

Sheet1

CUSTNO,C,6 LASTNAME,C,20 FIRSTNAME,C,15 MIDDLE,C,1 ADDRESS,C,30 CITY,C,20

Sheet1

STATE,C,4 ZIP,N,5,0 INSURANCE,C,20 BIRTHDATE,D PHONEHOME,C,10 PHONWORK,C,10

Sheet1

LAST_UPDAT,D CLEANDATE,D ALLERGIES,C,30 CURR_BAL,N,8,2 BAL_30,N,8,2 BAL_60,N,8,2

Sheet1

BAL_90,N,8,2 BAL_90PLUS,N,8,2 CRED_IT,N,7,2 BAL_DUE,N,8,2 CLABDATE,D PATSS,C,9

EMPSS,C,9 MEDCAID,C,8 INS_NO,C,10 VISTATE,D