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DCT_NAME,C,DC	DCT_DCD	DCT_DCT	DCT_HEADER,C	DCT_PICT	DCT_HELP,C,32
ATB_CAT	C	2	0	1	
ATB_CURR	N	9	2	2	
ATB_AGE30	N	9	2	3	
ATB_AGE60	N	9	2	4	
ATB_AGE90	N	9	2	5	
ATB_CREDIT	N	9	2	6	
ATB_BAL	N	10	2	7	
CHA_RECNO	N	6	0	1	Recno
CHA_ACCT	C	6	0	2	Acct
CHA_CHART	C	505	0	3	Chart
DIA_RECNO	N	4	0	1	Rec
DIA_DIAG	C	8	0	2	Diagnos
DIA_DESC	C	45	0	3	Description
DIA_GROUP	C	3	0	4	Grp
DIA_SUPER	C	1	0	5	S
DOC_RECNO	N	2	0	1	No
DOC_NAME	C	28	0	2	Full Name
DOC_LAST	C	13	0	3	Last Name
DOC_FIRST	C	10	0	4	First Name
DOC_INIT	C	1	0	5	Middle Init
DOC_ADDR	C	28	0	6	Address
DOC_CITY	C	15	0	7	City
DOC_STATE	C	2	0	8	State
DOC_ZIP	C	10	0	9	Zip Code
DOC_PHONE	C	12	0	10	Phone Number
DOC_SS	C	11	0	11	Soc Sec No
DOC_EMPLID	C	11	0	12	Tax/Empl ID
DOC_MDNUM	C	12	0	13	MD Prov No
DOC_MDGRP	C	12	0	14	MD Group
DOC_MDCLM	C	12	0	15	MD Elect Clm
DOC_MRNUM	C	12	0	16	MR PIN No
DOC_MRGRP	C	12	0	17	MR Group
DOC_MRCLM	C	12	0	18	MR Elect Clm
DOC_INNUM	C	12	0	19	Ins Prov No
DOC_INCLM	C	12	0	20	Ins Claim No
DOC_BSNUM	C	12	0	21	BS Prov No
DOC_BSCLM	C	12	0	22	BS Claim No
FAC_RECNO	N	3	0	1	Rec
FAC_NAME	C	28	0	2	Fac Name
FAC_ADDR	C	28	0	3	Address
FAC_CITY	C	15	0	4	City
FAC_STATE	C	2	0	5	State
FAC_ZIP	C	10	0	6	Zip Code
FAC_PHONE	C	12	0	7	Phone Number
FAC_CONT	C	28	0	8	Contact Name
FAC_PROV	C	10	0	9	Provider No
FIN_CAT	C	2	0	1	
FIN_CHARGE	N	9	2	2	

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FIN_CHCT	N	5	0	3		
FIN_PAYMNT	N	9	2	4		
FIN_PYCT	N	5	0	5		
FIN_ADJUST	N	9	2	6		
FIN_ADCT	N	5	0	7		
GEO_ZIP	C	5	0	1		
GEO_CITY	C	15	0	2		
GEO_COUNT	N	5	0	3		
INS_RECNO	N	4	0	1	Rec	Insurance Record Number
INS_NAME	C	28	0	2	Company Name	Insurance Company Name
INS_POLICY	C	28	0	3	Policy	Plan or Program Name #11c/9d
INS_ADDR1	C	28	0	4	Address 1	First Address line
INS_ADDR2	C	28	0	5	Address 2	Second Address line
INS_CITY	C	15	0	6	City	City
INS_STATE	C	2	0	7	State	!! State
INS_ZIP	C	10	0	8	Zip Code	Zip Code
INS_PHONE	C	12	0	9	Phone Number	Phone Number
INS_CONT	C	28	0	10	Contact Name	Contact person at Insurance Co
INS_IDNO	C	18	0	11	Ins ID No	Doctor ID No for HCFA Box #33
INS_PAYID	C	5	0	12	Pay ID	NEIC Payor ID for Elect Claims
INS_CLMOFC	C	4	0	13	Ofc	!!!! Claim Office Number
INS_RCVTYP	C	3	0	14	Rcv	!!! Receiver Type
INS_GRPNO	C	10	0	15	Group No	!!!!!!!!! Policy/Group Number
INS_BOX1	C	1	0	16	Box 1	! Mark in Box 1 of HCFA 1500 (1-7)
MSC_RECNO	N	2	0	1	No	Misc Description Record No
MSC_CODE	C	2	0	2	Cd	!! Misc Description Code
MSC_DESC	C	12	0	3	Description	!xxxxxxxxxDescription
MSC_TYPE	C	2	0	4	Type	!! Type of Misc Description Code
OPN_RECNO	N	6	0	1	RECNO	Record number for THIS item
OPN_PAYMNT	N	7	2	2	PAYMENT	Amount to apply to Payment
OPN_ADJUST	N	8	2	3	ADJUST	Amount to apply to Adjust
OPN_RESIND	C	1	0	4	R	! Change to make to Resp Ind
OPN_DATE	D	8	0	5	DATE	Date of THIS payment
OPN_COMM	C	10	0	6	COMMENT	Comment for Payment Summary line
OPN_PMTTYP	C	2	0	7	PT	!! Pay Type for THIS payment
OPN_ADJTYP	C	2	0	8	AD	!! Adj Type for THIS adjustment
OPN_DOC	N	2	0	9	DR	Doctor to credit with payment
OPN_LOC	C	2	0	10	LC	!! Location to credit with payment
OPN_ACCT	C	6	0	11	ACCT	Account number for this payment
OPN_LINE	N	6	0	12	RECORD	Record number in Open Items file
OPN_CAT	C	2	0	13	PC	!! Patient Category
PAT_ACCT	C	6	0	1	Acct	Accunt Number
PAT_LAST	C	13	0	2	Last Name	Last Name #2
PAT_FIRST	C	10	0	3	First Name	First Name #2
PAT_INIT	C	1	0	4	I	! Middle Initial #2
PAT_ADDR1	C	28	0	5	Address 1	First Address line #5
PAT_ADDR2	C	28	0	6	Address 2	Second Address Line
PAT_CITY	C	15	0	7	City	City #5
PAT_STATE	C	2	0	8	St	!! State #5

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PAT_ZIP	C	10	0	9	Zip		Zip Code #5
PAT_STMADR	C	1	0	10	A	!	Statement Address
PAT_HMPH	C	12	0	11	Home Phone		Home Phone number #5
PAT_WKPH	C	12	0	12	Work Phone		Work Phone number
PAT_BIRTH	D	8	0	13	Birth Dt		Date of Birth #3
PAT_SEX	C	1	0	14	S	!	Sex #3
PAT_CAT	C	2	0	15	PC	!!	Patient Catergory
PAT_DOC	N	2	0	16	Dr		Primary Doctor
PAT_LOC	C	2	0	17	Lc	!!	Location (or user option)
PAT_REF	N	3	0	18	Ref		Referring Physician #17 (17a)
PAT_FAC	N	3	0	19	Fac		Facility of services #32
PAT_DLS	D	8	0	20	Dt L Svc		Date of Last Service
PAT_DLP	D	8	0	21	D L Pmt		Date of Last Payment
PAT_ALP	N	7	2	22	A L Pmt		Amount of Last Payment
PAT_DLSTMT	D	8	0	23	D L Stmt		Date of Last Statement
PAT_RELEMP	C	1	0	24	E	!	Cond Related to Employment? #10a
PAT_RELACC	C	1	0	25	A	!	Cond Related to Accident? #10b,c
PAT_ACCDT	D	8	0	26	Accid DT		Date of Accident
PAT_ACCST	C	2	0	27	St	!!	Accident State #10b
PAT_DATEOF	D	0	0	28	Date Of		Date Of Illness/Injury/Preg #14
PAT_DT1STC	D	8	0	29	Dt 1st C		Date first consulted
PAT_DTSIM	D	8	0	30	Dt Simlr		Date of Similar Acc/III/Inj #15
PAT_HOSPFR	D	8	0	31	Hsp From		Date admitted to hospital #18
PAT_HOSPTO	D	8	0	32	Hosp To		Date dischard from hospital #18
PAT_DISBFR	D	8	0	33	Disb Fr		Disability From Date #16
PAT_DISBTO	D	8	0	34	Disb To		Disability To Date #16
PAT_SPEC	C	8	0	36	Spec Sel	!!!!!!!	Special Select field
PAT_REMARK	C	2	0	37	Rm	!!	Remark: send Memo on Claims
PAT_MEMO	C	50	0	38	Memo		Patient Memo
PAT_INS1	N	4	0	39	Ins1		First Insurance/Medicare
PAT_INMED1	C	20	0	40	Ins/Med 1		First Ins/Medi... ID No #1a
PAT_REL1	C	2	0	41	R1	!!	First Ins Related to Insd #6
PAT_ASN1	C	1	0	42	A	!	Accept Assignment? #27
PAT_BILL1	C	1	0	43	B	!	Bill this Carrier?
PAT_SIGN1	D	8	0	44	Release		Date Patient's Sign on File #12
PAT_PMT1	C	1	0	45	P	!	Payment of Benefits to Phys #13
PAT_BOX4	C	4	0	46	Itm4	!!!!	Insured's Name #4
PAT_BOX9A	C	13	0	47	Item 9a	!!!!!!!!!!!!!!	Medicare Other Policy prefix #9a
PAT_BOX10D	C	10	0	48	Itm 10d	!!!!!!!	Medicare Other Ins Category #10d
PAT_BOX11D	C	1	0	49	A	!	Another Health Benefit Plan? 11d
PAT_INS2	N	4	0	50	Ins2		Second Ins Co #11d/9d
PAT_INMED2	C	20	0	51	Ins/Med 2		Second Ins/Medi... ID No #9a
PAT_REL2	C	2	0	52	R2	!!	Second Ins Related to Insd #6
PAT_ASN2	C	1	0	53	A	!	Accept Assignment? #27
PAT_BILL2	C	1	0	54	B	!	Bill this Carrier?
PAT_INS3	N	4	0	55	Ins3		Third Ins/MediGap/Medicaid/Supp
PAT_INMED3	C	20	0	56	Ins/Med 3		Third Ins/Medi/Supp ID Number
PAT_REL3	C	2	0	57	R3	!!	Third Relation to Insured
PAT_ASN3	C	1	0	58	A	!	Third Accept Assignment

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PAT_BILL3	C	1	0	59	B	!	Bill this carrier?
PAT_MSTAT	C	1	0	60	M	!	Marital Status #8
PAT_ESTAT	C	1	0	61	E	!	Employment Status #8
PAT_SSTAT	C	1	0	62	S	!	Student Status #8
PAT_PRIOR	C	14	0	63	Prior Auth		Prior Authorization Number #23
PAT_RCLDT	D	8	0	64	Rcl Date		Recall Date
PAT_RCLTM	C	5	0	65	Time	99:99	Recall Time
PAT_DIAG1	C	8	0	66	Diag 1	!!!!!!!	First Diagnosis #21.1
PAT_DIAG2	C	8	0	67	Diag 2	!!!!!!!	Second Diagnosis #21.2
PAT_DIAG3	C	8	0	68	Diag 3	!!!!!!!	Third Diagnosis #21.3
PAT_DIAG4	C	8	0	69	Diag 4	!!!!!!!	Fourth Diagnosis #21.4
PAT_RES1	N	6	0	70	Res 1		Primary Responsible Party #4
PAT_RES2	N	6	0	71	Res 2		Secondary Responsible Party (#9)
PAT_RES3	N	6	0	72	Res 3		Tertiary Responsible Party
PAT_CHARNO	N	6	0	73	Chr No		Patient Chart record number
PAT_RECNO	N	6	0	74	Recno		Patient file Record Number
PRA_PROC	C	5	0	1			
PRA_MOD1	C	2	0	2			
PRA_GROUP	C	3	0	3			
PRA_COUNT	N	5	0	4			
PRA_CHARGEN		9	2	5			
PRA_PAYMNT	N	9	2	6			
PRA_ADJUST	N	9	2	7			
PRO_RECNO	N	4	0	1	Rec		Procedure file Record Number
PRO_PROC	C	5	0	2	Code	!!!!	Procedure Code
PRO_MOD1	C	2	0	3	M1	!!	First Modifier
PRO_MOD2	C	2	0	4	M2	!!	Second Modifier
PRO_CAT	C	2	0	5	PC	!!	Procedure Category
PRO_DESC	C	45	0	6	Description		Procedure Description
PRO_FEE	N	7	2	7	Fee		Standard Fee
PRO_PLACE	C	2	0	8	PI	!!	Place of Service
PRO_TOS	C	1	0	9	TOS	!	Type of Service
PRO_UNITS	N	4	1	10	Unit		Units
PRO_GROUP	C	3	0	11	Grp	!!!	Procedure Group
PRO_SUPER	C	1	0	12	S	!	Print on SuperBill?
REF_RECNO	N	3	0	1	Rec		Ref Physucian Record Number
REF_NAME	C	28	0	2	Ref Phy Name		Referring Physician Name
REF_LAST	C	13	0	3	Last Name	!xxxxxxxx	Referring Physician Last Name
REF_FIRST	C	10	0	4	First Name	!xxxxxxxx	Referring Physician First Name
REF_INIT	C	1	0	5	I	!	Middle Initial
REF_ADDR	C	28	0	6	Address		Address
REF_CITY	C	15	0	7	City		City
REF_STATE	C	2	0	8	State	!!	State
REF_ZIP	C	10	0	9	Zip Code		Zip Code
REF_PHONE	C	12	0	10	Phone Number		Phone Number
REF_CONT	C	28	0	11	Contact Name		Person to contact at the office
REF_PROV	C	10	0	12	MD Prov No	!!!!!!!	Provider Number
REF_UPIN	C	10	0	13	MR UPIN	!!!!!!!	Medicare UPIN Number #17a
RES_RECNO	N	6	0	1	Recno		Responsible Party Record Number

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RES_LAST	C	13	0	2	Last Name		Resparty/Insd's Last Name #4/#9
RES_FIRST	C	10	0	3	First Name		Resparty/Insd's First Name #4/#9
RES_INIT	C	1	0	4	M	!	Middle Initial #4/#9
RES_ADDR1	C	28	0	5	Address 1		First Address Line #7
RES_ADDR2	C	28	0	6	Address 2		Second Address Line
RES_CITY	C	15	0	7	City		City #7
RES_STATE	C	2	0	8	St	!!	State #7
RES_ZIP	C	10	0	9	Zip Code		Zip Code #7
RES_BOX7	C	4	0	10	Box7	!!!!	Insured's Address print #7
RES_HMPH	C	12	0	11	Home Phone		Home Phone number #7
RES_WKPH	C	12	0	12	Work Phone		Responsible Party's Work Phone
RES_BIRTH	D	8	0	13	Birth Dt		Resp/Insd's Birth Date #11a/9b
RES_SEX	C	1	0	14	S	!	Resparty/Insured's Sex #11a/9b
RES_LEGAL	C	1	0	15	L	!	Legal Rep/Resparty Class
RES_ENAME	C	28	0	16	Employer		Resp/Insd'd Employer #11b/9c
RES_EADDR1	C	28	0	17	Empl Addr 1		Employer Address 1
RES_EADDR2	C	28	0	18	Empl Addr 2		Employer Address 2
RES_ECITY	C	15	0	19	Empl City		Employer City
RES_ESTATE	C	2	0	20	St	!!	Employer State
RES_EZIP	C	10	0	21	Empl Zip		Employer Zip Code
RES_ACCT	C	6	0	22	Acct		Patient's Account number
TRN_RECNO	N	6	0	1	Record		Trnentry or History record no.
TRN_DATE	D	8	0	2	Date		Date of Service From date #24A
TRN_PROC	C	5	0	3	Proc	!!!!	Procedure Code #24D
TRN_MOD1	C	2	0	4	M1	!!	First Modifier #24D
TRN_DIAIND	C	3	0	5	Dia	!!!	Diagnosis Indicator #24E
TRN_COMM	C	10	0	6	Comment		Comment or Date Filed
TRN_CHARGEN		7	2	7	Charge		Charge amount #24F
TRN_BILTYP	C	2	0	8	BT	!!	Billing Type
TRN_RESIND	C	1	0	9	R	!	Responsibility Indicator
TRN_PAYMNT	N	7	2	10	Payment		Payment Amount
TRN_PMTTYP	C	2	0	11	PT	!!	Payment Type
TRN_ADJUST	N	8	2	12	Adjust		Adjustment Amount
TRN_ADJTYP	C	2	0	13	AT	!!	Adjustment Type
TRN_DOC	N	2	0	14	Dr		Doctor/Provider
TRN_LOC	C	2	0	15	Lc	!!	Location or user option
TRN_RECPT	C	6	0	16	Recpt		Receipt/Super Bill number
TRN_UNITS	N	3	0	17	Unit		Days or Units of Service #24G
TRN_PLACE	C	2	0	18	PI	!!	Place of Service #24B
TRN_TOS	C	1	0	19	TOS	!	Type of Service #24C
TRN_REF	N	3	0	20	Ref		Referring Physician #17
TRN_FAC	N	3	0	21	Fac		Facility #32
TRN_MOD2	C	2	0	22	M2	!!	Second Modifier #24D
TRN_DIAG	C	8	0	23	Diagnos	!!!!!!!	Diagnosis Code
TRN_DATETO	D	8	0	24	Date To		Date of Service To #24A
TRN_RPTMTH	C	4	0	25	Rpt		Reporting Month
TRN_CAT	C	2	0	26	PC	!!	Patient Category
TRN_INS1	N	4	0	27	Ins		Primary Insurance Co
TRN_ACCT	C	6	0	28	Acct		Patient Account number #26

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WIN_RECNO	N	1	0	1 R	
WIN_SERNO	C	8	0	2 Serial No	
WIN_COMP	C	12	0	3 Comp Print	
WIN_NORM	C	12	0	4 Norm Print	
WIN_LINES	N	2	0	5 Lines/Page	
WIN_CHARS	N	3	0	6 Chars/Line	
WIN_PASS1	C	8	0	7 Password 1	
WIN_PASS2	C	8	0	8 Password 2	
WIN_PASS3	C	8	0	9 Password 3	
WIN_PASS4	C	8	0	10 Password 4	
WIN_PASS5	C	8	0	11 Password 5	
WIN_COLOR1	C	13	0	12 Color 1	!!!!!!!!!!!!
WIN_COLOR2	C	13	0	13 Color 2	!!!!!!!!!!!!
WIN_COLOR3	C	13	0	14 Color 3	!!!!!!!!!!!!
WIN_COLOR4	C	13	0	15 Color 4	!!!!!!!!!!!!
WIN_COLOR5	C	13	0	16 Color 5	!!!!!!!!!!!!
WIN_DZIP1	C	5	0	17 Default Zip	
WIN_DCITY1	C	15	0	18 Default City	
WIN_DST1	C	2	0	19 Default St	!!
WIN_BATCH	C	1	0	20 Batch Mode	!
WIN_NODE	C	8	0	21 Node Name	