details

Facility: Northwest Clinic

EPSDT:

☐ Emergency

☐ Family Plan

Supplemental:

Insurance Details

Save Cancel

Charges->DME Tab->Signed Certification on file with supplier/Replacement item

38 Certification signed by the physician is on file at the supplier's office  
ZV Replacement Item



## Element: CRC04 (Condition Indicator/Durable Medical Equipment Condition 2)

**Charge Details**

Service From: 9/23/2010 Service To: 9/23/2010 Provider: Randall Oates, MD Code: 99213 Description: OFFICE/OUTPATIENT VISI... Unit: 1.0 Charge: \$135.00

Diagnosis Codes: Add Code

DX	Description
X 466.0	Bronchitis, acute
786.50	Chest pain, unspecified

Modifiers: Add Code

Code	Description
------	-------------

☐ Omit from Claim

Notes

File Information Misc Details Providers Referral / Authorization Supplemental Information Supporting Documentation

Ambulance Contract Dialysis DME Drug

Purchase Price: <None> Length of Need (Months): <None>

Payment Frequency: <None> Revision/Recertification: <None>

Att. Transmission Code: <None>

Begin Therapy: <None>

Last Certification: <None>

Patient Height: <None>

Certification Condition

☒ Do Not Send ☐ No ☐ Yes

☐ Signed certification on file with supplier

☐ Replacement item

Amounts Details

Payments/Adjustments

Date	Name/Description	Amount
9/23/2010	Clyde, Annie	\$20.00
10/20/2...	Payment	\$25.00
10/20/2...	Payment	\$10.00
		\$55.00

Totals

Charges: \$135.00

Pay/Adjust: \$55.00

Balance: \$80.00

Quick Misc Details

Facility: Northwest Clinic

EPSDT:

☐ Emergency

☐ Family Plan

Supplemental:

Insurance Details

Save Cancel

Charges->DME Tab->Signed Certification on file with supplier/Replacement item

38 Certification signed by the physician is on file at the supplier's office  
ZV Replacement Item

## Segment: DTP

---

Loop: 2400 Element: DTP

### Element: DTP01 (Service Date Qualifier)

Hard coded to '472'.

### Element: DTP02 (Service Date Period Qualifier)

Hard coded to 'D8' or 'RD8'.

## Element: DTP03 (Service Date (From/To))

**Charge Details**

Service From: 9/23/2010 Service To: 9/23/2010 Provider: Randall Oates, MD Code: 99213 Description: OFFICE/OUTPATIENT VISI... Unit: 1.0 Charge: \$135.00

Diagnosis Codes

DX	Description
466.0	Bronchitis, acute
786.50	Chest pain, unspecified

Modifiers

Code	Description
------	-------------

File Information Misc Details Providers Referral / Authorization Supplemental Information Supporting Documentation

Ambulance Contract Dialysis DME Drug

Length of Medical Necessity (Days): <None>

Rental Price: <None>

Purchase Price: <None>

Payment Frequency: <None>

Att. Transmission Code: <None>

Begin Therapy: <None>

Last Certification: <None>

Certification

Certification Type: <None>

Length of Need (Months): <None>

Revision/Recertification: <None>

Certification Condition

☒ Do Not Send ☐ No ☐ Yes

☐ Signed certification on file with supplier

Amounts Details

Payments/Adjustments

Date	Name/Description	Amount
9/23/2010	Clyde, Annie	\$20.00
10/20/2...	Payment	\$25.00
10/20/2...	Payment	\$10.00
		\$55.00

Totals

Charges: \$135.00

Pay/Adjust: \$55.00

Balance: \$80.00

Quick Misc Details

Facility: Northwest Clinic

EPSDT:

☐ Emergency ☐ Family Plan

Supplemental:

Insurance Details

Save Cancel

Edit Charge->Service From/To

## Element: DTP01 (Prescription Date Qualifier)

Hard coded to '471'.

## Element: DTP02 (Prescription Date Qualifier)

Hard coded to 'D8'.



## Element: DTP03 (Prescription Date)

**Charge Details**

Service From: 9/23/2010 | Service To: 9/23/2010 | Provider: Randall Oates, MD | Code: 99213 | Description: OFFICE/OUTPATIENT VISI... | Unit: 1.0 | Charge: \$135.00

**Diagnosis Codes**

DX	Description
466.0	Bronchitis, acute
786.50	Chest pain, unspecified

**Modifiers**

Code	Description
------	-------------

**File Information** | **Misc Details** | **Providers** | **Referral / Authorization** | **Supplemental Information** | **Supporting Documentation**

**Ambulance** | **Contract** | **Dialysis** | **DME** | **Drug**

**Prescription Date**: <None>

**Drug Code**: <None>

**Drug Amount**: <None>

**Drug Unit**: <None>

**Prescription Number**

☒ None | ☐ Link Sequence | ☐ Pharmacy Prescription Number

<None>

**Amounts Details**

**Payments/Adjustments**

Date	Name/Description	Amount
9/23/2010	Clyde, Annie	\$20.00
10/20/2...	Payment	\$25.00
10/20/2...	Payment	\$10.00
		\$55.00

**Totals**

Charges	\$135.00
Pay/Adjust	\$55.00
Balance	\$80.00

**Quick Misc Details**

Facility: Northwest Clinic

EPSDT:

☐ Emergency | ☐ Family Plan

Supplemental:

**Insurance Details**

Save | Cancel

Edit Charge->Drug Tab->Prescription Date

## Element: DTP01 (Certification Revision/Recertification Date Qualifier)

Hard coded to '607', if Certification Type is R or S.

## Element: DTP02 (Certification Revision/Recertification Date Period Qualifier)

Hard coded to 'D8'.

## Element: DTP03 (Certification Revision/Recertification Date)

The screenshot shows the 'Charge Details' window with the 'DME' tab selected. The 'Revision/Recertification' dropdown is highlighted with a red rectangle. The window contains various fields for service details, diagnosis codes, modifiers, and certification information.

**Service Information:**

Service From	Service To	Provider	Code	Description	Unit	Charge
9/23/2010	9/23/2010	Randall Oates, MD	99213	OFFICE/OUTPATIENT VISI...	1.0	\$135.00

**Diagnosis Codes:**

DX	Description
466.0	Bronchitis, acute
786.50	Chest pain, unspecified

**Modifiers:**

Code	Description
------	-------------

**Certification Details:**

Field	Value
Length of Medical Necessity (Days)	<None>
Rental Price	<None>
Purchase Price	<None>
Payment Frequency	<None>
Att. Transmission Code	<None>
Begin Therapy	<None>
Last Certification	<None>
Certification Type	<None>
Length of Need (Months)	<None>
Revision/Recertification	<None>
Certification Condition	<input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes
Signed certification on file with supplier	<input type="checkbox"/>

**Amounts Details:**

Date	Name/Description	Amount
9/23/2010	Clyde, Annie	\$20.00
10/20/2...	Payment	\$25.00
10/20/2...	Payment	\$10.00
		\$55.00

**Totals:**

Category	Amount
Charges	\$135.00
Pay/Adjust	\$55.00
Balance	\$80.00

**Quick Misc Details:**

Field	Value
Facility	Northwest Clinic
EPSDT	
Emergency	<input type="checkbox"/>
Family Plan	<input type="checkbox"/>
Supplemental	

**Insurance Details:**

Save Cancel

Edit Charge->DME Tab->Revision/Recertification

## Element: DTP01 (Begin Therapy Date Qualifier)

Hard coded to '463'.

## Element: DTP02 (Begin Therapy Date Period Qualifier)

Hard coded to 'D8'.

## Element: DTP03 (Begin Therapy Date)

The screenshot shows the 'Charge Details' window with the 'DME' tab selected. The 'Begin Therapy' dropdown menu is highlighted with a red rectangle. The window contains various fields for service details, diagnosis codes, modifiers, and certification information.

Service From	Service To	Provider	Code	Description	Unit	Charge
9/23/2010	9/23/2010	Randall Oates, MD	99213	OFFICE/OUTPATIENT VISI...	1.0	\$135.00

DX	Description
466.0	Bronchitis, acute
786.50	Chest pain, unspecified

Code	Description
------	-------------

File Information	Misc Details	Providers	Referral / Authorization	Supplemental Information	Supporting Documentation
Ambulance	Contract	Dialysis	DME	Drug	

Length of Medical Necessity (Days)	Certification
<None>	Certification Type: <None>
Rental Price: <None>	Length of Need (Months): <None>
Purchase Price: <None>	Revision/Recertification: <None>
Payment Frequency: <None>	Certification Condition: <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes
Att. Transmission Code: <None>	<input type="checkbox"/> Signed certification on file with supplier
<b>Begin Therapy</b> : <None>	
Last Certification: <None>	

Payments/Adjustments			Totals	
Date	Name/Description	Amount	Charges	Pay/Adjust
9/23/2010	Clyde, Annie	\$20.00	\$135.00	\$55.00
10/20/2...	Payment	\$25.00		
10/20/2...	Payment	\$10.00		
		\$55.00		

Insurance Details
-------------------

Quick Misc Details
Facility: Northwest Clinic
EPSDT:
<input type="checkbox"/> Emergency
<input type="checkbox"/> Family Plan
Supplemental:

Save Cancel

Edit Charge->DME Tab->Begin Therapy

## Element: DTP01 (Last Certification Date Qualifier)

Hard coded to '461'.

## Element: DTP02 (Last Certification Date Period Qualifier)

Hard coded to 'D8'.

## Element: DTP03 (Last Certification Date)

The screenshot shows the 'Charge Details' window with the 'DME' tab selected. The 'Last Certification' dropdown is highlighted with a red rectangle. The window contains various fields for service details, diagnosis codes, modifiers, and certification information.

Service From	Service To	Provider	Code	Description	Unit	Charge
9/23/2010	9/23/2010	Randall Oates, MD	99213	OFFICE/OUTPATIENT VISI...	1.0	\$135.00

DX	Description
466.0	Bronchitis, acute
786.50	Chest pain, unspecified

Code	Description
------	-------------

**File Information** | **Misc Details** | **Providers** | **Referral / Authorization** | **Supplemental Information** | **Supporting Documentation**

**Ambulance** | **Contract** | **Dialysis** | **DME** | **Drug**

Length of Medical Necessity (Days): <None>

Rental Price: <None>

Purchase Price: <None>

Payment Frequency: <None>

Att. Transmission Code: <None>

Begin Therapy: <None>

**Last Certification**: <None>

Certification Type: <None>

Length of Need (Months): <None>

Revision/Recertification: <None>

Certification Condition: ☒ Do Not Send ☐ No ☐ Yes

☐ Signed certification on file with supplier

**Amounts Details**

Date	Name/Description	Amount
9/23/2010	Clyde, Annie	\$20.00
10/20/2...	Payment	\$25.00
10/20/2...	Payment	\$10.00
		\$55.00

**Totals**

Charges	\$135.00
Pay/Adjust	\$55.00
Balance	\$80.00

**Quick Misc Details**

Facility: Northwest Clinic

EPSDT:

☐ Emergency

☐ Family Plan

Supplemental:

Insurance Details:

Save Cancel

Edit Charge->DME Tab->Last Certification

## Element: DTP01 (Last Seen Date Qualifier)

Hard coded to '304'.

## Element: DTP02 (Last Seen Date Period Qualifier)

Hard coded to 'D8'.

## Element: DTP03 (Last Seen Date)

**Charge Details**

Service From: 9/23/2010 Service To: 9/23/2010 Provider: Randall Oates, MD Code: 99213 Description: OFFICE/OUTPATIENT VISI... Unit: 1.0 Charge: \$135.00

Diagnosis Codes: Add Code  
DX Description  
X 466.0 Bronchitis, acute  
786.50 Chest pain, unspecified

Modifiers: Add Code  
Code Description

☐ Omit from Claim

Notes

Ambulance Contract Dialysis DME Drug

File Information Misc Details Providers Referral / Authorization Supplemental Information Supporting Documentation

Tax: <None> Postage: <None> Purchased Service: <None>

Mammography  
Certification Number: <None>

Obstetric  
Anesthesia Additional Units: <None>

Initial Treatment: <None>

**Foot Care**  
Last Seen Date: <None>

Shipping  
Shipped Date: <None>

Immunization  
Batch Number: <None>

Amounts Details

Payments/Adjustments

Date	Name/Description	Amount
9/23/2010	Clyde, Annie	\$20.00
10/20/2...	Payment	\$25.00
10/20/2...	Payment	\$10.00
		\$55.00

Totals

Charges
\$135.00

Pay/Adjust: \$55.00

Balance: \$80.00

Quick Misc Details

Facility: Northwest Clinic

EPSTD:

☐ Emergency ☐ Family Plan

Supplemental:

Insurance Details

Save Cancel

Edit Charge->Misc Details Tab->Foot Care->(Scroll Down) Last Seen Date

## Element: DTP01 (Hemoglobin/Hematocrit Test Date Qualifier)

Hard coded to '738'.

## Element: DTP02 (Hemoglobin/Hematocrit Test Date Period Qualifier)

Hard coded to 'D8'.



## Element: DTP03 (Hemoglobin/Hematocrit Test Date)

The screenshot shows the 'Charge Details' window with the 'Dialysis' tab selected. The 'Dates' section contains two dropdown menus: 'Most Recent Serum Creatine' and 'Most Recent Hemoglobin/Hematocrit'. The latter is highlighted with a red rectangle. The 'Results' section contains fields for 'Creatine Result', 'Hemoglobin Result', 'Hematocrit Result', and 'Epoetin Starting Dosage', all currently set to '<None>'. The 'Totals' section shows a balance of \$80.00. The 'Quick Misc Details' section shows the facility as 'Northwest Clinic' and the EPSDT status as 'Emergency'.

Service From	Service To	Provider	Code	Description	Unit	Charge
9/23/2010	9/23/2010	Randall Oates, MD	99213	OFFICE/OUTPATIENT VISI...	1.0	\$135.00

DX	Description
466.0	Bronchitis, acute
786.50	Chest pain, unspecified

Code	Description
------	-------------

Date	Name/Description	Amount
9/23/2010	Clyde, Annie	\$20.00
10/20/2...	Payment	\$25.00
10/20/2...	Payment	\$10.00
		\$55.00

Totals
Charges
\$135.00
Pay/Adjust
\$55.00
Balance
\$80.00

Quick Misc Details
Facility
Northwest Clinic
EPSDT
<input type="checkbox"/> Emergency
<input type="checkbox"/> Family Plan
Supplemental

Edit Charge->Dialysis Tab->Most Recent Hemoglobin/Hematocrit

## Element: DTP01 (Serum Creatine Test Date Qualifier)

Hard coded to '739'.

## Element: DTP02 (Serum Creatine Test Date Period Qualifier)

Hard coded to 'D8'.

## Element: DTP03 (Serum Creatine Test Date)

**Charge Details**

Service From: 9/23/2010 Service To: 9/23/2010 Provider: Randall Oates, MD Code: 99213 Description: OFFICE/OUTPATIENT VISI... Unit: 1.0 Charge: \$135.00

**Diagnosis Codes**

DX	Description
466.0	Bronchitis, acute
786.50	Chest pain, unspecified

**Modifiers**

Code	Description
------	-------------

**Results**

Field	Value
Creatine Result	<None>
Hemoglobin Result	<None>
Hematocrit Result	<None>
Epoetin Starting Dosage	<None>

**Payments/Adjustments**

Date	Name/Description	Amount
9/23/2010	Clyde, Annie	\$20.00
10/20/2...	Payment	\$25.00
10/20/2...	Payment	\$10.00
		\$55.00

**Totals**

Field	Value
Charges	\$135.00
Pay/Adjust	\$55.00
Balance	\$80.00

**Quick Misc Details**

Facility: Northwest Clinic  
EPSTD:   
☐ Emergency  
☐ Family Plan  
Supplemental:

**Insurance Details**

Save Cancel

Edit Charge->Dialysis Tab->Most Recent Serum Creatine

## Element: DTP01 (Shipping Date Qualifier)

Hard coded to '011'.

## Element: DTP02 (Shipping Date Period Qualifier)

Hard coded to 'D8'.

## Element: DTP03 (Shipping Date)

The screenshot shows the 'Charge Details' window with the following information:

Service From	Service To	Provider	Code	Description	Unit	Charge
9/23/2010	9/23/2010	Randall Oates, MD	99213	OFFICE/OUTPATIENT VISI...	1.0	\$135.00

Diagnosis Codes:

DX	Description
466.0	Bronchitis, acute
786.50	Chest pain, unspecified

Modifiers:

Code	Description
------	-------------

Shipping Date: <None>

Payments/Adjustments:

Date	Name/Description	Amount
9/23/2010	Clyde, Annie	\$20.00
10/20/2...	Payment	\$25.00
10/20/2...	Payment	\$10.00
		\$55.00

Totals:

Charges	Pay/Adjust	Balance
\$135.00	\$55.00	\$80.00

Quick Misc Details:

Facility	EPSDT	Emergency	Family Plan	Supplemental
Northwest Clinic		<input type="checkbox"/>	<input type="checkbox"/>	

Edit Charge->Misc Details Tab->(Scroll Down) Shipping Date

## Element: DTP01 (Last X-Ray Date Qualifier)

Hard coded to '455'.

## Element: DTP02 (Last X-Ray Date Period Qualifier)

Hard coded to 'D8'.



## Element: DTP03 (Last X-Ray Date Period Qualifier)

**Charge Details**

Service From: 9/23/2010 Service To: 9/23/2010 Provider: Randall Oates, MD Code: 99213 Description: OFFICE/OUTPATIENT VISI... Unit: 1.0 Charge: \$135.00

Diagnosis Codes: Add Code  
DX Description  
X 466.0 Bronchitis, acute  
786.50 Chest pain, unspecified

Modifiers: Add Code  
Code Description

☐ Omit from Claim

Notes

Ambulance Contract Dialysis DME Drug

File Information Misc Details Providers Referral / Authorization Supplemental Information Supporting Documentation

Referring Lab

Charge Breakdown

Tax: <None>  
Postage: <None>  
Purchased Service: <None>  
Mammography  
Certification Number: <None>

Spinal Manipulation

Last X-Ray: <None>  
Initial Treatment: <None>  
Foot Care  
Last Seen Date: <None>  
Shipping  
Shipped Date: <None>

Amounts Details

Payments/Adjustments

Date	Name/Description	Amount
9/23/2010	Clyde, Annie	\$20.00
10/20/2...	Payment	\$25.00
10/20/2...	Payment	\$10.00
		\$55.00

Totals

Charges: \$135.00  
Pay/Adjust: \$55.00  
Balance: \$80.00

Quick Misc Details

Facility: Northwest Clinic  
EPSDT:  
☐ Emergency  
☐ Family Plan  
Supplemental:

Insurance Details

Save Cancel

Edit Charge->Misc Details Tab->(Scroll Down) Last X-Ray

## Element: DTP01 (Initial Treatment Date Qualifier)

Hard coded to '454'.

## Element: DTP02 (Initial Treatment Date Period Qualifier)

Hard coded to 'D8'.

## Element: DTP03 (Initial Treatment Date)

**Charge Details**

Service From	Service To	Provider	Code	Description	Unit	Charge
9/23/2010	9/23/2010	Randall Oates, MD	99213	OFFICE/OUTPATIENT VISI...	1.0	\$135.00

Diagnosis Codes Add Code

DX	Description
X 466.0	Bronchitis, acute
786.50	Chest pain, unspecified

Modifiers Add Code

Code	Description
------	-------------

☐ Omit from Claim

Notes

Ambulance Contract Dialysis DME Drug

File Information Misc Details Providers Referral / Authorization Supplemental Information Supporting Documentation

Referring Lab

Charge Breakdown

Tax

Postage

Purchased Service

Mammography

Certification Number

Spinal Manipulation

Last X-Ray

**Initial Treatment**

Foot Care

Last Seen Date

Shipping

Shipped Date

Amounts Details

Payments/Adjustments

Date	Name/Description	Amount
9/23/2010	Clyde, Annie	\$20.00
10/20/2...	Payment	\$25.00
10/20/2...	Payment	\$10.00
		\$55.00

Totals

Charges

Pay/Adjust

Balance

Quick Misc Details

Facility

EPSDT

☐ Emergency

☐ Family Plan

Supplemental

Insurance Details

Save Cancel

Edit Charge->Misc Details Tab->(Scroll Down) Initial Treatment

## Segment: QTY

Loop: 2400 Element: QTY

### Element: QTY01 (Ambulance Patient Count Qualifier)

Hard coded to 'PT'.

### Element: QTY02 (Ambulance Patient Count)

The screenshot shows the 'Charge Details' window with the 'Ambulance' tab selected. The 'Patient Count' field in the 'Additional Details' section is highlighted with a red box. The 'Diagnosis Codes' section shows 'Bronchitis, acute' (466.0) and 'Chest pain, unspecified' (786.50). The 'Totals' section shows a charge of \$135.00, a payment/adjustment of \$55.00, and a balance of \$80.00.

Service From	Service To	Provider	Code	Description	Unit	Charge
9/23/2010	9/23/2010	Randall Oates, MD	99213	OFFICE/OUTPATIENT VISI...	1.0	\$135.00

DX	Description
466.0	Bronchitis, acute
786.50	Chest pain, unspecified

Code	Description
<None>	

File Information	Misc Details	Providers	Referral / Authorization	Supplemental Information	Supporting Documentation
Ambulance	Contract	Dialysis	DME	Drug	

State	Zip Code
<None>	<None>

Transport Reason	Transport Distance (Miles)	Round Trip Description	Stretcher Purpose	Patient Weight (Pounds)	Patient Count
<None>	<None>	<None>	<None>	<None>	<None>

Date	Name/Description	Amount
9/23/2010	Clyde, Annie	\$20.00
10/20/2...	Payment	\$25.00
10/20/2...	Payment	\$10.00
		\$55.00

Totals
Charges: \$135.00
Pay/Adjust: \$55.00
Balance: \$80.00

Quick Misc Details
Facility: Northwest Clinic
EPSTD: <None>
Emergency: <input type="checkbox"/>
Family Plan: <input type="checkbox"/>
Supplemental: <None>

Save Cancel

Edit Charge->Ambulance Tab->Patient Count

## Element: QTY01 (Obstetric Anesthesia Additional Units Qualifier)

Hard coded to 'FL'.

## Element: QTY02 (Obstetric Anesthesia Additional Units)

The screenshot shows the 'Charge Details' window with the 'Misc Details' tab selected. The 'Obstetric Anesthesia Additional Units' dropdown is highlighted with a red rectangle. The window displays various fields for service details, diagnosis codes, modifiers, and financial information.

**Service Information:**

Service From	Service To	Provider	Code	Description	Unit	Charge
9/23/2010	9/23/2010	Randall Oates, MD	99213	OFFICE/OUTPATIENT VISI...	1.0	\$135.00

**Diagnosis Codes:**

DX	Description
466.0	Bronchitis, acute
786.50	Chest pain, unspecified

**Modifiers:**

Code	Description
------	-------------

**Financial Summary:**

Totals	
Charges	\$135.00
Pay/Adjust	\$55.00
Balance	\$80.00

**Payments/Adjustments:**

Date	Name/Description	Amount
9/23/2010	Clyde, Annie	\$20.00
10/20/2...	Payment	\$25.00
10/20/2...	Payment	\$10.00
		\$55.00

**Quick Misc Details:**

- Facility: Northwest Clinic
- EPSDT: [Empty]
- Emergency: ☐
- Family Plan: ☐
- Supplemental: [Empty]

Edit Charge->Misc Details Tab->(Scroll Down) Anesthesia Additional Units

## Segment: MEA

---

Loop: 2400 Element: MEA

<b>Element: MEA01 (Height Test Result Measurement Reference ID Code)</b>
--

Hard coded to 'TR'.

<b>Element: MEA02 (Height Test Result Measurement Qualifier)</b>
--

Hard coded to 'HT'.

## Element: MEA03 (Height Test Result Measurement Value)

The screenshot shows the 'Charge Details' window with the 'DME' tab selected. The 'Patient Height' field is highlighted with a red rectangle. The window contains various sections for charge information, diagnosis codes, modifiers, and financial details.

**Charge Details**

Service From: 9/23/2010, Service To: 9/23/2010, Provider: Randall Oates, MD, Code: 99213, Description: OFFICE/OUTPATIENT VISI..., Unit: 1.0, Charge: \$135.00

**Diagnosis Codes**

DX	Description
466.0	Bronchitis, acute
786.50	Chest pain, unspecified

**Modifiers**

Code	Description
------	-------------

**File Information**

Purchase Price: <None>, Payment Frequency: <None>, Att. Transmission Code: <None>, Begin Therapy: <None>, Last Certification: <None>, Patient Height: <None>

**Contract**

<None>

**DME**

Length of Need (Months): <None>, Revision/Recertification: <None>, Certification Condition: ☒ Do Not Send, ☐ No, ☐ Yes, ☐ Signed certification on file with supplier, ☐ Replacement item

**Amounts Details**

**Payments/Adjustments**

Date	Name/Description	Amount
9/23/2010	Clyde, Annie	\$20.00
10/20/2...	Payment	\$25.00
10/20/2...	Payment	\$10.00
		\$55.00

**Totals**

Charges: \$135.00, Pay/Adjust: \$55.00, Balance: \$80.00

**Quick Misc Details**

Facility: Northwest Clinic, EPSDT: , ☐ Emergency, ☐ Family Plan, Supplemental:

**Insurance Details**

Save Cancel

Edit Charge->DME Tab->Patient Height

## Element: MEA01 (Hemoglobin Test Result Measurement Reference ID Code)

Hard coded to 'TR'.

## Element: MEA02 (Hemoglobin Test Result Measurement Qualifier)

Hard coded to 'R1'.



## Element: MEA03 (Hemoglobin Test Result Measurement Value)

The screenshot shows the 'Charge Details' window with the 'Dialysis' tab selected. The 'Hemoglobin Result' field is highlighted with a red rectangle. The window contains various sections for patient information, diagnosis codes, modifiers, results, and financial details.

**Charge Details**

Service From: 9/23/2010, Service To: 9/23/2010, Provider: Randall Oates, MD, Code: 99213, Description: OFFICE/OUTPATIENT VISI..., Unit: 1.0, Charge: \$135.00

**Diagnosis Codes**

DX	Description
466.0	Bronchitis, acute
786.50	Chest pain, unspecified

**Modifiers**

Code	Description
------	-------------

**Results**

Field	Value
Most Recent Serum Creatine	<None>
Most Recent Hemoglobin/Hematocrit	<None>
Most Recent Hemoglobin Result	<None>
Hematocrit Result	<None>
Epoetin Starting Dosage	<None>

**Payments/Adjustments**

Date	Name/Description	Amount
9/23/2010	Clyde, Annie	\$20.00
10/20/2...	Payment	\$25.00
10/20/2...	Payment	\$10.00
		\$55.00

**Totals**

Field	Value
Charges	\$135.00
Pay/Adjust	\$55.00
Balance	\$80.00

**Quick Misc Details**

Facility: Northwest Clinic, EPSDT: , Emergency: , Family Plan: , Supplemental:

**Insurance Details**

Save Cancel

Edit Charge->Dialysis Tab->Hemoglobin Result

## Element: MEA01 (Hematocrit Test Result Measurement Reference ID Code)

Hard coded to 'TR'.

## Element: MEA02 (Hematocrit Test Result Measurement Qualifier)

Hard coded to 'R2'.

## Element: MEA03 (Hematocrit Test Result Measurement Value)

**Charge Details**

Service From	Service To	Provider	Code	Description	Unit	Charge
9/23/2010	9/23/2010	Randall Oates, MD	99213	OFFICE/OUTPATIENT VISI...	1.0	\$135.00

Diagnosis Codes Add Code

DX	Description
466.0	Bronchitis, acute
786.50	Chest pain, unspecified

Modifiers Add Code

Code	Description
------	-------------

☐ Omit from Claim

Notes

File Information | Misc Details | Providers | Referral / Authorization | Supplemental Information | Supporting Documentation

Ambulance | Contract | **Dialysis** | DME | Drug

Dates

Most Recent Serum Creatine: <None>

Most Recent Hemoglobin/Hematocrit: <None>

Results

Creatine Result: <None>

Hemoglobin Result: <None>

**Hematocrit Result: <None>**

Epoetin Starting Dosage: <None>

Amounts Details

Payments/Adjustments

Date	Name/Description	Amount
9/23/2010	Clyde, Annie	\$20.00
10/20/2...	Payment	\$25.00
10/20/2...	Payment	\$10.00
		\$55.00

Totals

Charges: \$135.00

Pay/Adjust: \$55.00

Balance: \$80.00

Quick Misc Details

Facility: Northwest Clinic

EPSTD:

☐ Emergency

☐ Family Plan

Supplemental:

Insurance Details

Save Cancel

Edit Charge->Dialysis Tab->Hematocrit Result

## Element: MEA01 (Epoetin Starting Dosage Measurement Reference ID Code)

Hard coded to 'OG'.

## Element: MEA02 (Epoetin Starting Dosage Measurement Qualifier)

Hard coded to 'R3'.



## Element: MEA03 (Epoetin Starting Dosage Measurement Value)

**Charge Details**

Service From: 9/23/2010 Service To: 9/23/2010 Provider: Randall Oates, MD Code: 99213 Description: OFFICE/OUTPATIENT VISI... Unit: 1.0 Charge: \$135.00

**Diagnosis Codes**

DX	Description
466.0	Bronchitis, acute
786.50	Chest pain, unspecified

**Modifiers**

Code	Description
------	-------------

**Results**

Creatine Result	<None>
Hemoglobin Result	<None>
<b>Hematocrit Result</b>	<None>
Epoetin Starting Dosage	<None>

**Payments/Adjustments**

Date	Name/Description	Amount
9/23/2010	Clyde, Annie	\$20.00
10/20/2...	Payment	\$25.00
10/20/2...	Payment	\$10.00
		\$55.00

**Totals**

Charges	\$135.00
Pay/Adjust	\$55.00
Balance	\$80.00

**Quick Misc Details**

Facility: Northwest Clinic  
EPSTD:   
☐ Emergency  
☐ Family Plan  
Supplemental:

**Insurance Details**

Save Cancel

Edit Charge->Dialysis Tab->Epoetin Starting Dosage

## Element: MEA01 (Creatine Test Result Measurement Reference ID Code)

Hard coded to 'TR'.

## Element: MEA02 (Creatine Test Result Measurement Qualifier)

Hard coded to 'R4'.

## Element: MEA03 (Creatine Test Result Measurement Value)

**Charge Details**

Service From: 9/23/2010 Service To: 9/23/2010 Provider: Randall Oates, MD Code: 99213 Description: OFFICE/OUTPATIENT VISI... Unit: 1.0 Charge: \$135.00

Diagnosis Codes: Add Code

DX	Description
X 466.0	Bronchitis, acute
786.50	Chest pain, unspecified

Modifiers: Add Code

Code	Description
------	-------------

☐ Omit from Claim

Notes

File Information Misc Details Providers Referral / Authorization Supplemental Information Supporting Documentation

Ambulance Contract **Dialysis** DME Drug

Dates

Most Recent Serum Creatine: <None>

Most Recent Hemoglobin/Hematocrit: <None>

Results

**Creatine Result: <None>**

Hemoglobin Result: <None>

Hematocrit Result: <None>

Epoetin Starting Dosage: <None>

Amounts Details

Payments/Adjustments

Date	Name/Description	Amount
9/23/2010	Clyde, Annie	\$20.00
10/20/2...	Payment	\$25.00
10/20/2...	Payment	\$10.00
		\$55.00

Totals

Charges: \$135.00

Pay/Adjust: \$55.00

Balance: \$80.00

Quick Misc Details

Facility: Northwest Clinic

EPSDT:

☐ Emergency

☐ Family Plan

Supplemental:

Insurance Details

Save Cancel

Edit Charge->Dialysis Tab->Creatine Result

## Segment: CN1

Loop: 2400 Element: CN1

### Contract Information

The screenshot shows the 'Charge Details' window with the 'Contract' tab selected. The 'Contract' tab is highlighted with a red rectangle. The window displays various fields for charge information, including Service From, Service To, Provider, Code, Description, Unit, and Charge. It also includes sections for Diagnosis Codes, Modifiers, and a Notes field. The 'Contract' tab is currently active, showing fields for Type, Amount, Percent, Code, Terms Discount Percent, and Version. The 'Totals' section shows Charges of \$135.00, Pay/Adjust of \$55.00, and a Balance of \$80.00. The 'Quick Misc Details' section shows Facility as Northwest Clinic, EPSTD as a dropdown, and checkboxes for Emergency and Family Plan. The 'Insurance Details' section is also visible at the bottom.

Service From	Service To	Provider	Code	Description	Unit	Charge
9/23/2010	9/23/2010	Randall Oates, MD	99213	OFFICE/OUTPATIENT VISI...	1.0	\$135.00

DX	Description
466.0	Bronchitis, acute
786.50	Chest pain, unspecified

Code	Description
------	-------------

Date	Name/Description	Amount
9/23/2010	Clyde, Annie	\$20.00
10/20/2...	Payment	\$25.00
10/20/2...	Payment	\$10.00
		\$55.00

Totals
Charges
\$135.00
Pay/Adjust
\$55.00
Balance
\$80.00

Quick Misc Details
Facility
Northwest Clinic
EPSTD
<input type="checkbox"/> Emergency
<input type="checkbox"/> Family Plan
Supplemental

Save Cancel

Edit Charge->Contract Tab

**Segment: REF**

---

Loop: 2400 Element: REF1

<b>Repricing-N/A</b>
----------------------

Repriced Line Item Reference Number and Adjusted Repriced Line Item Reference Number - N/A

<b>Element: REF01 (Prior Authorization Reference Id Qualifier)</b>
--

Hard coded to 'G1'.

## Element: REF02 (Prior Authorization Number)

The screenshot shows the 'Charge Details' window with the 'Referral / Authorization' tab selected. The 'Authorization Number' field is highlighted with a red box. The window contains various sections for charge information, diagnosis codes, modifiers, and financial details.

**Charge Details**

Service From	Service To	Provider	Code	Description	Unit	Charge
9/23/2010	9/23/2010	Randall Oates, MD	99213	OFFICE/OUTPATIENT VISI...	1.0	\$135.00

**Diagnosis Codes**

DX	Description
466.0	Bronchitis, acute
786.50	Chest pain, unspecified

**Modifiers**

Code	Description
------	-------------

**Referral / Authorization**

Number	Policy
Click here to add a new row	

**Authorization Number**

Number	Policy
Click here to add a new row	

**Amounts Details**

Date	Name/Description	Amount
9/23/2010	Clyde, Annie	\$20.00
10/20/2...	Payment	\$25.00
10/20/2...	Payment	\$10.00
		\$55.00

**Totals**

Charges
\$135.00

**Pay/Adjust**

Pay/Adjust
\$55.00

**Balance**

Balance
\$80.00

**Quick Misc Details**

Facility: Northwest Clinic

EPSDT:

☐ Emergency

☐ Family Plan

Supplemental:

**Insurance Details**

Save Cancel

Edit Charge->Referral/Authorization Tab->Authorization Number

## Element: REF04-1 (Prior Authorization Other Payer Primary Reference ID Qualifier)

Hard coded to '2U'.

## Element: REF04-2 (Prior Authorization Other Payer Primary Identifier)

Generated from Loop 2300.

**Element: REF01 (Line Item Control Number Reference ID Qualifier)**

Hard coded to '6R'.

**Element: REF02 (Line Item Control Number)**

Charge ID (in database)

**Element: REF01 (Mammography Certification Number Reference Id Qualifier)**

Hard coded to 'EW'.

## Element: REF02 (Mammography Certification Number)

**Charge Details**

Service From: 9/23/2010 Service To: 9/23/2010 Provider: Randall Oates, MD Code: 99213 Description: OFFICE/OUTPATIENT VISI... Unit: 1.0 Charge: \$135.00

Diagnosis Codes: Add Code

DX	Description
466.0	Bronchitis, acute
786.50	Chest pain, unspecified

Modifiers: Add Code

Code	Description
------	-------------

☐ Omit from Claim

Notes

Ambulance Contract Dialysis DME Drug

File Information Misc Details Providers Referral / Authorization Supplemental Information Supporting Documentation

Purchased Service: <None> Last Seen Date: <None>

**Mammography**

Certification Number: <None>

Shipping

Shipped Date: <None>

Obstetric

Anesthesia Additional Units: <None>

Immunization

Batch Number: <None>

Co-Pay

☐ Co-Pay Exempt

Amounts Details

Payments/Adjustments

Date	Name/Description	Amount
9/23/2010	Clyde, Annie	\$20.00
10/20/2...	Payment	\$25.00
10/20/2...	Payment	\$10.00
		\$55.00

Totals

Charges
\$135.00

Pay/Adjust

Pay/Adjust
\$55.00

Balance

Balance
\$80.00

Quick Misc Details

Facility: Northwest Clinic

EPSDT

☐ Emergency

☐ Family Plan

Supplemental

Insurance Details

Save Cancel

Edit Charge->Misc Details Tab-> Mammography Certification Number

## Element: REF01 (CLIA Number Reference Id Qualifier)

Hard coded to 'X4'.



## Element: REF02 (CLIA Number)

**Charge Details**

Service From	Service To	Provider	Code	Description	Unit	Charge
9/23/2010	9/23/2010	Randall Oates, MD	99213	OFFICE/OUTPATIENT VISI...	1.0	\$135.00

Diagnosis Codes Add Code

DX	Description
X 466.0	Bronchitis, acute
786.50	Chest pain, unspecified

Modifiers Add Code

Code	Description
------	-------------

☐ Omit from Claim

Notes

Ambulance Contract Dialysis DME Drug

File Information Misc Details Providers Referral / Authorization Supplemental Information Supporting Documentation

Hospice

Rendering Provider is Hospice Employee

☒ Do Not Send ☐ No ☐ Yes

Labs

Lab

Referring Lab

Charge Breakdown

Tax <None>

Additional Description

<None>

Notes

Note <None>

Type <None>

Spinal Manipulation

Last X-Ray <None>

Amounts Details

Payments/Adjustments

Date	Name/Description	Amount
9/23/2010	Clyde, Annie	\$20.00
10/20/2...	Payment	\$25.00
10/20/2...	Payment	\$10.00
		\$55.00

Totals

Charges \$135.00

Pay/Adjust \$55.00

Balance \$80.00

Quick Misc Details

Facility Northwest Clinic

EPSDT

☐ Emergency

☐ Family Plan

Supplemental

Insurance Details

Save Cancel

Edit Charge->Misc Details Tab->Lab

## Element: REF01 (Referring CLIA Facility Reference Id Qualifier)

Hard coded to 'F4'.



## Element: REF02 (Referring CLIA Facility Number)

**Charge Details**

Service From	Service To	Provider	Code	Description	Unit	Charge
9/23/2010	9/23/2010	Randall Oates, MD	99213	OFFICE/OUTPATIENT VISI...	1.0	\$135.00

Diagnosis Codes Add Code

DX	Description
X 466.0	Bronchitis, acute
786.50	Chest pain, unspecified

Modifiers Add Code

Code	Description
------	-------------

☐ Omit from Claim

Notes

Ambulance Contract Dialysis DME Drug

File Information Misc Details Providers Referral / Authorization Supplemental Information Supporting Documentation

Hospice

Rendering Provider is Hospice Employee

☒ Do Not Send ☐ No ☐ Yes

Labs

Lab

Referring Lab

Charge Breakdown

Tax <None>

Additional Description

<None>

Notes

Note <None>

Type <None>

Spinal Manipulation

Last X-Ray <None>

Amounts Details

Payments/Adjustments

Date	Name/Description	Amount
9/23/2010	Clyde, Annie	\$20.00
10/20/2...	Payment	\$25.00
10/20/2...	Payment	\$10.00
		\$55.00

Totals

Charges	\$135.00
Pay/Adjust	\$55.00
Balance	\$80.00

Quick Misc Details

Facility

Northwest Clinic

EPSDT

☐ Emergency

☐ Family Plan

Supplemental

Insurance Details

Save Cancel

Edit Charge->Misc Tab->Referring Lab

## Element: REF01 (Immunization Batch Number Reference Id Qualifier)

Hard coded to 'BT'.

## Element: REF02 (Immunization Batch Number)

**Charge Details**

Service From	Service To	Provider	Code	Description	Unit	Charge
9/23/2010	9/23/2010	Randall Oates, MD	99213	OFFICE/OUTPATIENT VISI...	1.0	\$135.00

Diagnosis Codes Add Code

DX	Description
X 466.0	Bronchitis, acute
786.50	Chest pain, unspecified

Modifiers Add Code

Code	Description
------	-------------

☐ Omit from Claim

Notes

Ambulance Contract Dialysis DME Drug

File Information Misc Details Providers Referral / Authorization Supplemental Information Supporting Documentation

Purchased Service <None> Last Seen Date <None>

Mammography

Certification Number <None> Shipping

Shipped Date <None>

Obstetric

Anesthesia Additional Units <None> Immunization

Batch Number <None>

Co-Pay

☐ Co-Pay Exempt

Amounts Details

Payments/Adjustments

Date	Name/Description	Amount
9/23/2010	Clyde, Annie	\$20.00
10/20/2...	Payment	\$25.00
10/20/2...	Payment	\$10.00
		\$55.00

Totals

Charges	\$135.00
Pay/Adjust	\$55.00
Balance	\$80.00

Quick Misc Details

Facility Northwest Clinic

EPSDT

☐ Emergency

☐ Family Plan

Supplemental

Insurance Details

Save Cancel

Edit Charge->Misc Details Tab->Batch Number

## Element: REF01 (Referral Number Reference Id Qualifier)

Hard coded to '9F'.

## Element: REF02 (Referral Number)

**Charge Details**

Service From: 9/23/2010 Service To: 9/23/2010 Provider: Randall Oates, MD Code: 99213 Description: OFFICE/OUTPATIENT VISI... Unit: 1.0 Charge: \$135.00

**Diagnosis Codes**

DX	Description
466.0	Bronchitis, acute
786.50	Chest pain, unspecified

**Modifiers**

Code	Description
------	-------------

**Referral / Authorization**

**Referral Number**

Number	Policy
Click here to add a new row	

**Authorization Number**

Number	Policy
Click here to add a new row	

**Amounts Details**

**Payments/Adjustments**

Date	Name/Description	Amount
9/23/2010	Clyde, Annie	\$20.00
10/20/2...	Payment	\$25.00
10/20/2...	Payment	\$10.00
		\$55.00

**Totals**

Charges	\$135.00
Pay/Adjust	\$55.00
Balance	\$80.00

**Quick Misc Details**

Facility: Northwest Clinic

EPSTD:

☐ Emergency

☐ Family Plan

Supplemental:

Save Cancel

Edit Charge->Referral/Authorization->Referral Number

## Element: REF04-1 (Referral Number Other Payer Primary Reference ID Qualifier)

Hard coded to '2U'.

## Element: REF04-2 (Referral Number Other Payer Primary Reference ID Qualifier)

Generated from Loop 2300

## Segment: AMT

Loop: 2400 Element: AMT

### Element: AMT01 (Sales Tax Amount Qualifier Code)

Hard coded to 'T'.

### Element: AMT02 (Sales Tax Amount)

**Charge Details**

Service From: 9/23/2010 Service To: 9/23/2010 Provider: Randall Oates, MD Code: 99213 Description: OFFICE/OUTPATIENT VISI... Unit: 1.0 Charge: \$135.00

Diagnosis Codes: Add Code  
DX Description  
X 466.0 Bronchitis, acute  
786.50 Chest pain, unspecified

Modifiers: Add Code  
Code Description

☐ Omit from Claim

Notes

Ambulance Contract Dialysis DME Drug  
File Information Misc Details Providers Referral / Authorization Supplemental Information Supporting Documentation

Charge Breakdown  
Tax: <None>  
Postage: <None>  
Purchased Service: <None>

Mammography  
Certification Number: <None>

Obstetric

Immunization

Amounts Details  
Payments/Adjustments  
Date Name/Description Amount  
9/23/2010 Clyde, Annie \$20.00  
10/20/2... Payment \$25.00  
10/20/2... Payment \$10.00  
\$55.00

Totals  
Charges: \$135.00  
Pay/Adjust: \$55.00  
Balance: \$80.00

Quick Misc Details  
Facility: Northwest Clinic  
EPSDT:  
☐ Emergency  
☐ Family Plan  
Supplemental:

Insurance Details

Save Cancel

Edit Charge->Misc Details Tab->Tax

## Element: AMT01 (Postage Claimed Amount Qualifier Code)

Hard coded to 'F4'.

## Element: AMT02 (Postage Claimed Amount)

**\$ Charge Details**

Service From	Service To	Provider	Code	Description	Unit	Charge
9/23/2010	9/23/2010	Randall Oates, MD	99213	OFFICE/OUTPATIENT VISI...	1.0	\$135.00

Diagnosis Codes Add Code

DX	Description
X 466.0	Bronchitis, acute
786.50	Chest pain, unspecified

Modifiers Add Code

Code	Description
------	-------------

☐ Omit from Claim

Notes

Ambulance Contract Dialysis DME Drug

File Information Misc Details Providers Referral / Authorization Supplemental Information Supporting Documentation

Charge Breakdown

Tax

**Postage**

Purchased Service

Mammography

Certification Number

Obstetric

Spinal Manipulation

Last X-Ray

Initial Treatment

Foot Care

Last Seen Date

Shipping

Shipped Date

Immunization

Amounts Details

Payments/Adjustments

Date	Name/Description	Amount
9/23/2010	Clyde, Annie	\$20.00
10/20/2...	Payment	\$25.00
10/20/2...	Payment	\$10.00
		\$55.00

Totals

Charges

Pay/Adjust

Balance

Quick Misc Details

Facility

EPSDT

☐ Emergency

☐ Family Plan

Supplemental

Insurance Details

Save Cancel

Edit Charge->Misc Details Tab->Postage



## Segment: K3

Loop: 2400 Element: K3

### Element: K301 (Property and Casualty)

**Charge Details**

Service From	Service To	Provider	Code	Description	Unit	Charge
9/23/2010	9/23/2010	Randall Oates, MD	99213	OFFICE/OUTPATIENT VISI...	1.0	\$135.00

**Diagnosis Codes**

DX	Description
466.0	Bronchitis, acute
786.50	Chest pain, unspecified

**Modifiers**

Code	Description
------	-------------

☐ Omit from Claim

**Notes**

**File Information**

LOOP 2400 K3 File Information

**Amounts Details**

**Payments/Adjustments**

Date	Name/Description	Amount
9/23/2010	Clyde, Annie	\$20.00
10/20/2...	Payment	\$25.00
10/20/2...	Payment	\$10.00
		\$55.00

**Totals**

Charges	\$135.00
Pay/Adjust	\$55.00
Balance	\$80.00

**Quick Misc Details**

Facility: Northwest Clinic

EPSDT:

☐ Emergency

☐ Family Plan

Supplemental:

**Insurance Details**

Save Cancel

Edit Charge->File Information

## Segment: NTE

Loop: 2400 Element: NTE

### Element: NTE01 (Line Note Reference Code)

**Charge Details**

Service From: 9/23/2010 Service To: 9/23/2010 Provider: Randall Oates, MD Code: 99213 Description: OFFICE/OUTPATIENT VISI... Unit: 1.0 Charge: \$135.00

Diagnosis Codes: Add Code

DX	Description
466.0	Bronchitis, acute
786.50	Chest pain, unspecified

Modifiers: Add Code

Code	Description
------	-------------

☐ Omit from Claim

Notes

Ambulance Contract Dialysis DME Drug

File Information Misc Details Providers Referral / Authorization Supplemental Information Supporting Documentation

Hospice

Rendering Provider is Hospice Employee

☒ Do Not Send ☐ No ☐ Yes

Labs

Lab: Referring Lab:

Charge Breakdown

Tax: <None>

Additional Description: <None>

Notes

Note: <None>

Type: <None>

Spinal Manipulation

Last X-Ray: <None>

Amounts Details

Payments/Adjustments

Date	Name/Description	Amount
9/23/2010	Clyde, Annie	\$20.00
10/20/2...	Payment	\$25.00
10/20/2...	Payment	\$10.00
		\$55.00

Totals

Charges	\$135.00
Pay/Adjust	\$55.00
Balance	\$80.00

Quick Misc Details

Facility: Northwest Clinic

EPSDT:

☐ Emergency ☐ Family Plan

Supplemental:

Insurance Details

Save Cancel

Edit Charge->Misc Details->Type

## Element: NTE02 (Line Note Text)

**Charge Details**

Service From	Service To	Provider	Code	Description	Unit	Charge
9/23/2010	9/23/2010	Randall Oates, MD	99213	OFFICE/OUTPATIENT VISI...	1.0	\$135.00

Diagnosis Codes Add Code

DX	Description
X 466.0	Bronchitis, acute
786.50	Chest pain, unspecified

Modifiers Add Code

Code	Description
------	-------------

☐ Omit from Claim

Notes

Ambulance Contract Dialysis DME Drug

File Information Misc Details Providers Referral / Authorization Supplemental Information Supporting Documentation

Hospice

Rendering Provider is Hospice Employee

☒ Do Not Send ☐ No ☐ Yes

Labs

Lab

Referring Lab

Charge Breakdown

Tax

Additional Description

Notes

Note

Type

Spinal Manipulation

Last X-Ray

Amounts Details

Payments/Adjustments

Date	Name/Description	Amount
9/23/2010	Clyde, Annie	\$20.00
10/20/2...	Payment	\$25.00
10/20/2...	Payment	\$10.00
		\$55.00

Totals

Charges	\$135.00
Pay/Adjust	\$55.00
Balance	\$80.00

Quick Misc Details

Facility

EPSDT

☐ Emergency

☐ Family Plan

Supplemental

Insurance Details

Save Cancel

Edit Charge->Misc Details->Note

## Element: (Third Party Organization Notes) - N/A



## Segment: PS1

Loop: 2400 Element: PS1

### Element: PS101 (Purchased Service Information Purchased Service Provider Identifier)

Generated from 2420B or NM109

### Element: PS102 (Purchased Service Charge Amount)

**Charge Details**

Service From: 9/23/2010 Service To: 9/23/2010 Provider: Randall Oates, MD Code: 99213 Description: OFFICE/OUTPATIENT VISI... Unit: 1.0 Charge: \$135.00

Diagnosis Codes: Add Code  
DX Description  
X 466.0 Bronchitis, acute  
786.50 Chest pain, unspecified

Modifiers: Add Code  
Code Description

Omit from Claim: ☐

Notes

Ambulance Contract Dialysis DME Drug

File Information Misc Details Providers Referral / Authorization Supplemental Information Supporting Documentation

Lab: Type: <None>  
Referring Lab: Spinal Manipulation  
Last X-Ray: <None>  
Initial Treatment: <None>  
Foot Care  
Last Seen Date: <None>  
Shipping

Charge Breakdown  
Tax: <None>  
Postage: <None>  
**Purchased Service: <None>**  
Mammography

Amounts Details

Payments/Adjustments

Date	Name/Description	Amount
9/23/2010	Clyde, Annie	\$20.00
10/20/2...	Payment	\$25.00
10/20/2...	Payment	\$10.00
		\$55.00

Totals  
Charges: \$135.00  
Pay/Adjust: \$55.00  
Balance: \$80.00

Quick Misc Details  
Facility: Northwest Clinic  
EPSTD:  
☐ Emergency  
☐ Family Plan  
Supplemental:

Insurance Details

Save Cancel

Edit Charge->Misc Details->Purchased Service

**Segment: HCP (N/A)**

---

Loop: 2400 Element: HCP

Line Pricing/Repricing Information

# Loop 2410-Drug Identification

## Segment: LIN

Loop: 2410 Segment: LIN

### Element: LIN02 (Drug Identification Product/Service ID Qualifier)

Hard coded to 'N4'.

### Element: LIN03 (Drug Identification National Drug Code)

**Charge Details**

Service From: 9/23/2010 Service To: 9/23/2010 Provider: Randall Oates, MD Code: 99213 Description: OFFICE/OUTPATIENT VISI... Unit: 1.0 Charge: \$135.00

Diagnosis Codes: Add Code

DX	Description
466.0	Bronchitis, acute
786.50	Chest pain, unspecified

Modifiers: Add Code

Code	Description
------	-------------

☐ Omit from Claim

Notes

File Information Misc Details Providers Referral / Authorization Supplemental Information Supporting Documentation

Ambulance Contract Dialysis DME Drug

Prescription Date: <None> Prescription Number: ☒ None ☐ Link Sequence ☐ Pharmacy Prescription Number

**Drug Code: <None>**

Drug Amount: <None> Drug Unit: <None>

Amounts Details

Payments/Adjustments

Date	Name/Description	Amount
9/23/2010	Clyde, Annie	\$20.00
10/20/2...	Payment	\$25.00
10/20/2...	Payment	\$10.00
		\$55.00

Totals

Charges: \$135.00

Pay/Adjust: \$55.00

Balance: \$80.00

Quick Misc Details

Facility: Northwest Clinic

EPSTD:

☐ Emergency ☐ Family Plan

Supplemental:

Insurance Details

Save Cancel

Edit Charge->Drug Tab->Drug Code

## Segment: CTP

Loop: 2410 Segment: CTP

### Element: CTP04 (Drug Quantity Nation Drug Unit Count)

The screenshot shows the 'Charge Details' window with the 'Drug' tab selected. The 'Drug Amount' field is highlighted with a red rectangle. The window displays various fields for charge details, including service dates, provider, code, description, unit, and charge. It also includes sections for diagnosis codes, modifiers, prescription information, and financial details.

**Charge Details**

Service From	Service To	Provider	Code	Description	Unit	Charge
9/23/2010	9/23/2010	Randall Oates, MD	99213	OFFICE/OUTPATIENT VISI...	1.0	\$135.00

**Diagnosis Codes**

DX	Description
466.0	Bronchitis, acute
786.50	Chest pain, unspecified

**Modifiers**

Code	Description
------	-------------

**Prescription Information**

Prescription Date: <None>

Drug Code: <None>

Drug Amount: <None>

Drug Unit: <None>

Prescription Number: ☒ None ☐ Pharmacy Prescription Number ☐ Link Sequence

**Financial Details**

Date	Name/Description	Amount
9/23/2010	Clyde, Annie	\$20.00
10/20/2...	Payment	\$25.00
10/20/2...	Payment	\$10.00
		\$55.00

**Totals**

Charges	\$135.00
Pay/Adjust	\$55.00
Balance	\$80.00

**Quick Misc Details**

Facility: Northwest Clinic

EPSDT:

☐ Emergency

☐ Family Plan

Supplemental:

**Insurance Details**

Save Cancel

Edit Charge->Drug Tab->Drug Amount

## Element: CTP05-1 (Drug Identification National Drug Qualifier)

**Charge Details**

Service From	Service To	Provider	Code	Description	Unit	Charge
9/23/2010	9/23/2010	Randall Oates, MD	99213	OFFICE/OUTPATIENT VISI...	1.0	\$135.00

Diagnosis Codes Add Code

DX	Description
X 466.0	Bronchitis, acute
786.50	Chest pain, unspecified

Modifiers Add Code

Code	Description
------	-------------

☐ Omit from Claim

Notes

File Information | Misc Details | Providers | Referral / Authorization | Supplemental Information | Supporting Documentation

Ambulance | Contract | Dialysis | DME | **Drug**

Prescription Date: <None>

Drug Code: <None>

Drug Amount: <None>

**Drug Unit: <None>**

Prescription Number

☒ None ☐ Pharmacy Prescription Number

☐ Link Sequence

<None>

Amounts Details

Payments/Adjustments

Date	Name/Description	Amount
9/23/2010	Clyde, Annie	\$20.00
10/20/2...	Payment	\$25.00
10/20/2...	Payment	\$10.00
		\$55.00

Totals

Charges	\$135.00
Pay/Adjust	\$55.00
Balance	\$80.00

Quick Misc Details

Facility: Northwest Clinic

EPSDT

☐ Emergency ☐ Family Plan

Supplemental

Insurance Details

Save Cancel

Edit Charge->Drug Tab->Drug Unit

## Segment: REF

Loop: 2410 Segment: REF

### Element: REF01 (Prescription or Compound Drug Association Number Reference Id Qualifier)

**Charge Details**

Service From: 9/23/2010 Service To: 9/23/2010 Provider: Randall Oates, MD Code: 99213 Description: OFFICE/OUTPATIENT VISI... Unit: 1.0 Charge: \$135.00

Diagnosis Codes: Add Code  
DX Description  
X 466.0 Bronchitis, acute  
786.50 Chest pain, unspecified

Modifiers: Add Code  
Code Description

Omit from Claim: ☐

Notes

File Information Misc Details Providers Referral / Authorization Supplemental Information Supporting Documentation

Ambulance Contract Dialysis DME **Drug**

Prescription Date: <None>

Drug Code: <None>

Drug Amount: <None>

Drug Unit: <None>

Prescription Number

☒ None ☐ Link Sequence ☐ Pharmacy Prescription Number

<None>

Amounts Details

Payments/Adjustments

Date	Name/Description	Amount
9/23/2010	Clyde, Annie	\$20.00
10/20/2...	Payment	\$25.00
10/20/2...	Payment	\$10.00
		\$55.00

Totals

Charges
\$135.00

Pay/Adjust

Pay/Adjust
\$55.00

Balance

Balance
\$80.00

Quick Misc Details

Facility: Northwest Clinic

EPSDT:

☐ Emergency ☐ Family Plan

Supplemental:

Insurance Details

Save Cancel

Edit Charge->Drug Tab->Prescription Number Type



## Element: REF02 (Prescription or Compound Drug Association Number)

**Charge Details**

Service From	Service To	Provider	Code	Description	Unit	Charge
9/23/2010	9/23/2010	Randall Oates, MD	99213	OFFICE/OUTPATIENT VISI...	1.0	\$135.00

Diagnosis Codes Add Code

DX	Description
X 466.0	Bronchitis, acute
786.50	Chest pain, unspecified

Modifiers Add Code

Code	Description
------	-------------

☐ Omit from Claim

Notes

File Information | Misc Details | Providers | Referral / Authorization | Supplemental Information | Supporting Documentation

Ambulance | Contract | Dialysis | DME | **Drug**

Prescription Date: <None>

Drug Code: <None>

Drug Amount: <None>

Drug Unit: <None>

Prescription Number

☒ None ☐ Pharmacy Prescription Number

☐ Link Sequence

<None>

Amounts Details

Payments/Adjustments

Date	Name/Description	Amount
9/23/2010	Clyde, Annie	\$20.00
10/20/2...	Payment	\$25.00
10/20/2...	Payment	\$10.00
		\$55.00

Totals

Charges	\$135.00
Pay/Adjust	\$55.00
Balance	\$80.00

Quick Misc Details

Facility: Northwest Clinic

EPSDT:

☐ Emergency

☐ Family Plan

Supplemental:

Insurance Details

Save Cancel

Edit Charge->Drug Tab->Prescription Number



# **Loop 2420B-Purchased Service Provider**

## NM1

---

Loop: 2420B Segment: NM1

<b>Element: NM101 (Purchased Service Provider Entity Identifier Code)</b>
---

Hard coded to 'QB'.

<b>Element: NM102 (Purchased Service Provider Entity Type Qualifier)</b>
--

Hard coded to '1'.

<b>Element: NM108 (Purchased Service Provider Identification Code Qualifier)</b>
--

Hard coded to 'XX'.

<b>Element: NM109 (Purchased Service Provider NPI)</b>
--

Contacts->NPI

Provider Manager->Provider->NPI

Loop: 2420B Segment: REF

**Element: REF01 (Purchased Service Provider Secondary Identification Reference Id Qualifier)**

**Edit Billing Information**

**Insurance Payment To**

☒ Override Group Values

Name: Family Physicians  
Street: 4220 N Crossover Rd  
Street 2:  
City: Fayetteville State: AR  
Zip: 72703-1234  
Phone: (800)455-7627  
Entity Type: ☐ Person ☒ Non Person  
Tax ID: ☒ EIN ☐ SSN 65-1351321

**Paper**

NPI: 123456789  
Legacy ID: Blue Cross Provider Number - 1A 66451651

**Electronic**

Submitter ID: Mutually Defined - ZZ V2AB  
Location #:  
Provider Commercial #:  
UPIN:  
State License:

**Pay-To Address**

Street:  
Street 2:  
City: State:  
Zip: -

**Eligibility Request Info**

Receiver ID:

**Provider Information**

**Paper**

Legacy ID:

**Electronic**

Location #:  
Provider Commercial #:  
UPIN:  
State License:

Save Cancel

Tools->Insurance Companies->Edit Insurance Company->Edit Provider->Provider Information->Electronic

**Element: REF02 (Purchased Service Provider Secondary Identifier)**

**Edit Billing Information**

**Insurance Payment To**

☒ Override Group Values

Name: Family Physicians  
Street: 4220 N Crossover Rd  
Street 2:  
City: Fayetteville State: AR  
Zip: 72703-1234  
Phone: (800)455-7627  
Entity Type: ☐ Person ☒ Non Person  
Tax ID: ☒ EIN ☐ SSN 65-1351321

**Paper**

NPI: 123456789  
Legacy ID: Blue Cross Provider Number - 1A 66451651

**Electronic**

Submitter ID: Mutually Defined - ZZ V2AB  
Location #:  
Provider Commercial #:  
UPIN:  
State License:

**Pay-To Address**

Street:  
Street 2:  
City: State:  
Zip:

**Eligibility Request Info**

Receiver ID:

**Provider Information**

**Paper**

Legacy ID:

**Electronic**

Location #:  
Provider Commercial #:  
UPIN:  
State License:

Save Cancel

Tools->Insurance Companies->Edit Insurance Company->Edit Provider->Provider Information->Electronic

**Element: REF04-1 (Purchased Service Provider Secondary Identification Other Payer Qualifier)**

Hard coded to '2U'.

**Element: REF04-2 (Purchased Service Provider Secondary Identification Other Payer Identifier)**

Generated from Loop 2330B.

# **Loop 2420C-Service Facility Location Name**

## Segment: NM1

---

Loop: 2420C Segment: NM1

### Element: NM101 (Service Facility Location Entity Identifier Code)

Hard coded to '77'.

### Element: NM102 (Service Facility Location Entity Type Qualifier)

Hard coded to '2'.

### Element: NM103 (Service Facility Name)

The screenshot shows a 'Facility' dialog box with the following fields and values:

- Facility: DOCS Clinic
- Details | Scheduler | Additional IDs (tabs)
- Full Legal Name: DOCS, Inc. (highlighted with a red rectangle)
- Street: 4220 N. Crossover Road
- City: Fayetteville
- St: AR
- Zip: 72703
- Phone #: (800) 455-7627
- NPI #: 5555555
- Place of Service: Office - 11
- Billing Inquiry #: (465) 163-1213
- CLIA Number: (empty)
- State License Number: (empty)
- Buttons: Update, Cancel

Facility Manager->Edit Facility->Full Legal Name

**Element: NM108 (Service Facility Location Identification Code Qualifier)**

Hard coded to 'XX'.

**Element: NM109 (Service Facility Location NPI)**

The screenshot shows a web application window titled "Facility". At the top, there is a text input field labeled "Facility:" containing the text "DOCS Clinic". Below this, there are three tabs: "Details", "Scheduler", and "Additional IDs". The "Details" tab is selected. The form contains several input fields and a dropdown menu:

- Full Legal Name:** DOCS, Inc.
- Street:** 4220 N. Crossover Road
- City:** Fayetteville
- St:** AR
- Zip:** 72703
- Phone #:** (800) 455-7627
- NPI #:** 5555555 (This field is highlighted with a red box)
- Place of Service:** Office - 11 (dropdown menu)
- Billing Inquiry #:** (465) 163-1213
- CLIA Number:** (empty field)
- State License Number:** (empty field)

At the bottom right of the form, there are two buttons: "Update" and "Cancel".

Facility Manager->Edit Facility->NPI

## Segment: N3

---

Loop: 2420C Segment: N3

### Element: N301 (Service Facility Location Address)

Facility

Facility: DOCS Clinic

Details Scheduler Additional IDs

Full Legal Name  
DOCS, Inc.

Street  
4220 N. Crossover Road

City Fayetteville St AR Zip 72703

Phone #  
(800) 455-7627

NPI #  
5555555

Place of Service  
Office - 11

Billing Inquiry #  
(465) 163-1213

CLIA Number

State License Number

Update Cancel

Facility Manager->Edit Facility->Address



## Element: N302 (Service Facility Location Address 2)

Facility

Facility: DOCS Clinic

Details Scheduler Additional IDs

Full Legal Name  
DOCS, Inc.

Street  
4220 N. Crossover Road

City Fayetteville St AR Zip 72703

Phone #  
(800) 455-7627

NPI #  
5555555

Place of Service  
Office - 11

Billing Inquiry #  
(465) 163-1213

CLIA Number

State License Number

Update Cancel

Facility Manager->Edit Facility->Address 2

## Segment: N4

---

Loop: 2420C Segment : N4

### Element: N401 (Service Facility Location City)

The screenshot shows a 'Facility' dialog box with the following fields and values:

- Facility: DOCS Clinic
- Details | Scheduler | Additional IDs
- Full Legal Name: DOCS, Inc.
- Street: 4220 N. Crossover Road
- City: Fayetteville (highlighted with a red rectangle)
- St: AR
- Zip: 72703
- Phone #: (800) 455-7627
- NPI #: 5555555
- Place of Service: Office - 11
- Billing Inquiry #: (465) 163-1213
- CLIA Number: (empty)
- State License Number: (empty)
- Buttons: Update, Cancel

Facility Manager->Edit Facility->City

## Element: N402 (Service Facility Location State)

The screenshot shows a 'Facility' dialog box with the following fields and values:

- Facility: DOCS Clinic
- Full Legal Name: DOCS, Inc.
- Street: 4220 N. Crossover Road
- City: Fayetteville
- St: AR (highlighted with a red box)
- Zip: 72703
- Phone #: (800) 455-7627
- NPI #: 5555555
- Place of Service: Office - 11
- Billing Inquiry #: (465) 163-1213
- CLIA Number: (empty)
- State License Number: (empty)

Buttons at the bottom: Update, Cancel

Facility Manager->Edit Facility->State

**Element: N403 (Service Facility Location Zip Code)**

Facility: DOCS Clinic

Details Scheduler Additional IDs

Full Legal Name  
DOCS, Inc.

Street  
4220 N. Crossover Road

City Fayetteville St AR Zip 72703

Phone #  
(800) 455-7627

NPI #  
5555555

Place of Service  
Office - 11

Billing Inquiry #  
(465) 163-1213

CLIA Number

State License Number

Update Cancel

Facility Manager->Edit Facility->Zip

**Element: N404 (Service Facility Location Country Code)**

Not implemented.

**Element: N407 (Service Facility Location Subdivision Code)**

Not implemented.

## Segment: REF

---

Loop: 2420C Segment: REF

### Element: REF01 (Service Facility Location Secondary Identification Qualifier)

'G2' or 'LU'.

### Element: REF02 (Service Facility Location Secondary Identifier)

1. Facility Manager->Edit Facility->Additional IDs
2. Charge->Facility

### Element: REF04-1 (Service Facility Location Other Payer Qualifier)

Hard coded to '2U'.

### Element: REF04-2 (Service Facility Location Other Payer Identifier)

Generated from Loop 2330B.

# **Loop 2420D-Supervising Provider Name**

## Segment: NM1

---

Loop: 2420D Segment: NM1

### Element: NM101 (Supervising Provider Entity Identifier Code)

Hard coded to 'DQ'.

### Element: NM102 (Supervising Provider Entity Type Qualifier)

Hard coded to '1'.

### Element: NM103 (Supervising Provider Last Name)

Contacts->Last Name

Provider Manager->Provider->Last Name

### Element: NM104 (Supervising Provider First Name)

Contacts->First Name

Provider Manager->Provider->First Name

### Element: NM104 (Supervising Provider Middle Name)

Contacts->Middle Name

Provider Manager->Provider->Middle Name

### Element: NM104 (Supervising Provider Suffix)

Contacts->Suffix

Provider Manager->Provider->Suffix

### Element: NM108 (Supervising Identification Code Qualifier)

Hard coded to 'XX'.

### Element: NM109 (Supervising Provider NPI)

Contact->NPI

Provider Manager->Provider->NPI

## Segment: REF

---

Loop: 2420D Segment: REF

### Element: REF01 (Supervising Provider Secondary Identification Qualifier)

Contact->Insurance->Contact Insurance IDs->Electronic

OR

Insurance Companies->Edit Insurance Company->Edit Provider->Provider Information->Electronic

'OB', '1G', 'G2', and 'LU'

### Element: REF02 (Supervising Provider Secondary Identifier)

Contact->Insurance->Contact Insurance IDs->Electronic

OR

Insurance Companies->Edit Insurance Company->Edit Provider->Provider Information->Electronic

'OB', '1G', 'G2', and 'LU'

### Element: REF04-1 (Supervising Provider Secondary Identification Other Payer Qualifier)

Hard code to '2U'.

### Element: REF04-2 (Supervising Provider Secondary Identification Other Payer Qualifier)

Generated from Loop 2330B.



# **Loop 2420E-Ordering Provider Name**

## Segment: NM1

---

Loop: 2420E Segment: NM1

### Element: NM101 (Ordering Provider Entity Identifier Code)

Hard code to 'DK'.

### Element: NM102 (Ordering Provider Entity Type Qualifier)

Hard code to '1'.

### Element: NM103 (Ordering Provider Last Name)

Contact/Provider->Last Name

### Element: NM104 (Ordering Provider First Name)

Contact/Provider->First Name

### Element: NM105 (Ordering Provider Middle Name)

Contact/Provider->Middle Name

### Element: NM107 (Ordering Provider Suffix)

Contact/Provider->Suffix

### Element: NM108 (Ordering Provider Identification Code Qualifier)

Hard coded to 'XX'.

### Element: NM109 (Ordering Provider NPI)

Contact/Provider->NPI

**Segment: N3**

---

Loop: 2420E   Segment: N3

<b>Element: N301 (Ordering Provider Address)</b>
--

Contact/Provider->Address

<b>Element: N302 (Ordering Provider Address 2)</b>
--

Contact/Provider->Address 2

## Segment: N4

---

Loop: 2420E Segment: N4

### Element: N401 (Ordering Provider City)

Contact/Provider->City

### Element: N402 (Ordering Provider State)

Contact/Provider->State

### Element: N403 (Ordering Provider State)

Contact/Provider->State

### Element: N404 (Ordering Provider Country Code)

Not implemented.

### Element: N407 (Ordering Provider Country Subdivision Code)

Not implemented.

## Segment: REF

---

Loop: 2420E Segment: REF

### Element: REF01 (Ordering Provider Secondary Identification Qualifier)

Allows '0B', '1G', and 'G2'.

### Element: REF02 (Ordering Provider Secondary Identifier)

Contact->Insurance->Contact Insurance IDs->Electronic

OR

Insurance Companies->Edit Insurance Company->Edit Provider->Provider Information->Electronic

'0B', '1G', 'G2'

### Element: REF04-1 (Ordering Provider Secondary Identification Other Payer Qualifier)

Hard coded to '2U'.

### Element: REF04-2 (Ordering Provider Secondary Identification Other Payer Identifier)

Generated from Loop 2330B.

## Segment: PER

---

Loop: 2420E Segment: PER

### Element: PER01 (Ordering Provider Contact Information Contact Function Code)

Hard coded to 'IC'.

### Element: PER02 (Ordering Provider Contact Information Name)

Not Implemented.

### Element: PER03 (Ordering Provider Contact Information Communication Number Qualifier)

Hard coded to 'TE'.

### Element: PER04 (Ordering Provider Contact Information Communication Number)

Contact/Provider->Telephone

### Element: PER05 (Ordering Provider Contact Information Communication Number Qualifier 2)

Hard coded to 'TE', 'EM' 'FX' or 'EX'.

### Element: PER06 (Ordering Provider Contact Information Communication Number 2)

Contact/Provider->Extension/Fax/Email

### Element: PER07 (Ordering Provider Contact Information Communication Number Qualifier 3)

Hard coded to 'TE', 'EM' 'FX' or 'EX'.

### Element: PER08 (Ordering Provider Contact Information Communication Number 3)

Contact/Provider -> Fax/Email

# Loop 2420F-Referring Provider Name

## Segment: NM1

---

Loop: 2420F Segment: NM1

### Element: NM101 (Referring Provider Entity Identifier Code)

Hard coded to 'DN'.

### Element: NM102 (Referring Provider Entity Type Qualifier)

Hard coded to '1'.

### Element: NM103 (Referring Provider Last Name)

Contact/Provider->Last Name

### Element: NM104 (Referring Provider First Name)

Contact/Provider->First Name

### Element: NM105 (Referring Provider Middle Name)

Contact/Provider->Middle Name

### Element: NM107 (Referring Provider Suffix)

Contact/Provider->Suffix

### Element: NM107 (Referring Provider Suffix)

Contact/Provider->Suffix

### Element: NM108 (Referring Provider Identification Code Qualifier)

Hard coded to 'XX'.

### Element: NM109 (Referring Provider Identification Code)

Contact/Provider->NPI



**Element: NM101 (Primary Care Provider Entity Identifier Code)**

Hard coded to 'P3'.

**Element: NM102 (Primary Care Provider Entity Type Qualifier)**

Hard coded to '1'.

**Element: NM103 (Primary Care Provider Last Name)**

Contact/Provider->Last Name

**Element: NM104 (Primary Care Provider First Name)**

Contact/Provider->First Name

**Element: NM105 (Primary Care Provider Middle Name)**

Contact/Provider->Middle Name

**Element: NM107 (Primary Care Provider Suffix)**

Contact/Provider->Suffix

**Element: NM108 (Primary Care Provider Identification Code Qualifier)**

Hard coded to 'XX'.

**Element: NM109 (Primary Care Provider Identification Code)**

Contact/Provider->NPI

## Segment: REF

---

Loop: 2420F Segment: REF

### Element: REF01 (Referring Provider Secondary Identification Qualifier)

Contact->Insurance->Contact Insurance IDs->Electronic

OR

Insurance Companies->Edit Insurance Company->Edit Provider->Provider Information->Electronic

'OB', '1G', 'G2'

### Element: REF02 (Referring Provider Secondary Identifier)

Contact->Insurance->Contact Insurance IDs->Electronic

OR

Insurance Companies->Edit Insurance Company->Edit Provider->Provider Information->Electronic

'OB', '1G', 'G2'

### Element: REF04-1 (Referring Provider Secondary Identification Other Payer Qualifier)

Hard coded to '2U'.

### Element: REF04-2 (Referring Provider Secondary Identification Other Payer Identifier)

Generated from Loop 2330B.

### Element: REF01 (Primary Care Provider Secondary Identification Qualifier)

Contact->Insurance->Contact Insurance IDs->Electronic

OR

Insurance Companies->Edit Insurance Company->Edit Provider->Provider Information->Electronic

'OB', '1G', 'G2'

**Element: REF02 (Primary Care Provider Secondary Identifier)**

Contact->Insurance->Contact Insurance IDs->Electronic

OR

Insurance Companies->Edit Insurance Company->Edit Provider->Provider Information->Electronic

'OB', '1G', 'G2'

**Element: REF04-1 (Primary Care Provider Secondary Identification Other Payer Qualifier)**

Hard coded to '2U'.

**Element: REF04-2 (Primary Care Provider Secondary Identification Other Payer Identifier)**

Generated from Loop 2330B.

# **Loop 2420G-Ambulance Pick-Up Location**

## Segment: NM1

---

Loop: 2420G Segment: NM1

<b>Element: NM101 (Ambulance Pick-Up Location Entity Identifier Code)</b>
---

Hard coded to 'PW'.

<b>Element: NM102 (Ambulance Pick-Up Location Entity Type Qualifier)</b>
--

Hard coded to '2'.

## Segment: N3

Loop: 2420G Segment: N3

### Element: N301 (Ambulance Pick-Up Location Address)

**Charge Details**

Service From	Service To	Provider	Code	Description	Unit	Charge
9/23/2010	9/23/2010	Randall Oates, MD	99213	OFFICE/OUTPATIENT VISI...	1.0	\$135.00

**Diagnosis Codes**

DX	Description
466.0	Bronchitis, acute
786.50	Chest pain, unspecified

**Modifiers**

Code	Description
------	-------------

**Notes**

**File Information** | **Misc Details** | **Providers** | **Referral / Authorization** | **Supplemental Information** | **Supporting Documentation**

**Ambulance** | **Contract** | **Dialysis** | **DME** | **Drug**

**Pick-Up Address**

Street: <None>  
Street 2: <None>  
City: <None>  
State:   
Zip Code: <None>  
Drop-Off:

**Ambulance Certification**

Admitted to a hospital: ☒ Do Not Send ☐ No ☐ Yes  
Moved by stretcher: ☒ Do Not Send ☐ No ☐ Yes  
Unconscious or in shock: ☒ Do Not Send ☐ No ☐ Yes  
Transported in an emergency situation: ☒ Do Not Send ☐ No ☐ Yes  
Physically restrained: ☒ Do Not Send ☐ No ☐ Yes

**Amounts Details**

**Payments/Adjustments**

Date	Name/Description	Amount
9/23/2010	Clyde, Annie	\$20.00
10/20/2...	Payment	\$25.00
10/20/2...	Payment	\$10.00
		\$55.00

**Totals**

Charges: \$135.00  
Pay/Adjust: \$55.00  
Balance: \$80.00

**Quick Misc Details**

Facility: Northwest Clinic  
EPSDT:   
☐ Emergency  
☐ Family Plan  
Supplemental:

**Insurance Details**

Save Cancel

Edit Charge->Ambulance Tab->Pickup Street

## Element: N301 (Ambulance Pick-Up Location Address 2)

**Charge Details**

Service From	Service To	Provider	Code	Description	Unit	Charge
9/23/2010	9/23/2010	Randall Oates, MD	99213	OFFICE/OUTPATIENT VISI...	1.0	\$135.00

Diagnosis Codes Add Code

DX	Description
X 466.0	Bronchitis, acute
786.50	Chest pain, unspecified

Modifiers Add Code

Code	Description
------	-------------

☐ Omit from Claim

Notes

File Information | Misc Details | Providers | Referral / Authorization | Supplemental Information | Supporting Documentation

Ambulance | Contract | Dialysis | DME | Drug

Pick-Up Address

Street

**Street 2**

City

State

Zip Code

Drop-Off

Ambulance Certification

Admitted to a hospital ☒ Do Not Send ☐ No ☐ Yes

Moved by stretcher ☒ Do Not Send ☐ No ☐ Yes

Unconscious or in shock ☒ Do Not Send ☐ No ☐ Yes

Transported in an emergency situation ☒ Do Not Send ☐ No ☐ Yes

Physically restrained ☒ Do Not Send ☐ No ☐ Yes

Amounts Details

Payments/Adjustments

Date	Name/Description	Amount
9/23/2010	Clyde, Annie	\$20.00
10/20/2...	Payment	\$25.00
10/20/2...	Payment	\$10.00
		\$55.00

Totals

Charges

Pay/Adjust

Balance

Quick Misc Details

Facility

EPSDT

☐ Emergency

☐ Family Plan

Supplemental

Insurance Details

Save Cancel

Edit Charge->Ambulance Tab->Pickup Street 2

## Segment: N4

Loop: 2420G Segment: N4

### Element: N401 (Ambulance Pick-Up Location City)

**Charge Details**

Service From: 9/23/2010 Service To: 9/23/2010 Provider: Randall Oates, MD Code: 99213 Description: OFFICE/OUTPATIENT VISI... Unit: 1.0 Charge: \$135.00

**Diagnosis Codes**

DX	Description
466.0	Bronchitis, acute
786.50	Chest pain, unspecified

**Modifiers**

Code	Description
------	-------------

**Notes**

**File Information** | **Misc Details** | **Providers** | **Referral / Authorization** | **Supplemental Information** | **Supporting Documentation**

**Ambulance** | **Contract** | **Dialysis** | **DME** | **Drug**

**Pick-Up Address**

Street: <None>  
Street 2: <None>  
**City**: <None>  
State: <None>  
Zip Code: <None>  
Drop-Off: <None>

**Ambulance Certification**

Admitted to a hospital: ☒ Do Not Send ☐ No ☐ Yes  
Moved by stretcher: ☒ Do Not Send ☐ No ☐ Yes  
Unconscious or in shock: ☒ Do Not Send ☐ No ☐ Yes  
Transported in an emergency situation: ☒ Do Not Send ☐ No ☐ Yes  
Physically restrained: ☒ Do Not Send ☐ No ☐ Yes

**Amounts Details**

**Payments/Adjustments**

Date	Name/Description	Amount
9/23/2010	Clyde, Annie	\$20.00
10/20/2...	Payment	\$25.00
10/20/2...	Payment	\$10.00
		\$55.00

**Totals**

Charges: \$135.00  
Pay/Adjust: \$55.00  
Balance: \$80.00

**Quick Misc Details**

Facility: Northwest Clinic  
EPSTD: <None>  
☐ Emergency  
☐ Family Plan  
Supplemental: <None>

**Insurance Details**

Save Cancel

Edit Charge->Ambulance Tab->City



## Element: N401 (Ambulance Pick-Up Location State)

**Charge Details**

Service From	Service To	Provider	Code	Description	Unit	Charge
9/23/2010	9/23/2010	Randall Oates, MD	99213	OFFICE/OUTPATIENT VISI...	1.0	\$135.00

Diagnosis Codes Add Code

DX	Description
X 466.0	Bronchitis, acute
786.50	Chest pain, unspecified

Modifiers Add Code

Code	Description
------	-------------

☐ Omit from Claim

Notes

File Information | Misc Details | Providers | Referral / Authorization | Supplemental Information | Supporting Documentation

Ambulance | Contract | Dialysis | DME | Drug

Pick-Up Address

Street: <None>

Street 2: <None>

City: <None>

State:

Zip Code: <None>

Drop-Off

Ambulance Certification

Admitted to a hospital: ☒ Do Not Send ☐ No ☐ Yes

Moved by stretcher: ☒ Do Not Send ☐ No ☐ Yes

Unconscious or in shock: ☒ Do Not Send ☐ No ☐ Yes

Transported in an emergency situation: ☒ Do Not Send ☐ No ☐ Yes

Physically restrained: ☒ Do Not Send ☐ No ☐ Yes

Amounts Details

Payments/Adjustments

Date	Name/Description	Amount
9/23/2010	Clyde, Annie	\$20.00
10/20/2...	Payment	\$25.00
10/20/2...	Payment	\$10.00
		\$55.00

Totals

Charges: \$135.00

Pay/Adjust: \$55.00

Balance: \$80.00

Quick Misc Details

Facility: Northwest Clinic

EPSDT:

☐ Emergency

☐ Family Plan

Supplemental:

Insurance Details

Save Cancel

Edit Charge->Ambulance Tab->State

## Element: N403 (Ambulance Pick-Up Location Zip Code)

The screenshot shows the 'Charge Details' window with the 'Ambulance' tab selected. The 'Pick-Up Address' section contains fields for Street, Street 2, City, State, and Zip Code. The 'Zip Code' field is highlighted with a red rectangle. The 'Ambulance Certification' section contains several checkboxes for 'Do Not Send', 'No', and 'Yes'. The 'Totals' section shows Charges of \$135.00, Pay/Adjust of \$55.00, and a Balance of \$80.00. The 'Quick Misc Details' section shows Facility as Northwest Clinic and EPSTD as a dropdown menu.

Service From	Service To	Provider	Code	Description	Unit	Charge
9/23/2010	9/23/2010	Randall Oates, MD	99213	OFFICE/OUTPATIENT VISI...	1.0	\$135.00

DX	Description
X 466.0	Bronchitis, acute
786.50	Chest pain, unspecified

Code	Description
------	-------------

Date	Name/Description	Amount
9/23/2010	Clyde, Annie	\$20.00
10/20/2...	Payment	\$25.00
10/20/2...	Payment	\$10.00
		\$55.00

Totals
Charges \$135.00
Pay/Adjust \$55.00
Balance \$80.00

Quick Misc Details
Facility Northwest Clinic
EPSTD
Emergency
Family Plan
Supplemental

Edit Charge->Ambulance Tab->Zip Code

## Element: N404 (Ambulance Pick-Up Location Country Code)

Not Implemented.

## Element: N405 (Ambulance Pick-Up Location Country Subdivision Code)

Not Implemented.

# **Loop 2420H-Ambulance Drop-Off Location**

## Segment: NM1

---

Loop: 2420H Segment: NM1

<b>Element: NM101 (Ambulance Drop-Off Location Entity Identifier Code)</b>
--

Hard coded to '45'.

<b>Element: NM102 (Ambulance Drop-Off Location Entity Type Qualifier)</b>
---

Hard coded to '2'.

## Segment: N3

Loop: 2420H Segment: N3

### Element: N301 (Ambulance Drop-Off Location Address)

**Charge Details**

Service From: 9/23/2010 Service To: 9/23/2010 Provider: Randall Oates, MD Code: 99213 Description: OFFICE/OUTPATIENT VISI... Unit: 1.0 Charge: \$135.00

**Diagnosis Codes**

DX	Description
466.0	Bronchitis, acute
786.50	Chest pain, unspecified

**Modifiers**

Code	Description
------	-------------

**File Information** | **Misc Details** | **Providers** | **Referral / Authorization** | **Supplemental Information** | **Supporting Documentation**

**Ambulance** | **Contract** | **Dialysis** | **DME** | **Drug**

**Drop-Off**

Street: <None> Street 2: <None> City: <None> State: <None> Zip Code: <None>

Physically restrained: ☒ Do Not Send ☐ No ☐ Yes  
Visible Hemorrhaging: ☒ Do Not Send ☐ No ☐ Yes  
Medically Necessary: ☒ Do Not Send ☐ No ☐ Yes  
Confined to a bed or chair: ☒ Do Not Send ☐ No ☐ Yes

**Additional Details**

Transport Reason: <None> Transport Distance (Miles): <None>

**Amounts Details**

**Payments/Adjustments**

Date	Name/Description	Amount
9/23/2010	Clyde, Annie	\$20.00
10/20/2...	Payment	\$25.00
10/20/2...	Payment	\$10.00
		\$55.00

**Totals**

Charges: \$135.00  
Pay/Adjust: \$55.00  
Balance: \$80.00

**Quick Misc Details**

Facility: Northwest Clinic  
EPSDT:   
☐ Emergency  
☐ Family Plan  
Supplemental:

**Insurance Details**

Save Cancel

Edit Charge->Ambulance Tab->(Scroll Down) Drop Off Street

## Element: N302 (Ambulance Drop-Off Location Address 2)

**Charge Details**

Service From	Service To	Provider	Code	Description	Unit	Charge
9/23/2010	9/23/2010	Randall Oates, MD	99213	OFFICE/OUTPATIENT VISI...	1.0	\$135.00

Diagnosis Codes

DX	Description
466.0	Bronchitis, acute
786.50	Chest pain, unspecified

Modifiers

Code	Description
------	-------------

Omit from Claim ☐

Notes

File Information | Misc Details | Providers | Referral / Authorization | Supplemental Information | Supporting Documentation

Ambulance | Contract | Dialysis | DME | Drug

Drop-Off

Street <None>

**Street 2 <None>**

City <None>

State

Zip Code <None>

Physically restrained ☒ Do Not Send ☐ No ☐ Yes

Visible Hemorrhaging ☒ Do Not Send ☐ No ☐ Yes

Medically Necessary ☒ Do Not Send ☐ No ☐ Yes

Confined to a bed or chair ☒ Do Not Send ☐ No ☐ Yes

Additional Details

Transport Reason <None>

Transport Distance (Miles) <None>

Amounts Details

Payments/Adjustments

Date	Name/Description	Amount
9/23/2010	Clyde, Annie	\$20.00
10/20/2...	Payment	\$25.00
10/20/2...	Payment	\$10.00
		\$55.00

Totals

Charges \$135.00

Pay/Adjust \$55.00

Balance \$80.00

Quick Misc Details

Facility Northwest Clinic

EPSDT

☐ Emergency

☐ Family Plan

Supplemental

Insurance Details

Save Cancel

Edit Charge->Ambulance Tab->(Scroll Down) Drop Off Street 2



## Segment: N4

Loop: 2420H Segment: N4

### Element: N401 (Ambulance Drop-Off Location City)

**Charge Details**

Service From: 9/23/2010 Service To: 9/23/2010 Provider: Randall Oates, MD Code: 99213 Description: OFFICE/OUTPATIENT VISI... Unit: 1.0 Charge: \$135.00

**Diagnosis Codes**

DX	Description
466.0	Bronchitis, acute
786.50	Chest pain, unspecified

**Modifiers**

Code	Description
------	-------------

**File Information** | **Misc Details** | **Providers** | **Referral / Authorization** | **Supplemental Information** | **Supporting Documentation**

**Ambulance** | **Contract** | **Dialysis** | **DME** | **Drug**

**Drop-Off**

Street: <None>  
Street 2: <None>  
**City: <None>**  
State: <None>  
Zip Code: <None>

Physically restrained: ☒ Do Not Send ☐ No ☐ Yes  
Visible Hemorrhaging: ☒ Do Not Send ☐ No ☐ Yes  
Medically Necessary: ☒ Do Not Send ☐ No ☐ Yes  
Confined to a bed or chair: ☒ Do Not Send ☐ No ☐ Yes

**Additional Details**

Transport Reason: <None>  
Transport Distance (Miles): <None>

**Amounts Details**

**Payments/Adjustments**

Date	Name/Description	Amount
9/23/2010	Clyde, Annie	\$20.00
10/20/2...	Payment	\$25.00
10/20/2...	Payment	\$10.00
		\$55.00

**Totals**

Charges: \$135.00  
Pay/Adjust: \$55.00  
Balance: \$80.00

**Quick Misc Details**

Facility: Northwest Clinic  
EPSDT: <None>  
☐ Emergency  
☐ Family Plan  
Supplemental: <None>

**Insurance Details**

Save Cancel

Edit Charge->Ambulance Tab->(Scroll Down) Drop Off City

## Element: N402 (Ambulance Drop-Off Location State)

**Charge Details**

Service From	Service To	Provider	Code	Description	Unit	Charge
9/23/2010	9/23/2010	Randall Oates, MD	99213	OFFICE/OUTPATIENT VISI...	1.0	\$135.00

Diagnosis Codes Add Code

DX	Description
466.0	Bronchitis, acute
786.50	Chest pain, unspecified

Modifiers Add Code

Code	Description
------	-------------

☐ Omit from Claim

Notes

File Information | Misc Details | Providers | Referral / Authorization | Supplemental Information | Supporting Documentation

**Ambulance** | Contract | Dialysis | DME | Drug

Drop-Off

Street: <None>

Street 2: <None>

City: <None>

**State:**

Zip Code: <None>

Physically restrained: ☒ Do Not Send ☐ No ☐ Yes

Visible Hemorrhaging: ☒ Do Not Send ☐ No ☐ Yes

Medically Necessary: ☒ Do Not Send ☐ No ☐ Yes

Confined to a bed or chair: ☒ Do Not Send ☐ No ☐ Yes

Additional Details

Transport Reason: <None>

Transport Distance (Miles): <None>

Amounts Details

Payments/Adjustments

Date	Name/Description	Amount
9/23/2010	Clyde, Annie	\$20.00
10/20/2...	Payment	\$25.00
10/20/2...	Payment	\$10.00
		\$55.00

Totals

Charges: \$135.00

Pay/Adjust: \$55.00

Balance: \$80.00

Quick Misc Details

Facility: Northwest Clinic

EPSTD:

☐ Emergency

☐ Family Plan

Supplemental:

Insurance Details

Save Cancel

Edit Charge->Ambulance Tab->(Scroll Down) Drop Off State



## Element: N403 (Ambulance Drop-Off Location Zip Code)

The screenshot shows the 'Charge Details' form with the 'Ambulance' tab selected. The 'Drop-Off' section contains fields for Street, Street 2, City, State, and Zip Code. The 'Zip Code' field is highlighted with a red rectangle. The 'Additional Details' section includes 'Transport Reason' and 'Transport Distance (Miles)'. The 'Totals' section shows Charges of \$135.00, Pay/Adjust of \$55.00, and a Balance of \$80.00. The 'Quick Misc Details' section includes Facility (Northwest Clinic), EPSTD, and checkboxes for Emergency and Family Plan.

Service From	Service To	Provider	Code	Description	Unit	Charge
9/23/2010	9/23/2010	Randall Oates, MD	99213	OFFICE/OUTPATIENT VISI...	1.0	\$135.00

DX	Description
466.0	Bronchitis, acute
786.50	Chest pain, unspecified

Code	Description
------	-------------

File Information	Misc Details	Providers	Referral / Authorization	Supplemental Information	Supporting Documentation
<b>Ambulance</b>					
<b>Drop-Off</b>					
Street <None>					
Street 2 <None>					
City <None>					
State <None>					
Zip Code <None>					
<b>Physically restrained</b> <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes					
<b>Visible Hemorrhaging</b> <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes					
<b>Medically Necessary</b> <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes					
<b>Confined to a bed or chair</b> <input checked="" type="radio"/> Do Not Send <input type="radio"/> No <input type="radio"/> Yes					
<b>Additional Details</b>					
Transport Reason <None>					
Transport Distance (Miles) <None>					
<b>Amounts Details</b>					
<b>Payments/Adjustments</b>					
Date	Name/Description	Amount			
9/23/2010	Clyde, Annie	\$20.00			
10/20/2...	Payment	\$25.00			
10/20/2...	Payment	\$10.00			
		\$55.00			
			<b>Totals</b>		
			Charges	\$135.00	
			Pay/Adjust	\$55.00	
			Balance	\$80.00	
<b>Quick Misc Details</b>					
Facility Northwest Clinic					
EPSTD					
<input type="checkbox"/> Emergency					
<input type="checkbox"/> Family Plan					
Supplemental					
Insurance Details					
Save Cancel					

Edit Charge->Ambulance Tab->(Scroll Down) Drop Off Zip Code

## Element: N404 (Ambulance Drop-Off Location Country Code)

Not Implemented.

## Element: N407 (Ambulance Drop-Off Location Country Subdivision Code)

Not Implemented.

# Loop 2440-Form Identification Code

## Segment: LQ

Loop: 2440 Segment: LQ

### Element: LQ01 (Form Identification Code List Qualifier Code)

**Charge Details**

Service From	Service To	Provider	Code	Description	Unit	Charge
9/23/2010	9/23/2010	Randall Oates, MD	99213	OFFICE/OUTPATIENT VISI...	1.0	\$135.00

**Diagnosis Codes** Add Code

DX	Description
x 466.0	Bronchitis, acute
786.50	Chest pain, unspecified

**Modifiers** Add Code

Code	Description
------	-------------

☐ Omit from Claim

**Notes**

**Form Code** Form Code Type

Click here to add a new row

**Amounts Details**

**Payments/Adjustments**

Date	Name/Description	Amount
9/23/2010	Clyde, Annie	\$20.00
10/20/2...	Payment	\$25.00
10/20/2...	Payment	\$10.00
		\$55.00

**Totals**

Charges	\$135.00
Pay/Adjust	\$55.00
Balance	\$80.00

**Quick Misc Details**

Facility: Northwest Clinic

EPSDT:

☐ Emergency

☐ Family Plan

Supplemental:

**Insurance Details**

Save Cancel

'AS' or 'UT'

## Element: LQ02 (Form Identifier)

**Charge Details**

Service From	Service To	Provider	Code	Description	Unit	Charge
9/23/2010	9/23/2010	Randall Oates, MD	99213	OFFICE/OUTPATIENT VISI...	1.0	\$135.00

**Diagnosis Codes**

DX	Description
466.0	Bronchitis, acute
786.50	Chest pain, unspecified

**Modifiers**

Code	Description
------	-------------

☐ Omit from Claim  
**Notes**

Ambulance

Contract

Dialysis

DME

Drug

File Information

Misc Details

Providers

Referral / Authorization

Supplemental Information

Supporting Documentation

Form Code

Form Code Type

Click here to add a new row

**Amounts Details**

Date	Name/Description	Amount
9/23/2010	Clyde, Annie	\$20.00
10/20/2...	Payment	\$25.00
10/20/2...	Payment	\$10.00
		\$55.00

**Totals**  
Charges: \$135.00  
Pay/Adjust: \$55.00  
Balance: \$80.00

**Quick Misc Details**  
Facility: Northwest Clinic  
EPSDT:  
☐ Emergency  
☐ Family Plan  
Supplemental:

**Insurance Details**

Save

Cancel

'AS' or 'UT'

## Segment: FRM

Loop: 2440 Segment: FRM

### Element: FRM01 (Supporting Documentation Question Number/Letter)

**Charge Details**

Service From: 9/23/2010 Service To: 9/23/2010 Provider: Randall Oates, MD Code: 99213 Description: OFFICE/OUTPATIENT VISI... Unit: 1.0 Charge: \$135.00

**Diagnosis Codes**

DX	Description
x 466.0	Bronchitis, acute
786.50	Chest pain, unspecified

**Modifiers**

Code	Description
------	-------------

☐ Omit from Claim

**Notes**

**Supporting Documentation**

Form Code	Form Code Type
Click here to add a new row	

Form Type Code

Questions	Number	Yes	Text	Date	Percent
Click here to add a new row					

**Amounts Details**

**Payments/Adjustments**

Date	Name/Description	Amount
9/23/2010	Clyde, Annie	\$20.00
10/20/2...	Payment	\$25.00
10/20/2...	Payment	\$10.00
		\$55.00

**Totals**

Charges	\$135.00
Pay/Adjust	\$55.00
Balance	\$80.00

**Quick Misc Details**

Facility: Northwest Clinic

EPSDT:

☐ Emergency

☐ Family Plan

Supplemental:

**Insurance Details**

Save Cancel

Edit Charge->Supporting Documentation Tab->Number

## Element: FRM02 (Supporting Documentation Question Response (Yes/No))

**Charge Details**

Service From	Service To	Provider	Code	Description	Unit	Charge
9/23/2010	9/23/2010	Randall Oates, MD	99213	OFFICE/OUTPATIENT VISI...	1.0	\$135.00

Diagnosis Codes Add Code

DX	Description
466.0	Bronchitis, acute
786.50	Chest pain, unspecified

Modifiers Add Code

Code	Description
------	-------------

☐ Omit from Claim

Notes

Ambulance Contract Dialysis DME Drug

File Information Misc Details Providers Referral / Authorization Supplemental Information **Supporting Documentation**

Form Code Form Code Type

Click here to add a new row

Form Code	Form Type Code
x	

Questions Number Yes Text Date Percent

Click here to add a new row

Amounts Details

Payments/Adjustments

Date	Name/Description	Amount
9/23/2010	Clyde, Annie	\$20.00
10/20/2...	Payment	\$25.00
10/20/2...	Payment	\$10.00
		\$55.00

Totals

Charges	\$135.00
Pay/Adjust	\$55.00
Balance	\$80.00

Quick Misc Details

Facility Northwest Clinic

EPSDT

☐ Emergency

☐ Family Plan

Supplemental

Insurance Details

Save Cancel

Edit Charge->Supporting Documentation Tab->Yes/No



## Element: FRM03 (Supporting Documentation Question Response (Text))

**Charge Details**

Service From	Service To	Provider	Code	Description	Unit	Charge
9/23/2010	9/23/2010	Randall Oates, MD	99213	OFFICE/OUTPATIENT VISI...	1.0	\$135.00

Diagnosis Codes Add Code

DX	Description
466.0	Bronchitis, acute
786.50	Chest pain, unspecified

Modifiers Add Code

Code	Description
------	-------------

☐ Omit from Claim

Notes

Ambulance Contract Dialysis DME Drug

File Information Misc Details Providers Referral / Authorization Supplemental Information **Supporting Documentation**

Form Code Form Code Type

Click here to add a new row

Form Code	Form Type Code
x	

Questions

Number	Yes	Text	Date	Percent
		Click here to add a new row		

Amounts Details

Payments/Adjustments

Date	Name/Description	Amount
9/23/2010	Clyde, Annie	\$20.00
10/20/2...	Payment	\$25.00
10/20/2...	Payment	\$10.00
		\$55.00

Totals

Charges	\$135.00
Pay/Adjust	\$55.00
Balance	\$80.00

Quick Misc Details

Facility: Northwest Clinic

EPSDT:

☐ Emergency

☐ Family Plan

Supplemental:

Insurance Details

Save Cancel

Edit Charge->Supporting Documentation Tab->Text

## Element: FRM04 (Supporting Documentation Question Response (Date))

**Charge Details**

Service From	Service To	Provider	Code	Description	Unit	Charge
9/23/2010	9/23/2010	Randall Oates, MD	99213	OFFICE/OUTPATIENT VISI...	1.0	\$135.00

Diagnosis Codes Add Code

DX	Description
466.0	Bronchitis, acute
786.50	Chest pain, unspecified

Modifiers Add Code

Code	Description
------	-------------

☐ Omit from Claim

Notes

Ambulance Contract Dialysis DME Drug

File Information Misc Details Providers Referral / Authorization Supplemental Information **Supporting Documentation**

Form Code Form Code Type

Click here to add a new row

Form Code	Form Type Code
x	

Questions

Number	Yes	Text	Date	Percent

Click here to add a new row

Amounts Details

Payments/Adjustments

Date	Name/Description	Amount
9/23/2010	Clyde, Annie	\$20.00
10/20/2...	Payment	\$25.00
10/20/2...	Payment	\$10.00
		\$55.00

Totals

Charges	\$135.00
Pay/Adjust	\$55.00
Balance	\$80.00

Quick Misc Details

Facility: Northwest Clinic

EPSDT:

☐ Emergency

☐ Family Plan

Supplemental:

Insurance Details

Save Cancel

Edit Charge->Supporting Documentation Tab->Date



## Element: FRM05 (Supporting Documentation Question Response (Percent, Decimal Format))

The screenshot shows the 'Charge Details' window with the 'Supporting Documentation' tab selected. The 'Percent' field in the 'Form Type Code' table is highlighted with a red rectangle.

**Charge Details**

Service From: 9/23/2010 Service To: 9/23/2010 Provider: Randall Oates, MD Code: 99213 Description: OFFICE/OUTPATIENT VISI... Unit: 1.0 Charge: \$135.00

**Diagnosis Codes**

DX	Description
466.0	Bronchitis, acute
786.50	Chest pain, unspecified

**Modifiers**

Code	Description
------	-------------

**Form Code**

Form Code	Form Code Type

**Form Type Code**

Form Type Code

**Questions**

Number	Yes	Text	Date	Percent

**Amounts Details**

**Payments/Adjustments**

Date	Name/Description	Amount
9/23/2010	Clyde, Annie	\$20.00
10/20/2...	Payment	\$25.00
10/20/2...	Payment	\$10.00
		\$55.00

**Totals**

Charges
\$135.00

**Pay/Adjust**

Pay/Adjust
\$55.00

**Balance**

Balance
\$80.00

**Quick Misc Details**

Facility: Northwest Clinic

EPSDT:

☐ Emergency

☐ Family Plan

Supplemental:

**Insurance Details**

Save Cancel

Edit Charge->Supporting Documentation Tab->Percent

# **SE - Transaction Set Trailer**

## Segment: SE

---

Segment: SE

**Element: SE01 (Transaction Set Trailer Segment Count)**

System generated.

**Element: SE02 (Transaction Set Trailer Set Control Number)**

System generated.

**Element: GE01 (Functional Group Trailer Transaction Sets Count)**

System generated.

**Element: GE02 (Functional Group Trailer Control Number)**

Hard coded to 987654321

**Element: IEA01 (Interchange Control Trailer Functional Groups Count)**

System generated.

**Element: IEA02 (Interchange Control Trailer Control Number)**

System generated, based on time.