System Field ID	Description	Notes	Example Output
Cystem Field IB	Description	110163	Example Gutput
sys.address1	Address 1	To print the address correctly with or without an	33 BEDFORD RD STE 101
sys.address2	Address 2	address 2 field use this order: pat.address1	GARDENS, FL 33410
sys.address3	Address 3	pat.address1 pat.address2	
sys.address4	Address 4	pat.address3	
sys.billprovider	Billing Company	* if there is one set in Default Settings	Healthcare Services, LLC
sys.city	City		GARDENS
sys.dbid	Database number		61
sys.ein	Practice Tax ID		351555926
sys.formname sys.ltoday	The actual form name/url System Long Date (todays date)	date of when the form is printed	pdfin/650555926/mappings.pdf Tuesday, 8 March 2016
sys.noday sys.phone	Practice Phone	date of when the form is printed	561 624-5555
sys.prioric	Practice Name		Doc, MD,PA
sys.state	Practice State		FL
sys.today	Today's Date	date of when the form is printed	8/3/2016
sys.zip	Practice Zip		33410
sys.city_st_zip	Practice City, St, Zip		GARDENS, FL 33410
sys.time	System Time		
sys.time_with_date	System Time and Date		
sys.blocation name	System Billing - Libraries Payto/Billing	Setting needs to be added by Support	
sys.blocation_name sys.blocation_address1_2	System Dinning Environment dyto/Dinning	Total to be added by Support	
sys.blocation_address_full			
sys.blocation_address1			
sys.blocation_address2			
sys.blocation_address2_only			
sys.blocation_address3			
sys.blocation_city			
sys.blocation_state			
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sys.blocation_city_st_zip	+		
sys.blocation_hph			
sys.blocation name			
sys.blocation_address1_2			
sys.blocation_address_full			
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sys.plocation_name sys.plocation address1 2	System PayTo- Libraries Payto/Billing	Setting needs to be added by Support	
sys.plocation_address1_2 sys.plocation_address_full			
sys.plocation_address1			
sys.plocation address2			
sys.plocation_address2_only			
sys.plocation_address3			
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sys.plocation_state			
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Authorization Field ID	Username Description	username of who printed this form Notes	Example Output
Authorization Field ID	Description	·	Example Output
Authorization Field ID	Description Auth#	·	Example Output 3.21654E+14
Authorization Field ID auth.number auth.effective	Description Auth # Auth Effective Date	·	Example Output 3.21654E+14 1/1/2016
Authorization Field ID auth.number auth.effective auth.expiration	Description Auth # Auth Effective Date Auth Expiration Date	·	3.21654E+14 1/1/2016 1/1/2017
Authorization Field ID auth.number auth.effective auth.expiration auth.visits_allowed	Description Auth # Auth Effective Date Auth Expiration Date Auth'd Number of Visits allowed	·	3.21654E+14 1/1/2016 1/1/2017
Authorization Field ID auth.number auth.effective auth.expiration auth.visits_allowed auth.visits_used	Description Auth # Auth Effective Date Auth Expiration Date Auth'd Number of Visits allowed Auth'd Number of Visits used	·	3.21654E+14 1/1/2016 1/1/2017
Authorization Field ID auth.number auth.effective auth.expiration auth.visits_allowed	Auth # Auth Effective Date Auth Expiration Date Auth'd Number of Visits allowed Auth'd Number of Visits used Auth'd Number of Visits used after billed	·	3.21654E+14 1/1/2016 1/1/2017
Authorization Field ID auth.number auth.effective auth.expiration auth.visits_allowed auth.visits_used auth.visits_used_billed	Description Auth # Auth Effective Date Auth Expiration Date Auth'd Number of Visits allowed Auth'd Number of Visits used	·	3.21654E+14 1/1/2016 1/1/2017
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case.contact_1_country case.contact_1_cellphone case.contact_1_homephone case.contact_1_workphone case.contact_1_email case.contact_1_fname case.contact_1_lname case.contact_1_lname case.contact_1_middle	
case.contact_1_cellphone case.contact_1_homephone case.contact_1_workphone case.contact_1_email case.contact_1_fname case.contact_1_lname case.contact_1_lname case.contact_1_middle	
case.contact_1_homephone case.contact_1_workphone case.contact_1_email case.contact_1_fname case.contact_1_lname case.contact_1_lname case.contact_1_middle	
case.contact_1_workphone case.contact_1_email case.contact_1_fname case.contact_1_lname case.contact_1_middle	
case.contact_1_email case.contact_1_fname case.contact_1_lname case.contact_1_middle	
case.contact_1_email case.contact_1_fname case.contact_1_lname case.contact_1_middle	-
case.contact_1_fname case.contact_1_lname case.contact_1_middle	
case.contact_1_lname case.contact_1_middle	
case.contact_1_middle	
case.contact_1_fullname	
case.contact_1_Iname_fname	
case.contact 1 fname Iname	
case.wcclaimid Workers Comp Claim Number	
case.wcciaimid workers comp claim number	
Appointment Field ID Description Notes Example Output	
apt.contact Contact Phone Number on appt C: (888) 999-9999	
apt.duration Appointment duration 15	
Eligibility status of the most recent request	
for the Primary Insurance on the default	
apt.elig1 insurance profile Eligible	
Eligibility status of the most recent request	
for the Secondary Insurance on the default	
apt.eliq2 insurance profile Eligible	
Eligibility status of the most recent request	
for the Tertiary Insurance on the default	
apt.elig3 insurance profile Eligible	
apt.endtime Appointment End Time If patient is checked out 08:35 AM	
apt.evdate Appointment Date/Service Date For Appt form is being printed from 03/06/2016	
apt.eventid Appointment ID 66	
apt.evtime Appointment Time 08:20 AM	
apt.evtype Appointment Event Appt Description OFFICE VISIT	
apt.name Patients Name on the Appointment TEST2, JEREMY Z	
apt.next appt Next Appointment Date 103/22/2016	
apt.note Appointment Note prints from schedule but not pt dashboard f/u of staph infection	
apt.ptid Appointment Patient ID 9090	
apt.reason Appointment Reason poss change anitbiotics	
apt.referral Free Text - Referal Reason staph infection	
apt.referral Free Text - Referal Reason staph infection apt.refid Referring Prov. ID AMR	
apt.referral Free Text - Referal Reason staph infection	
apt.referral Free Text - Referal Reason staph infection apt.refid Referring Prov. ID AMR apt.resource Provider for Appointment SMITH	
apt.referral Free Text - Referal Reason staph infection apt.refid Referring Prov. ID AMR apt.resource Provider for Appointment SMITH apt.resource Resource for Appointment MAVUS A JACOBS, MD	
apt.referral Free Text - Referal Reason staph infection apt.refid Referring Prov. ID AMR apt.resource Provider for Appointment SMITH apt.resource Resource for Appointment MAVUS A JACOBS, MD Resource for Appointment (Facility Facility Location that is showing on Appt	
apt.referral Free Text - Referal Reason staph infection apt.refid Referring Prov. ID AMR apt.resource Provider for Appointment SMITH apt.resource Resource for Appointment MAVUS A JACOBS, MD Resource for Appointment (Facility Facility Location that is showing on Appt Abbreviation) Menu THOMSON	
apt.referral Free Text - Referal Reason staph infection apt.refid Referring Prov. ID AMR apt.resource Provider for Appointment SMITH apt.resource Resource for Appointment Facility Address 1 Appointment Facility Address 1 Free Text - Referal Reason staph infection AMR AMR AMR AMR AMR AMR AMR AM	
apt.referral Free Text - Referal Reason staph infection apt.refid Referring Prov. ID AMR apt.resource Provider for Appointment SMITH apt.resource Resource for Appointment Facility Address 1 apt.fac_address 2 field use this order:	
apt.referral Free Text - Referal Reason staph infection apt.refid Referring Prov. ID AMR apt.resource Provider for Appointment SMITH apt.resource Resource for Appointment Facility Address 1 apt.fac_address2 Appointment Facility Address 2 staph infection AMR AMR AMR AMR AMR AMR AMR AM	
apt.referral Free Text - Referal Reason staph infection apt.refid Referring Prov. ID AMR apt.resource Provider for Appointment Resource for Appointment Abbreviation) apt.resource_facility_abr apt.fac_address1 Appointment Facility Address 1 apt.fac_address2 Appointment Facility Address 2 apt.fac_address3 Appointment Facility Address 3	
apt.referral Free Text - Referal Reason staph infection apt.refid Referring Prov. ID AMR apt.resource Provider for Appointment Resource for Appointment Abbreviation) apt.fac_address1 Appointment Facility Address 2 apt.fac_address2 Appointment Facility Address 3 apt.fac_address3 Appointment Facility Address 1 apt.fac_address1 Appointment Facility Address 3 apt.fac_address1 Appointment Facility Address 3 apt.fac_address2 Appointment Facility Address 3 apt.fac_address1 Appointment Facility Address 1 and 2 Appointment Facility Address 1 and 2 Appointment Facility Address 1 and 2	
apt.referral Free Text - Referal Reason staph infection apt.refid Referring Prov. ID AMR apt.resource Provider for Appointment Resource for Appointment Abbreviation) apt.fac_address1 Appointment Facility Address 1 apt.fac_address3 Appointment Facility Address 3 apt.fac_address1_2 Appointment Facility Address 1 and 2 Appointment Facility Address 2 Only - Will AMR AMR AMR AMR AMR AMR AMR A	
apt.referral Free Text - Referal Reason staph infection apt.refid Referring Prov. ID AMR apt.resource Provider for Appointment SMITH apt.resource Resource for Appointment Resource for Appointment (Facility Abbreviation) apt.fac_address1 Appointment Facility Address 1 apt.fac_address2 Appointment Facility Address 2 apt.fac_address3 Appointment Facility Address 3 apt.fac_address1 Appointment Facility Address 1 apt.fac_address3 Appointment Facility Address 3 apt.fac_address1 Appointment Facility Address 1 and 2 Appointment Facility Address 2 Only - Will only print if there is an address 2 field-	
apt.referral Free Text - Referal Reason staph infection apt.refid Referring Prov. ID AMR apt.resource Provider for Appointment SMITH apt.resource for Appointment Resource for Appointment (Facility Abdress 1 Appointment Facility Address 2 field use this order: apt.fac_address1 Appointment Facility Address 3 apt.fac_address2 Appointment Facility Address 1 and 2 Appointment Facility Address 1 and 2 Appointment Facility Address 2 Only - Will only print if there is an address 2 field- apt.fac_address2_only ASSITH AMR AMR AMR AMR AMR AMR AMR AM	
apt.referral Free Text - Referal Reason staph infection apt.refid Referring Prov. ID AMR apt.resource Provider for Appointment SMITH apt.resource Resource for Appointment Resource for Appointment (Facility Abbreviation) apt.fac_address1 Appointment Facility Address 1 apt.fac_address2 Appointment Facility Address 2 apt.fac_address3 Appointment Facility Address 3 apt.fac_address1 Appointment Facility Address 1 apt.fac_address3 Appointment Facility Address 3 apt.fac_address1 Appointment Facility Address 1 and 2 Appointment Facility Address 2 Only - Will only print if there is an address 2 field-	
apt.referral Free Text - Referal Reason staph infection apt.refid Referring Prov. ID AMR apt.resource Provider for Appointment SMITH apt.resource Resource for Appointment Resource for Appointment (Facility Abreviation) Menu THOMSON apt.fac_address1 Appointment Facility Address 1 apt.fac_address2 Appointment Facility Address 2 apt.fac_address3 Appointment Facility Address 3 apt.fac_address1 Appointment Facility Address 1 and 2 Appointment Facility Address 2 Only - Will only print if there is an address 2 field-apt.fac_city Appointment Facility City Appointment Facility City AMR AMR AMR AMR AMR AMR AMR AM	
apt.referral Free Text - Referal Reason staph infection apt.refid Referring Prov. ID AMR apt.resource Provider for Appointment SMITH apt.resource Resource for Appointment (Facility Abdress 1 Appointment Facility Address 2 apt.fac_address2 Appointment Facility Address 3 apt.fac_address1 Appointment Facility Address 3 apt.fac_address1 Appointment Facility Address 1 and 2 Appointment Facility Address 2 Only - Will only print if there is an address 2 field-apt.fac_catte Appointment Facility City Appointment Facility State Appointment Facility State Free Text - Referal Reason	
apt.referral Free Text - Referal Reason staph infection apt.refid Referring Prov. ID AMR apt.resource Provider for Appointment SMITH apt.resource Resource for Appointment Facility Address 1 Appointment Facility Address 2 apt.fac_address1 Appointment Facility Address 1 and 2 Appointment Facility Address 2 Only - Will only print if there is an address 2 field-apt.fac_city Appointment Facility City Appointment Facility City Facility Location that is showing on Appt MAVUS A JACOBS, MD Facility Location that is showing on Appt Menu THOMSON THOMS	

apt.resourceid	Appointment Resource Facility		ABC CLINIC
	Resource ID		PJACOB
apt.status	Appointment Status		0
apt.status description	Appointment Status Description		Confirmed
apr.statas_accomption	Appointment Status Beschption		Committee
apt.refname	requested referring dr NAME		DAVID D AMROSE MD
pat.next_appt_time	Next Appointment Time		09:00 AM
pat.next_appt_time	Next Appointment Time Next Appointment Date		03/22/2016
:	Next Appointment Type		OFFICE VISIT
pat.next_appt_type	Pulls the user that added the appt to the		OFFICE VISIT
			CLIDDODT
apt.x_usr_add	calendar		SUPPORT
apt.rp	Provider ID	Provider linked to Appointment Resource	
apt.rp Iname fname	Provider Last Name, First Name	Provider linked to Appointment Resource	
apt.rp fname Iname	Provider First Name, Last Name	Provider linked to Appointment Resource	
apt.rp fname	Provider First Name	Provider linked to Appointment Resource	
apt.rp Iname	Provider Last Name	Provider linked to Appointment Resource	
· · · -		• • • • • • • • • • • • • • • • • • • •	
apt.rp_middle	Provider Middle Name	Provider linked to Appointment Resource	
apt.rp_npi	Provider NPI	Provider linked to Appointment Resource	
apt.rp credentials	Provider Credentials	Provider linked to Appointment Resource	
apt.rp medicare	Provider Medicare Number	Provider linked to Appointment Resource	
apt.rp medicaid	Provider Medicaid Number	Provider linked to Appointment Resource	
apt.rp_iriedicaid apt.rp_licnum	Provider License Number	Provider linked to Appointment Resource	
' '-			
apt.rp_blocation_taxid	Provider Location Tax ID	Provider linked to Appointment Resource	
apt.rp_blocation_npi	Provider Location NPI	Provider linked to Appointment Resource	
apt.rp blocation phone	Provider Location Phone Number	Provider linked to Appointment Resource	
apt.rp_blocation_address1	Provider Location Address 1	address 2 field use this order:	123 Meadow Place
apt.rp blocation address2	Provider Location Address 2	address 2 field use this order: apt.rp blocation address1	Suite 500
apt.rp blocation address3	Provider Location Address 3	apt.rp_blocation_address1 apt.rp_blocation_address2	Hudson, OH 44236
apt.rp blocation address1 2	Provider Location Address 1 and 2	Provider linked to Appointment Resource	123 Meadow Place Suite 500
apt.rp_blocation_address1_2		Provider linked to Appointment Resource	123 Meadow Place Suite 500
	Provider Location Address 2 only - Will only		
	print if there is an address 2 field-otherwise		
apt.rp_blocation_address2_only	blank	Provider linked to Appointment Resource	Suite 500
apt.rp_blocation_address2_only	Provider Location Address 2 only	Provider linked to Appointment Resource	
apt.rp blocation address3	Provider Location Address 3	Provider linked to Appointment Resource	
apt.rp blocation city	Provider Location City	Provider linked to Appointment Resource	
apt.rp blocation state	Provider Location State	Provider linked to Appointment Resource	
		• • • • • • • • • • • • • • • • • • • •	
apt.rp_blocation_zip	Provider Location Zip	Provider linked to Appointment Resource	
apt.rp_blocation_city_st_zip	Provider Location City, State, Zip	Provider linked to Appointment Resource	
apt.global_days	Days of the Global Period		
apt.global_days_end_date	Global End Date		
apt.global_days_cpt	CPT code related to the Global Days		
	Global end date warning shown		
apt.global_days_warning			
	Days of the Global Period		
apt.global_days_warning apt.global_days	Days of the Global Period Global End Date		
apt.global_days_warning apt.global_days apt.global_days_end_date	Global End Date		
apt.global_days_warning apt.global_days apt.global_days_end_date apt.global_days_cpt	Global End Date CPT code related to the Global Days		
apt.global_days_warning apt.global_days apt.global_days_end_date	Global End Date		
apt.global_days_warning apt.global_days apt.global_days_end_date apt.global_days_cpt	Global End Date CPT code related to the Global Days		
apt.global_days_warning apt.global_days apt.global_days_end_date apt.global_days_cpt apt.global_days_warning	Global End Date CPT code related to the Global Days Global end date warning shown	Nata	Francis Outset
apt.global_days_warning apt.global_days apt.global_days_end_date apt.global_days_cpt	Global End Date CPT code related to the Global Days	Notes	Example Output
apt.global_days_warning apt.global_days apt.global_days_end_date apt.global_days_cpt apt.global_days_warning	Global End Date CPT code related to the Global Days Global end date warning shown	Notes	
apt.global_days_warning apt.global_days apt.global_days_end_date apt.global_days_cpt apt.global_days_warning	Global End Date CPT code related to the Global Days Global end date warning shown Description	Notes	123 LESS TRAVELED RD APT B2
apt.global_days_warning apt.global_days apt.global_days_end_date apt.global_days_cpt apt.global_days_warning	Global End Date CPT code related to the Global Days Global end date warning shown Description Full address	Notes	123 LESS TRAVELED RD APT B2 CANTON, NJ 07646
apt.global_days_warning apt.global_days apt.global_days apt.global_days_end_date apt.global_days_cpt apt.global_days_warning Patient Field ID	Global End Date CPT code related to the Global Days Global end date warning shown Description		123 LESS TRAVELED RD APT B2
apt.global_days_warning apt.global_days apt.global_days end_date apt.global_days_cpt apt.global_days_warning Patient Field ID pat.address_full	Global End Date CPT code related to the Global Days Global end date warning shown Description Full address	To print the address correctly with or without an	123 LESS TRAVELED RD APT B2 CANTON, NJ 07646
apt.global_days_warning apt.global_days apt.global_days end_date apt.global_days_cpt apt.global_days_warning Patient Field ID pat.address_full pat.address1	Global End Date CPT code related to the Global Days Global end date warning shown Description Full address Patient Address 1 Patient Address 2	To print the address correctly with or without an address 2 field use this order:	123 LESS TRAVELED RD APT B2 CANTON, NJ 07646 123 LESS TRAVELED RD
apt.global_days_warning apt.global_days apt.global_days apt.global_days_end_date apt.global_days_cpt apt.global_days_warning Patient Field ID pat.address_full pat.address1 pat.address2	Global End Date CPT code related to the Global Days Global end date warning shown Description Full address Patient Address 1 Patient Address 2 Will only print if there is an address 2 field-	To print the address correctly with or without an address 2 field use this order: pat.address1	123 LESS TRAVELED RD APT B2 CANTON, NJ 07646 123 LESS TRAVELED RD APT B2
apt.global_days_warning apt.global_days apt.global_days_end_date apt.global_days_cpt apt.global_days_warning Patient Field ID pat.address_full pat.address2 pat.address2_only	Global End Date CPT code related to the Global Days Global end date warning shown Description Full address Patient Address 1 Patient Address 2 Will only print if there is an address 2 field-otherwise blank	To print the address correctly with or without an address 2 field use this order: pat.address1 pat.address2	123 LESS TRAVELED RD APT B2 CANTON, NJ 07646 123 LESS TRAVELED RD APT B2
apt.global_days_warning apt.global_days apt.global_days end_date apt.global_days_cpt apt.global_days_warning Patient Field ID pat.address_full pat.address1 pat.address2 pat.address2_only pat.address3	Global End Date CPT code related to the Global Days Global end date warning shown Description Full address Patient Address 1 Patient Address 2 Will only print if there is an address 2 field-otherwise blank Patient Address 3	To print the address correctly with or without an address 2 field use this order: pat.address1	123 LESS TRAVELED RD APT B2 CANTON, NJ 07646 123 LESS TRAVELED RD APT B2 APT B2 CANTON, NJ 07646
apt.global_days_warning apt.global_days apt.global_days end_date apt.global_days_cpt apt.global_days_warning Patient Field ID pat.address_full pat.address1 pat.address2 pat.address3 pat.address1 pat.address3 pat.address1 pat.address3 pat.address1_2	Global End Date CPT code related to the Global Days Global end date warning shown Description Full address Patient Address 1 Patient Address 2 Will only print if there is an address 2 field-otherwise blank Patient Address 3 Patient Address 1 Patient Address 3 Patient Address 1 and 2	To print the address correctly with or without an address 2 field use this order: pat.address1 pat.address2	123 LESS TRAVELED RD APT B2 CANTON, NJ 07646 123 LESS TRAVELED RD APT B2 APT B2 CANTON, NJ 07646 123 LESS TRAVELED RD APT B2
apt.global_days_warning apt.global_days apt.global_days end_date apt.global_days_cpt apt.global_days_warning Patient Field ID pat.address_full pat.address1 pat.address2 pat.address2_only pat.address3 pat.address1_2 pat.age	Global End Date CPT code related to the Global Days Global end date warning shown Description Full address Patient Address 1 Patient Address 2 Will only print if there is an address 2 field-otherwise blank Patient Address 3 Patient Address 1 and 2 Patient age	To print the address correctly with or without an address 2 field use this order: pat.address1 pat.address2 pat.address3	123 LESS TRAVELED RD APT B2 CANTON, NJ 07646 123 LESS TRAVELED RD APT B2 APT B2 CANTON, NJ 07646 123 LESS TRAVELED RD APT B2 23 years
apt.global_days_warning apt.global_days apt.global_days end_date apt.global_days_cpt apt.global_days_warning Patient Field ID pat.address_full pat.address1 pat.address2 pat.address3 pat.address1 pat.address3 pat.address1 pat.address3 pat.address1_2	Global End Date CPT code related to the Global Days Global end date warning shown Description Full address Patient Address 1 Patient Address 2 Will only print if there is an address 2 field-otherwise blank Patient Address 3 Patient Address 1 Patient Address 3 Patient Address 1 and 2 Patient age Patient age	To print the address correctly with or without an address 2 field use this order: pat.address1 pat.address2	123 LESS TRAVELED RD APT B2 CANTON, NJ 07646 123 LESS TRAVELED RD APT B2 APT B2 CANTON, NJ 07646 123 LESS TRAVELED RD APT B2
apt.global_days_warning apt.global_days apt.global_days_end_date apt.global_days_cpt apt.global_days_cpt apt.global_days_warning Patient Field ID pat.address_full pat.address1 pat.address2 pat.address2 pat.address3 pat.address1_2 pat.age pat.age_detail	Global End Date CPT code related to the Global Days Global end date warning shown Description Full address Patient Address 1 Patient Address 2 Will only print if there is an address 2 field-otherwise blank Patient Address 3 Patient Address 1 and 2 Patient age Patient age Combination of Patient and Insurance	To print the address correctly with or without an address 2 field use this order: pat.address1 pat.address2 pat.address3	123 LESS TRAVELED RD APT B2 CANTON, NJ 07646 123 LESS TRAVELED RD APT B2 APT B2 CANTON, NJ 07646 123 LESS TRAVELED RD APT B2 23 years 23 years 3 M
apt.global_days_warning apt.global_days apt.global_days_end_date apt.global_days_cpt apt.global_days_warning Patient Field ID pat.address_full pat.address1 pat.address2 pat.address2 pat.address3 pat.address1_2 pat.age_detail pat.balance	Global End Date CPT code related to the Global Days Global end date warning shown Description Full address Patient Address 1 Patient Address 2 Will only print if there is an address 2 field-otherwise blank Patient Address 3 Patient Address 1 and 2 Patient age Patient age Combination of Patient and Insurance Balances	To print the address correctly with or without an address 2 field use this order: pat.address1 pat.address2 pat.address3	123 LESS TRAVELED RD APT B2 CANTON, NJ 07646 123 LESS TRAVELED RD APT B2 APT B2 CANTON, NJ 07646 123 LESS TRAVELED RD APT B2 23 years 23 years 3 M 310.00
apt.global_days_warning apt.global_days apt.global_days_end_date apt.global_days_cpt apt.global_days_warning Patient Field ID pat.address_full pat.address1 pat.address2 pat.address2_only pat.address1_2 pat.age pat.age pat.age_detail pat.balance pat.cellphone	Global End Date CPT code related to the Global Days Global end date warning shown Description Full address Patient Address 1 Patient Address 2 Will only print if there is an address 2 field-otherwise blank Patient Address 3 Patient Address 1 and 2 Patient age Patient age Combination of Patient and Insurance Balances Cell Phone	To print the address correctly with or without an address 2 field use this order: pat.address1 pat.address2 pat.address3	123 LESS TRAVELED RD APT B2 CANTON, NJ 07646 123 LESS TRAVELED RD APT B2 APT B2 CANTON, NJ 07646 123 LESS TRAVELED RD APT B2 23 years 23 years 23 years 3 M 310.00 888 999-9999
apt.global_days_warning apt.global_days apt.global_days end_date apt.global_days_cpt apt.global_days_warning Patient Field ID pat.address_full pat.address1 pat.address2 pat.address2 pat.address3 pat.address1 pat.address1 pat.address2 pat.address2 pat.address3 pat.address1 pat.address1 pat.address1 pat.address1 pat.address2 pat.address3 pat.address1	Global End Date CPT code related to the Global Days Global end date warning shown Description Full address Patient Address 1 Patient Address 2 Will only print if there is an address 2 field-otherwise blank Patient Address 3 Patient Address 1 and 2 Patient age Patient age Combination of Patient and Insurance Balances Cell Phone Patient Chart number	To print the address correctly with or without an address 2 field use this order: pat.address1 pat.address2 pat.address3	123 LESS TRAVELED RD APT B2 CANTON, NJ 07646 123 LESS TRAVELED RD APT B2 APT B2 CANTON, NJ 07646 123 LESS TRAVELED RD APT B2 23 years 23 years 3 M 310.00 888 999-9999 MRN444
apt.global_days_warning apt.global_days apt.global_days end_date apt.global_days_cpt apt.global_days_warning Patient Field ID pat.address_full pat.address1 pat.address2 pat.address2 pat.address3 pat.address1 pat.address1 pat.address2 pat.address2 pat.address3 pat.address1 pat.address1 pat.address1 pat.address2 pat.address3 pat.address1	Global End Date CPT code related to the Global Days Global end date warning shown Description Full address Patient Address 1 Patient Address 2 Will only print if there is an address 2 field-otherwise blank Patient Address 3 Patient Address 1 and 2 Patient age Patient age Combination of Patient and Insurance Balances Cell Phone Patient Chart number Patients City	To print the address correctly with or without an address 2 field use this order: pat.address1 pat.address2 pat.address3	123 LESS TRAVELED RD APT B2 CANTON, NJ 07646 123 LESS TRAVELED RD APT B2 APT B2 CANTON, NJ 07646 123 LESS TRAVELED RD APT B2 23 years 23 years 23 years 3 M 310.00 888 999-9999 MRN444 CANTON
apt.global_days_warning apt.global_days apt.global_days end_date apt.global_days_cpt apt.global_days_warning Patient Field ID pat.address_full pat.address1 pat.address2 pat.address2 pat.address3 pat.address1 pat.address1 pat.address2 pat.address2 pat.address3 pat.address1 pat.address1 pat.address1 pat.address1 pat.address2 pat.address3 pat.address1	Global End Date CPT code related to the Global Days Global end date warning shown Description Full address Patient Address 1 Patient Address 2 Will only print if there is an address 2 field-otherwise blank Patient Address 3 Patient Address 1 and 2 Patient age Patient age Combination of Patient and Insurance Balances Cell Phone Patient Chart number	To print the address correctly with or without an address 2 field use this order: pat.address1 pat.address2 pat.address3	123 LESS TRAVELED RD APT B2 CANTON, NJ 07646 123 LESS TRAVELED RD APT B2 APT B2 CANTON, NJ 07646 123 LESS TRAVELED RD APT B2 23 years 23 years 3 M 310.00 888 999-9999 MRN444
apt.global_days_warning apt.global_days apt.global_days_end_date apt.global_days_ept apt.global_days_cpt apt.global_days_warning Patient Field ID pat.address_full pat.address1 pat.address2 pat.address2 pat.address3 pat.address1_2 pat.adge_detail pat.balance pat.cellphone pat.chartno pat.city_pat.zip	Global End Date CPT code related to the Global Days Global end date warning shown Description Full address Patient Address 1 Patient Address 2 Will only print if there is an address 2 field-otherwise blank Patient Address 3 Patient Address 1 and 2 Patient age Patient age Combination of Patient and Insurance Balances Cell Phone Patients City Patients City, State, Zip	To print the address correctly with or without an address 2 field use this order: pat.address1 pat.address2 pat.address3 age in year,month,day	123 LESS TRAVELED RD APT B2 CANTON, NJ 07646 123 LESS TRAVELED RD APT B2 APT B2 APT B2 CANTON, NJ 07646 123 LESS TRAVELED RD APT B2 23 years 23 years 23 years 3 M 310.00 888 999-9999 MRN444 CANTON CANTON, NJ 07646
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pat.rendering_id Rendering Provider ID pat.rendering_credentials Rendering Provider Credentials pat.rendering_fname Rendering Provider First Name pat.rendering_fname_Iname pat.rendering_Iname Rendering Provider First Name Last Name pat.rendering_Iname Rendering Provider Last Name pat.rendering_Iname Rendering Provider Last Name LEWIS LEWIS KATHERINE pat.rendering_Iname_fname Rendering Provider Last Name First Name pat.rendering_iname_fname Rendering Provider Last Name First Name pat.rendering_iname_fname Rendering Provider Last Name First Name MARIE				
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pata-oraging nyr trendering i rovider NET 1234307030	pat.rendering_npi	Rendering Provider NPI		1234567890

			123 LAVENDER LANE SUITE 456
pat.rendering_address_full	Rendering Provider Full Address		ORLANDO, FL 32830
pat.rendering_address1	Rendering Provider Address 1		123 LAVENDER LANE
pat.rendering_address2	Rendering Provider Address 2		SUITE 456
pat.rendering_address1_2	Rendering Provider Address 1 and 2		123 LAVENDER LANE SUITE 456
pat.rendering_city_state_zip	Rendering Provider City, State, Zip		ORLANDO, FL 32830
pat.rendering_phone	Rendering Provider Phone		555-555-1234
pat.rendering_fax	Rendering Provider Fax		555-555-5678
pat.pcp	Primary Care Provider		BIR
pat.pcp_credentials	Primary Care Provider Credentials		MD
pat.pcp fname	Primary Care Provider First Name		ALLAN
pat.pop_mame	Primary Care Provider First Name Last		/ LE/ (I4
not non frame Iname			ALLAN IAV BIBD DO
pat.pcp_fname_lname	Name		ALLAN JAY BIRD DO
pat.pcp_lname	Primary Care Provider Last Name		BIRD
	Primary Care Provider Last Name First		
pat.pcp_lname_fname	Name		BIRD, ALLAN JAY DO
pat.pcp_middle	Primary Care Provider Middle Name		JAY
pat.pcp_npi	Primary Care Provider NPI		1073549666
pat.pcp practice	Primary Care Practice Name		JAY BIRD PRIMARY CARE
pat.pop_practice	I filliary date i radioe Hame		222 SMITH AVE STE 1 CANTON, NJ
not non address full	Primary Caro Provider Address Full		107646
pat.pcp_address_full	Primary Care Provider Address Full	+	
pat.pcp_address1	Primary Care Provider Address 1		222SMITH AVE
pat.pcp_address2	Primary Care Provider Address 2		STE 1
pat.pcp_address1_2	Primary Care Provider Address 1 and 2		222 SMITH AVE STE 1
pat.pcp_city_state_zip	Primary Care Provider City, State, Zip		CANTON, NJ 07646
pat.pcp_phone	Primary Care Provider Phone		666 123-4568
pat.pcp_fax	Primary Care Provider Fax		666 123-4569
· · · —	,		
pat.provid	Provider ID		1
pat.ap credentials	Assigned Provider Credentials		MD
pat.ap_oredemais pat.ap_fname	Assigned Provider Firs Name		MAVUS
pat.ap_mame	Assigned Flovider Fils Name		IVIAVUS
		1105 T.: D. I.: D. I.: N	
pat.ap_fname_Iname	Assigned Provider First Name Last Name	USE This one - Rendering Physician Name	
pat.ap_lname	Assigned Provider Last Name		JACOBS
pat.ap_lname_fname	Assigned Provider Last Name First Name		JACOBS, MAVUS A
pat.ap_middle	Assigned Provider		A
pat.ap_npi	Assigned Provider NPI		1619950111
<u> </u>	<u> </u>		33 BEDFORD RD STE 123 GARDENS, FL
pat.ap address full	Assigned Provider Address Full		334104327
pat.ap_address1	Assigned Provider Address 1		33 BEDFORD RD
pat.ap_address2	Assigned Provider Address 1 Assigned Provider Address 2		STE 123
pat.ap_address1_2	Assigned Provider Address 2 Assigned Provider Address 1 and 2		33 BEDFORD RD STE 123
pat.ap_city_state_zip	Assigned Provider City, State, Zip		GARDENS, FL 334104327
pat.ap_phone	Assigned Provider Phone		666 123-4568
pat.ap_fax	Assigned Provider Fax		666 123-4569
pat.ap_email	Assigned Provider Email		abc@email.com
			Example: ASSIGNED PROVIDER
			NUMBER needs to be mapped
		Replace XXXXX with the label name in	pat.ap_custom_field_assigned provider
pat.ap custom field xxxxxxxx	Assigned Provider Custom Field	LOWERCASE	number
1	J	-	
pat.ap medicare	Patient provider medicare #		
pat.ap_medicaid	Patient provider medicaid #		
pat.ap_licnum	Patient provider license #		
pat.refid	Referring Provider ID		BAR1
pat.sex	Gender		М
pat.sexual orientation	Sexual Orientation		Bisexual
pat.ssn	Patient Social Security number		888-99-9900
pat.state	Patient State		NJ
ραι. 3 ιαι υ	Falicili State	What is salested as Damas / Times are	1140
	Delient Tone Aldered St.	What is selected on Demos/ Types are	we.
pat.type	Patient Type Abbreviation	setup in Libraries (ex:WC -workerscomp)	wc
		What is selected on Demos/ Types are	
pat.type_description	Patient Type Description	setup in Libraries (ex:WC -workerscomp)	
pat.workphone	Patient Work Phone		666 777-7777 7
pat.zip	Patient Zip Code + 4		44236-1234
pat.alias_fname	Alias Name First Name		JEREMY
pat.alias Iname	Alias Last Name		TEST2
pat.alias middle	Alias Middle		T
pat.alias_middle pat.alias last first	Alias Name First Name		TEST2, JEREMY T
pat.alias_last_liist pat.alias first last	Alias East Name Last Name	+	JEREMY T TEST2
par.alias_III st_last	Alias i list natile last natile	+	OLINLIVII I ILOIZ
		And substituting the second se	
		Any subsequent mappings will be as	100 L 500 TD AV (5) 55 55
	E		
pat.ec_address1	Emergency Contact 1 - Address Line 1	follows: pat.ec2_, pat.ec3_, etc.	123 LESS TRAVELED RD
pat.ec_address1 pat.ec address2	Emergency Contact 1 - Address Line 1 Emergency Contact 1 - Address Line 2	follows: pat.ec2_, pat.ec3_, etc. Any subsequent mappings will be as follows: pat.ec2_, pat.ec3_, etc.	APT B2

	T		
pat.ec address1 2	Emergency Contact 1 - Address Line 1 and Line 2	Any subsequent mappings will be as follows: pat.ec2 , pat.ec3 , etc.	123 LESS TRAVELED RD APT B2
pat.co_address1_2	Line 2	Any subsequent mappings will be as	123 LEGG TRAVELLED RD ALT BZ
pat.ec_city_state_zip	Emergency Contact 1 - City, State, Zip	follows: pat.ec2_, pat.ec3_, etc.	CANTON, NJ 07646
		Any subsequent mappings will be as	123 LESS TRAVELED RD APT B2
pat.ec_address_full	Emergency Contact 1 - Full Address	follows: pat.ec2_, pat.ec3_, etc.	CANTON, NJ 07646
pat.ec email	Emergency Contact 1 - Email	Any subsequent mappings will be as follows: pat.ec2 , pat.ec3 , etc.	ec@gmail.com
pat.ec_email	Emergency Contact 1 - Email	Any subsequent mappings will be as	ec@gmail.com
pat.ec_fname	Emergency Contact 1 - First Name	follows: pat.ec2_, pat.ec3_, etc.	KIRSTEN
		Any subsequent mappings will be as	
pat.ec_Iname	Emergency Contact 1 - Last Name	follows: pat.ec2_, pat.ec3_, etc.	TEST2
nat as middle	Emergency Centest 1 Middle Initial	Any subsequent mappings will be as follows: pat.ec2_, pat.ec3_, etc.	М
pat.ec_middle	Emergency Contact 1 - Middle Initial Emergency Contact 1 - Last Name First	Any subsequent mappings will be as	- 100
pat.ec last first	Name	follows: pat.ec2_, pat.ec3_, etc.	TEST2, KIRSTEN M
<u> </u>	Emergency Contact 1 - First Name Last	Any subsequent mappings will be as	,
pat.ec_first_last	Name	follows: pat.ec2_, pat.ec3_, etc.	KIRSTEN M TEST2
	Emergency Contact 1 - relationship type	Any subsequent mappings will be as	
pat.ec_reltype	code Emergency Contact 1 - relationship	follows: pat.ec2_, pat.ec3_, etc. Any subsequent mappings will be as	1
pat.ec relationship	description	follows: pat.ec2_, pat.ec3_, etc.	Spouse
pat.oo_rolationormp	Emergency Contact 1 - home phone	Any subsequent mappings will be as	Сроисс
pat.ec_homephone	number	follows: pat.ec2_, pat.ec3_, etc.	555 555-2121
		Any subsequent mappings will be as	
pat.ec_cellphone	Emergency Contact 1 - cell phone number	follows: pat.ec2_, pat.ec3_, etc.	555 555-2587
nat ec warknhone	Emergency Contact 1 - work phone number	Any subsequent mappings will be as follows: pat.ec2 , pat.ec3 , etc.	555 555 3608
pat.ec_workphone	Emergency Contact 1 - work priorie number	ronows. par.ecz_, par.ecs_, etc.	555 555-3698
pat.signdate	Date Signed	4 digit yr	10/11/2015
pat.signdateyy	Date Signed	2 digit yr	11/10/15
	Dunning count for patient (encounter with		
pat.dcount	highest dunning that still has a patient balance)		
pat.location	School Billing - School District		PORTAGE
pamosanon	Solice: Simily Collection		
pat.lpaydate	- Received date on the most recent receipt	Last Payment Date	4/3/2016
	- Received Amount on the most recent		
pat.lpayamt	receipt	Last Payment Amount	30.00
pat.reminder pref descr	description of reminder preference		Phone Number
pat.ieiiliidei_piei_desci	description of reminder preference		Priorie Nullipei
pat.reminder pref value	person data based on reminder preference		555-555-5555
<u> </u>			
pat.vst_date	Patient Visit Date		
pat.vst_time	Patient Visit Time		
pat.vst_type	Patient Visit Type		
pat.vst_note	Patient Visit Note		
pat.vst_rendid	Patient Visit Rendering ID	This section of fields can be used with the	
pat.vst rd Iname fname	Patient Visit Rendering Last Name and First Name	Patient Registration screen that is used for	
pat.vot_ru_mame_mame	Patient Visit Rendering First Name and Last	Visit Logging. An example is for Urgent	
pat.vst_rd_fname_lname	Name	Care practices.	
pat.vst_rd_fname	Patient Visit Rendering First Name		
pat.vst_rd_lname	Patient Visit Rendering Last Name		
pat.vst_rd_middle	Patient Visit Rendering Middle Name		
pat.vst_rd_npi	Patient Visit Rendering NPI		
	_	If there's no Preferred Name, the First	
pat.preferred name	Preferred Name of the patient	Name will generate instead.	
pat.prototroa_name	1 Toloriod Haine of the patient	Traine will generate instead.	
recall.entered date	Recall Entered Date		
recall.recall date	Recall Date		
recall.note	Recall Note		
recall.type id	Recall Type ID		
recall.type_descr	Recall Type Description		
recall.facility_id	Recall Facility ID		
recall.facility name	Recall Facility Name		
recall lacility flame			
recall.provider id	Recall Provider ID		
recall.provider_id	Recall Provider ID Recall Provider Last Name, First Name		
recall.provider_id recall.provider_lname_fname	Recall Provider Last Name, First Name		
recall.provider_id recall.provider_lname_fname recall.provider_fname_lname	Recall Provider Last Name, First Name Recall Provider First Name, Last Name		
recall.provider_id recall.provider_lname_fname recall.provider_fname_lname recall.provider_fname	Recall Provider Last Name, First Name Recall Provider First Name, Last Name Recall Provider First Name		

		Replace XXXXX with the label name in	Example: AUTH NUMBER needs to be
custom field XXXXX	Custom Field	LOWERCASE	mapped custom field auth number
pat.preferred name			
		If there's no Preferred Name, the First	
	Preferred Name of the patient	Name will generate instead.	
Patient Field ID	Description	Notes	Example Output
Estimate Tools:			
estimate.allowed	Estimate allowed		
estimate.charge	Estimate charge		
	Remaining coinsurance at the time of the		
estimate.coinsurance	estimate		
estimate.copay	Estimate copay		
estimate.deductible	Estimate deductible		
estimate.discount	Estimate discount		
estimate.estimate	Estimate		
estimate.estimate_minus_deductible	Estimate minus deductible		
estimate.total_deductible_fam	Total Remaining Deductible for Family		
estimate.total_deductible_ind	Total Remaining Deductible for Individual		
Per Procedure:			
- Replace {CPT CODE} with the actual			
CPT Code you'd like to create the			
mapping for. See Notes for example			
mapping for. See Notes for example mappings.			
mappings.	What is allowed without considering the		
estimate.cpt {CPT CODE} allowed	current remaining deductible/coinsurance	Example: estimate.cpt 66984 allowed	
Standard Copt ToobL Janowed	The amount of the estimate that is not the	allowed	
estimate.cpt_{CPT	deductible. Your estimated cost for each	Example:	
CODE} allowed visit fee	visit should be this number.	estimate.cpt 66984 allowed visit fee	
	What is allowed minus the current		
estimate.cpt_{CPT CODE}_estimate	remaining deductible/coinsurance	Example: estimate.cpt 66984 estimate	
1 = 1		Example:	
estimate.cpt_{CPT		estimate.cpt_66984_estimate_minus_deduc	
CODE}_estimate_minus_deductible	Estimate minus the deductible	tible	
	The amount of the estimate that is not the		
	deductible. Your estimated cost for each	Example:	
estimate.cpt_{CPT CODE}_per_visit_fee	follow up visit should be this number.	estimate.cpt_66984_per_visit_fee	
	Once deductible has been met, your	Example:	
estimate.cpt_{CPT	estimated cost for each follow up should be	estimate.cpt_66984_per_visit_fee_deductibl	
CODE}_per_visit_fee_deductible_met	this number.	e_met	
D D			
Per Procedure:			
- Replace {CPT CODE			
REPORTING GROUP) with the			
actual CPT Code Reporting Group			
you'd like to create the mapping			
for. See Notes for example			
mappings.			
estimate.cpt_{CPT CODE REPORTING	What is allowed without considering the		
GROUP}_allowed	current remaining deductible/coinsurance	Example: estimate.cpt_2_allowed	
actimate ant ICRT DEDORTING	M/hat is actimated with subscript of		
estimate.cpt_{CPT REPORTING	What is estimated without considering the	Evernole: estimate ent 2 estimate	
GROUP}_estimate	current remaining deductible/coinsurance	Example: estimate.cpt_2_estimate	
estimate.cpt_{CPT REPORTING	What is allowed minus the current	Example:	
GROUP) estimate minus deductible	remaining deductible	estimate.cpt 2 estimate minus deductible	
5.15 61 j_commuto_minus_deductible			
B . (=:	D 1.00	N. d	
Receipt Field ID	Description	Notes	Example Output
		Possint fields show when printing a result to	
	1	Receipt fields show when printing a receipt	
			1
		and when printing an appointment that has	
		a receipt associated with it.	
rant facility	Facility where consider where and an in-	a receipt associated with it. If not mapped to something else, such as	MANUE A JACOBS MD DA
rcpt.facility	Facility where services where rendered	a receipt associated with it.	MAVUS A. JACOBS, MD,PA
rcpt.facility	Facility where services where rendered	a receipt associated with it. If not mapped to something else, such as	MAVUS A. JACOBS, MD,PA Example: SURGERY FACILITY needs to
rcpt.facility rcpt.facility_custom_field_xxxxxxxx	Facility where services where rendered Receipt Facility custom field	a receipt associated with it. If not mapped to something else, such as PayTo	

	T	"To print the address correctly with or	1
		"To print the address correctly with or	
		without an address 2 field use this order:	
		pat.address1	
rcpt.address1	Address 1 of facility above	pat.address2	33 BURNS RD STE 101
'	,	pat.address3"	
rcpt.address2 only	Address 2 only of facility above		
rcpt.address2	Address 2 of facility above		GARDENS, FL 33410
rcpt.address3	Address 3 of facility above		C. 1. 12 2. 10, 1 2 00 1 10
rcpt.recdate	Received Date		6/3/2016
rcpt.rcptnum	Receipt Number		77396
rcpt.recdate	Receipt Date		6/3/2016
rcpt.recfrom	Received from		PATIENT
rcpt.cash	Cash Amount		25
rcpt.check	Check Amount		100
rcpt.checkno	Check Number		456
rcpt.credit	Credit Card Amount		25.00
rcpt.last4	Last 4 Digits Credit/Debit Card Number		5897
rcpt.total	Total Amount Paid		150.00
rcpt.note	Receipt Note		TESTING NOTE
	Check Reference - Populates Reference		
	Number only if there is a check amount		
rcpt.checknumber	greater than 0.00		
	Card Reference - Populates Reference		
	Number only if there is a card amount		
rcpt.cardnumber	greater than 0.00		
rcpt.cc_type_desc	Card Type		
rcpt.confirm_num	PatientPay Confirmation Number		
Insurance / Attorney Field ID	Description	Notes	Example Output
Replace 'ins1' with 'ins2' for secondary			
and 'ins3' for tertiary			
		1	
· ·		To print the address correctly with or	
ins1.address1	Primary Insurance Address 1	without an address 2 field use this order:	PO BOX 99965
	•	without an address 2 field use this order: pat.address1	
ins1.address2	Primary Insurance Address 2	without an address 2 field use this order: pat.address1 pat.address2	SUITE 2
ins1.address2 ins1.address3	Primary Insurance Address 2 Primary Insurance Address 3	without an address 2 field use this order: pat.address1	SUITE 2 ALAFAYA, NJ 32816
ins1.address2 ins1.address3 ins1.address1_2	Primary Insurance Address 2 Primary Insurance Address 3 Primary Insurance Address 1 and 2	without an address 2 field use this order: pat.address1 pat.address2	SUITE 2 ALAFAYA, NJ 32816 123 LESS TRAVELED RD APT 3
ins1.address2 ins1.address3 ins1.address1_2 ins1.city	Primary Insurance Address 2 Primary Insurance Address 3 Primary Insurance Address 1 and 2 Primary Insurance City	without an address 2 field use this order: pat.address1 pat.address2	SUITE 2 ALAFAYA, NJ 32816 123 LESS TRAVELED RD APT 3 ALAFAYA
ins1.address2 ins1.address3 ins1.address1_2 ins1.city ins1.city_st_zip	Primary Insurance Address 2 Primary Insurance Address 3 Primary Insurance Address 1 and 2 Primary Insurance City Primary Insurance City, State. Zip	without an address 2 field use this order: pat.address1 pat.address2	SUITE 2 ALAFAYA, NJ 32816 123 LESS TRAVELED RD APT 3
ins1.address2 ins1.address3 ins1.address1_2 ins1.city ins1.city_st_zip ins1.address_full	Primary Insurance Address 2 Primary Insurance Address 3 Primary Insurance Address 1 and 2 Primary Insurance City Primary Insurance City, State. Zip Primary Insurance Full Address	without an address 2 field use this order: pat.address1 pat.address2	SUITE 2 ALAFAYA, NJ 32816 123 LESS TRAVELED RD APT 3 ALAFAYA ALAFAYA, NJ 32816
ins1.address2 ins1.address3 ins1.address1_2 ins1.city ins1.city_st_zip ins1.address_full ins1.copay	Primary Insurance Address 2 Primary Insurance Address 3 Primary Insurance Address 1 and 2 Primary Insurance City Primary Insurance City, State. Zip Primary Insurance Full Address Copay (primary)	without an address 2 field use this order: pat.address1 pat.address2	SUITE 2 ALAFAYA, NJ 32816 123 LESS TRAVELED RD APT 3 ALAFAYA
ins1.address2 ins1.address3 ins1.address1_2 ins1.city ins1.city_st_zip ins1.address_full ins1.copay ins1.email	Primary Insurance Address 2 Primary Insurance Address 3 Primary Insurance Address 1 and 2 Primary Insurance City Primary Insurance City, State. Zip Primary Insurance Full Address Copay (primary) Primary Insurance Email	without an address 2 field use this order: pat.address1 pat.address2	SUITE 2 ALAFAYA, NJ 32816 123 LESS TRAVELED RD APT 3 ALAFAYA ALAFAYA, NJ 32816 20.00
ins1.address2 ins1.address3 ins1.address1_2 ins1.city ins1.city_st_zip ins1.address_full ins1.copay ins1.email ins1.note	Primary Insurance Address 2 Primary Insurance Address 3 Primary Insurance Address 1 and 2 Primary Insurance City Primary Insurance City, State. Zip Primary Insurance Full Address Copay (primary) Primary Insurance Email Note on policy	without an address 2 field use this order: pat.address1 pat.address2	SUITE 2 ALAFAYA, NJ 32816 123 LESS TRAVELED RD APT 3 ALAFAYA ALAFAYA, NJ 32816 20.00 TEST
ins1.address2 ins1.address3 ins1.address1_2 ins1.city ins1.city_st_zip ins1.address_full ins1.copay ins1.email ins1.note ins1.fax	Primary Insurance Address 2 Primary Insurance Address 3 Primary Insurance Address 1 and 2 Primary Insurance City Primary Insurance City, State. Zip Primary Insurance Full Address Copay (primary) Primary Insurance Email Note on policy Fax number of Insurance Company	without an address 2 field use this order: pat.address1 pat.address2	SUITE 2 ALAFAYA, NJ 32816 123 LESS TRAVELED RD APT 3 ALAFAYA ALAFAYA, NJ 32816 20.00 TEST 888 556-2128
ins1.address2 ins1.address3 ins1.address1_2 ins1.city ins1.city_st_zip ins1.address_full ins1.copay ins1.email ins1.note ins1.fax ins1.groupname	Primary Insurance Address 2 Primary Insurance Address 3 Primary Insurance Address 1 and 2 Primary Insurance City Primary Insurance City, State. Zip Primary Insurance Full Address Copay (primary) Primary Insurance Email Note on policy Fax number of Insurance Company Insurance Plan	without an address 2 field use this order: pat.address1 pat.address2	SUITE 2 ALAFAYA, NJ 32816 123 LESS TRAVELED RD APT 3 ALAFAYA ALAFAYA, NJ 32816 20.00 TEST 888 556-2128 BC NAME
ins1.address2 ins1.address3 ins1.address1_2 ins1.city ins1.city_st_zip ins1.address_full ins1.copay ins1.email ins1.note ins1.fax ins1.groupname ins1.groupno	Primary Insurance Address 2 Primary Insurance Address 3 Primary Insurance Address 1 and 2 Primary Insurance City Primary Insurance City, State. Zip Primary Insurance Full Address Copay (primary) Primary Insurance Email Note on policy Fax number of Insurance Company Insurance Plan Group Number "policy number"	without an address 2 field use this order: pat.address1 pat.address2	SUITE 2 ALAFAYA, NJ 32816 123 LESS TRAVELED RD APT 3 ALAFAYA ALAFAYA, NJ 32816 20.00 TEST 888 556-2128 BC NAME BC GROUP
ins1.address2 ins1.address3 ins1.address1_2 ins1.city ins1.city_st_zip ins1.address_full ins1.copay ins1.email ins1.note ins1.fax ins1.groupname ins1.groupno ins1.insurid	Primary Insurance Address 2 Primary Insurance Address 3 Primary Insurance Address 1 and 2 Primary Insurance City Primary Insurance City, State. Zip Primary Insurance Full Address Copay (primary) Primary Insurace Email Note on policy Fax number of Insurance Company Insurance Plan Group Number "policy number" insurance id for insurance library	without an address 2 field use this order: pat.address1 pat.address2	SUITE 2 ALAFAYA, NJ 32816 123 LESS TRAVELED RD APT 3 ALAFAYA ALAFAYA, NJ 32816 20.00 TEST 888 556-2128 BC NAME BC GROUP 102
ins1.address2 ins1.address3 ins1.address1_2 ins1.city ins1.city ins1.city_st_zip ins1.address_full ins1.copay ins1.email ins1.note ins1.fax ins1.groupname ins1.groupno ins1.insurid ins1.ins_bal_0_30	Primary Insurance Address 2 Primary Insurance Address 3 Primary Insurance Address 1 and 2 Primary Insurance City Primary Insurance City, State. Zip Primary Insurance Full Address Copay (primary) Primary Insurace Email Note on policy Fax number of Insurance Company Insurance Plan Group Number "policy number" insurance in insurance library Insurance Aging 0-30	without an address 2 field use this order: pat.address1 pat.address2	SUITE 2 ALAFAYA, NJ 32816 123 LESS TRAVELED RD APT 3 ALAFAYA ALAFAYA, NJ 32816 20.00 TEST 888 556-2128 BC NAME BC GROUP 102 0.00
ins1.address2 ins1.address3 ins1.address1_2 ins1.city ins1.city ins1.city st_zip ins1.address_full ins1.copay ins1.email ins1.note ins1.fax ins1.groupname ins1.groupno ins1.insurid ins1.ins_bal_0_30 ins1.ins_bal_30_60	Primary Insurance Address 2 Primary Insurance Address 3 Primary Insurance Address 1 and 2 Primary Insurance City Primary Insurance City, State. Zip Primary Insurance Full Address Copay (primary) Primary Insurance Email Note on policy Fax number of Insurance Company Insurance Plan Group Number "policy number" insurance id for insurance library Insurance Aging 0-30 Insurance Aging 31-60	without an address 2 field use this order: pat.address1 pat.address2	SUITE 2 ALAFAYA, NJ 32816 123 LESS TRAVELED RD APT 3 ALAFAYA ALAFAYA, NJ 32816 20.00 TEST 888 556-2128 BC NAME BC GROUP 102 0.00 0.00
ins1.address2 ins1.address3 ins1.address1_2 ins1.city ins1.city_st_zip ins1.address_full ins1.copay ins1.email ins1.note ins1.fax ins1.groupname ins1.groupno ins1.insurid ins1.ins_bal_0_30 ins1.ins_bal_60_90	Primary Insurance Address 2 Primary Insurance Address 3 Primary Insurance Address 1 and 2 Primary Insurance City Primary Insurance City, State. Zip Primary Insurance Full Address Copay (primary) Primary Insurance Email Note on policy Fax number of Insurance Company Insurance Plan Group Number "policy number" insurance id for insurance library Insurance Aging 0-30 Insurance Aging 31-60 Insurance Aging 61-90	without an address 2 field use this order: pat.address1 pat.address2	SUITE 2 ALAFAYA, NJ 32816 123 LESS TRAVELED RD APT 3 ALAFAYA ALAFAYA, NJ 32816 20.00 TEST 888 556-2128 BC NAME BC GROUP 102 0.00 0.00 0.00 0.00
ins1.address2 ins1.address3 ins1.address1_2 ins1.city ins1.city_st_zip ins1.address_full ins1.copay ins1.email ins1.note ins1.fax ins1.groupname ins1.groupno ins1.ins_bal_0_30 ins1.ins_bal_0_30 ins1.ins_bal_60_90 ins1.ins_bal_90_120	Primary Insurance Address 2 Primary Insurance Address 3 Primary Insurance Address 1 and 2 Primary Insurance City Primary Insurance City, State. Zip Primary Insurance Full Address Copay (primary) Primary Insurance Email Note on policy Fax number of Insurance Company Insurance Plan Group Number "policy number" insurance id for insurance library Insurance Aging 0-30 Insurance Aging 31-60 Insurance Aging 61-90 Insurance Aging 91-120	without an address 2 field use this order: pat.address1 pat.address2	SUITE 2 ALAFAYA, NJ 32816 123 LESS TRAVELED RD APT 3 ALAFAYA ALAFAYA, NJ 32816 20.00 TEST 888 556-2128 BC NAME BC GROUP 102 0.00 0.00 0.00 0.00 0.00 0.00
ins1.address2 ins1.address3 ins1.address1_2 ins1.city ins1.city_st_zip ins1.address_full ins1.copay ins1.email ins1.note ins1.fax ins1.groupname ins1.groupno ins1.insurid ins1.ins_bal_0_30 ins1.ins_bal_60_90	Primary Insurance Address 2 Primary Insurance Address 3 Primary Insurance Address 1 and 2 Primary Insurance City Primary Insurance City, State. Zip Primary Insurance Full Address Copay (primary) Primary Insurance Email Note on policy Fax number of Insurance Company Insurance Plan Group Number "policy number" insurance id for insurance library Insurance Aging 0-30 Insurance Aging 31-60 Insurance Aging 61-90 Insurance Aging 91-120 Insurance Aging 91-120 Insurance Aging 121+	without an address 2 field use this order: pat.address1 pat.address2	SUITE 2 ALAFAYA, NJ 32816 123 LESS TRAVELED RD APT 3 ALAFAYA ALAFAYA, NJ 32816 20.00 TEST 888 556-2128 BC NAME BC GROUP 102 0.00 0.00 0.00 0.00
ins1.address2 ins1.address3 ins1.address1_2 ins1.city ins1.city st_zip ins1.address_full ins1.copay ins1.email ins1.note ins1.fax ins1.groupname ins1.groupno ins1.insurid ins1.ins_bal_0_30 ins1.ins_bal_30_60 ins1.ins_bal_60_90 ins1.ins_bal_90_120 ins1.ins_bal_120 ins1.ins_bal_120 ins1.name	Primary Insurance Address 2 Primary Insurance Address 3 Primary Insurance Address 1 and 2 Primary Insurance City Primary Insurance City, State. Zip Primary Insurance Full Address Copay (primary) Primary Insurance Email Note on policy Fax number of Insurance Company Insurance Plan Group Number "policy number" insurance id for insurance library Insurance Aging 0-30 Insurance Aging 31-60 Insurance Aging 61-90 Insurance Aging 91-120 Insurance Aging 121+ name of the insurance company	without an address 2 field use this order: pat.address1 pat.address2	SUITE 2 ALAFAYA, NJ 32816 123 LESS TRAVELED RD APT 3 ALAFAYA ALAFAYA, NJ 32816 20.00 TEST 888 556-2128 BC NAME BC GROUP 102 0.00 0.00 0.00 0.00 0.00 BCBS FL 123 LESS TRAVELED RD APT 3
ins1.address2 ins1.address3 ins1.address1_2 ins1.city_ ins1.city_st_zip ins1.address_full ins1.copay ins1.email ins1.note ins1.fax ins1.groupname ins1.groupno ins1.ins_bal_0_30 ins1.ins_bal_0_30 ins1.ins_bal_0_00 ins1.ins_bal_00_00 ins1.ins_bal_00_120 ins1.ins_bal_120	Primary Insurance Address 2 Primary Insurance Address 3 Primary Insurance Address 1 and 2 Primary Insurance City Primary Insurance City, State. Zip Primary Insurance Full Address Copay (primary) Primary Insurance Email Note on policy Fax number of Insurance Company Insurance Plan Group Number "policy number" insurance id for insurance library Insurance Aging 0-30 Insurance Aging 31-60 Insurance Aging 61-90 Insurance Aging 91-120 Insurance Aging 91-120 Insurance Aging 121+	without an address 2 field use this order: pat.address1 pat.address2 pat.address3	SUITE 2 ALAFAYA, NJ 32816 123 LESS TRAVELED RD APT 3 ALAFAYA ALAFAYA, NJ 32816 20.00 TEST 888 556-2128 BC NAME BC GROUP 102 0.00 0.00 0.00 0.00 0.00 0.00 BCBS FL
ins1.address2 ins1.address3 ins1.address1_2 ins1.city_ ins1.city_st_zip ins1.address_full ins1.copay ins1.email ins1.note ins1.fax ins1.groupname ins1.groupno ins1.ins_bal_0_30 ins1.ins_bal_30_60 ins1.ins_bal_30_60 ins1.ins_bal_90_120 ins1.ins_bal_120 ins1.ins_bal_120 ins1.name ins1.per.address_full	Primary Insurance Address 2 Primary Insurance Address 3 Primary Insurance Address 1 and 2 Primary Insurance City Primary Insurance City, State. Zip Primary Insurance Full Address Copay (primary) Primary Insurance Email Note on policy Fax number of Insurance Company Insurance Plan Group Number "policy number" insurance Aging 0-30 Insurance Aging 31-60 Insurance Aging 61-90 Insurance Aging 91-120 Insurance Aging 91-120 Insurance Aging 121+ name of the insurance company Insured Person Address Full	without an address 2 field use this order: pat.address1 pat.address2 pat.address3	SUITE 2 ALAFAYA, NJ 32816 123 LESS TRAVELED RD APT 3 ALAFAYA ALAFAYA, NJ 32816 20.00 TEST 888 556-2128 BC NAME BC GROUP 102 0.00 0.00 0.00 0.00 0.00 0.00 BCBS FL 123 LESS TRAVELED RD APT 3 CANTON, NJ 07646
ins1.address2 ins1.address3 ins1.address1_2 ins1.city ins1.city_st_zip ins1.address_full ins1.copay ins1.email ins1.note ins1.fax ins1.groupname ins1.groupno ins1.ins_bal_0_30 ins1.ins_bal_30_60 ins1.ins_bal_30_60 ins1.ins_bal_90_120 ins1.ins_bal_120 ins1.name ins1.per.address_full ins1.per.address1	Primary Insurance Address 2 Primary Insurance Address 3 Primary Insurance Address 1 and 2 Primary Insurance City Primary Insurance City, State. Zip Primary Insurance Full Address Copay (primary) Primary Insurance Email Note on policy Fax number of Insurance Company Insurance Plan Group Number "policy number" insurance Idfor insurance library Insurance Aging 0-30 Insurance Aging 31-60 Insurance Aging 91-120 Insurance Aging 91-120 Insurance Aging 121+ name of the insurance company Insured Person Address Full Insured Person Address 1	without an address 2 field use this order: pat.address1 pat.address2 pat.address3 To print the address correctly with or without an address 2 field use this order:	SUITE 2 ALAFAYA, NJ 32816 123 LESS TRAVELED RD APT 3 ALAFAYA ALAFAYA, NJ 32816 20.00 TEST 888 556-2128 BC NAME BC GROUP 102 0.00 0.00 0.00 0.00 0.00 0.00 BCBS FL 123 LESS TRAVELED RD APT 3 CANTON, NJ 07646 123 LESS TRAVELED RD
ins1.address2 ins1.address3 ins1.address1_2 ins1.city ins1.city_st_zip ins1.address_full ins1.copay ins1.email ins1.note ins1.fax ins1.groupname ins1.groupno ins1.ins_bal_0_30 ins1.ins_bal_30_60 ins1.ins_bal_60_90 ins1.ins_bal_60_90 ins1.ins_bal_120 ins1.name ins1.per.address_full ins1.per.address1 ins1.per.address2	Primary Insurance Address 2 Primary Insurance Address 3 Primary Insurance Address 1 and 2 Primary Insurance City Primary Insurance City, State. Zip Primary Insurance Full Address Copay (primary) Primary Insurance Email Note on policy Fax number of Insurance Company Insurance Plan Group Number "policy number" insurance Idfor insurance library Insurance Aging 0-30 Insurance Aging 31-60 Insurance Aging 61-90 Insurance Aging 91-120 Insurance Aging 121+ name of the insurance company Insured Person Address Full Insured Person Address 1 Insured Person Address 2	without an address 2 field use this order: pat.address1 pat.address2 pat.address3 To print the address correctly with or without an address 2 field use this order: pat.address1	SUITE 2 ALAFAYA, NJ 32816 123 LESS TRAVELED RD APT 3 ALAFAYA ALAFAYA, NJ 32816 20.00 TEST 888 556-2128 BC NAME BC GROUP 102 0.00 0.00 0.00 0.00 0.00 0.00 BCBS FL 123 LESS TRAVELED RD APT 3 CANTON, NJ 07646 123 LESS TRAVELED RD APT 3
ins1.address2 ins1.address3 ins1.address1_2 ins1.city ins1.city_st_zip ins1.address_full ins1.copay ins1.email ins1.note ins1.fax ins1.groupname ins1.groupno ins1.insurid ins1.ins_bal_0_30 ins1.ins_bal_30_60 ins1.ins_bal_60_90 ins1.ins_bal_60_90 ins1.ins_bal_120 ins1.ins_bal_120 ins1.name ins1.per.address_full ins1.per.address2 ins1.per.address2 ins1.per.address3	Primary Insurance Address 2 Primary Insurance Address 3 Primary Insurance Address 1 and 2 Primary Insurance City Primary Insurance City, State. Zip Primary Insurance Full Address Copay (primary) Primary Insurance Email Note on policy Fax number of Insurance Company Insurance Plan Group Number "policy number" insurance id for insurance library Insurance Aging 0-30 Insurance Aging 31-60 Insurance Aging 61-90 Insurance Aging 91-120 Insurance Aging 121+ name of the insurance company Insured Person Address Full Insured Person Address 1 Insured Person Address 2 Insured Person Address 3	without an address 2 field use this order: pat.address1 pat.address2 pat.address3 To print the address correctly with or without an address 2 field use this order:	SUITE 2 ALAFAYA, NJ 32816 123 LESS TRAVELED RD APT 3 ALAFAYA ALAFAYA, NJ 32816 20.00 TEST 888 556-2128 BC NAME BC GROUP 102 0.00 0.00 0.00 0.00 0.00 BCBS FL 123 LESS TRAVELED RD APT 3 CANTON, NJ 07646 APT 3 CANTON, NJ 07646
ins1.address2 ins1.address3 ins1.address1_2 ins1.city ins1.city_st_zip ins1.address_full ins1.copay ins1.email ins1.email ins1.note ins1.fax ins1.groupname ins1.groupno ins1.insurid ins1.ins_bal_0_30 ins1.ins_bal_0_30 ins1.ins_bal_0_90 ins1.ins_bal_0_90 ins1.ins_bal_120 ins1.ins_bal_120 ins1.per.address_full ins1.per.address1 ins1.per.address2 ins1.per.address3 ins1.per.address1_2	Primary Insurance Address 2 Primary Insurance Address 3 Primary Insurance Address 1 and 2 Primary Insurance City Primary Insurance City, State. Zip Primary Insurance Full Address Copay (primary) Primary Insurance Email Note on policy Fax number of Insurance Company Insurance Plan Group Number "policy number" Insurance Aging 0-30 Insurance Aging 31-60 Insurance Aging 61-90 Insurance Aging 91-120 Insurance Aging 91-120 Insurance Aging 121+ name of the insurance company Insurance Person Address Full Insured Person Address 1 Insured Person Address 2 Insured Person Address 3 Insured Person Address 1 and 2	without an address 2 field use this order: pat.address1 pat.address2 pat.address3 To print the address correctly with or without an address 2 field use this order: pat.address1	SUITE 2 ALAFAYA, NJ 32816 123 LESS TRAVELED RD APT 3 ALAFAYA ALAFAYA, NJ 32816 20.00 TEST 888 556-2128 BC NAME BC GROUP 102 0.00 0.00 0.00 0.00 0.00 DCOS FL 123 LESS TRAVELED RD APT 3 CANTON, NJ 07646 123 LESS TRAVELED RD APT 3 CANTON, NJ 07646 123 LESS TRAVELED RD APT 3
ins1.address2 ins1.address3 ins1.address1_2 ins1.city ins1.city_st_zip ins1.address_full ins1.copay ins1.email ins1.email ins1.note ins1.fax ins1.groupname ins1.groupno ins1.ins_bal_0_30 ins1.ins_bal_30_60 ins1.ins_bal_30_60 ins1.ins_bal_90_120 ins1.ins_bal_90_120 ins1.ins_bal_120 ins1.name ins1.per.address_full ins1.per.address2 ins1.per.address3 ins1.per.address3 ins1.per.address1_2	Primary Insurance Address 2 Primary Insurance Address 3 Primary Insurance Address 1 and 2 Primary Insurance City Primary Insurance City, State. Zip Primary Insurance City, State. Zip Primary Insurance Full Address Copay (primary) Primary Insurance Email Note on policy Fax number of Insurance Company Insurance Plan Group Number "policy number" insurance Aging 0-30 Insurance Aging 31-60 Insurance Aging 31-60 Insurance Aging 91-120 Insurance Aging 91-120 Insurance Aging 121+ name of the insurance company Insured Person Address Full Insured Person Address 1 Insured Person Address 3 Insured Person Address 3 Insured Person Address 1 and 2 Insured Person Adge	without an address 2 field use this order: pat.address1 pat.address2 pat.address3 To print the address correctly with or without an address 2 field use this order: pat.address1	SUITE 2 ALAFAYA, NJ 32816 123 LESS TRAVELED RD APT 3 ALAFAYA ALAFAYA, NJ 32816 20.00 TEST 888 556-2128 BC NAME BC GROUP 102 0.00 0.00 0.00 0.00 0.00 0.00 BCBS FL 123 LESS TRAVELED RD APT 3 CANTON, NJ 07646 123 LESS TRAVELED RD APT 3 CANTON, NJ 07646 123 LESS TRAVELED RD APT 3 21 years
ins1.address2 ins1.address3 ins1.address1_2 ins1.city ins1.city_st_zip ins1.address_full ins1.copay ins1.email ins1.note ins1.fax ins1.groupname ins1.groupno ins1.ins_bal_0_30 ins1.ins_bal_0_30 ins1.ins_bal_80_90 ins1.ins_bal_90_120 ins1.ins_bal_90_120 ins1.ins_bal_120 ins1.ins_bal_120 ins1.per.address_full ins1.per.address2 ins1.per.address3 ins1.per.address3 ins1.per.address1_2 ins1.per.age_ins1.per.age	Primary Insurance Address 2 Primary Insurance Address 3 Primary Insurance Address 1 and 2 Primary Insurance City Primary Insurance City, State. Zip Primary Insurance City, State. Zip Primary Insurance Full Address Copay (primary) Primary Insurance Email Note on policy Fax number of Insurance Company Insurance Plan Group Number "policy number" insurance Aging 0-30 Insurance Aging 31-60 Insurance Aging 31-60 Insurance Aging 91-120 Insurance Aging 91-120 Insurance Aging 121+ name of the insurance company Insured Person Address Full Insured Person Address 1 Insured Person Address 2 Insured Person Address 3 Insured Person Address 1 Insured Person Address 1 Insured Person Address 1 Insured Person Address 3 Insured Person Address 1 Insured Person Adge Insured Person Age	without an address 2 field use this order: pat.address1 pat.address2 pat.address3 To print the address correctly with or without an address 2 field use this order: pat.address1	SUITE 2 ALAFAYA, NJ 32816 123 LESS TRAVELED RD APT 3 ALAFAYA ALAFAYA, NJ 32816 20.00 TEST 888 556-2128 BC NAME BC GROUP 102 0.00 0.00 0.00 0.00 0.00 0.00 BCBS FL 123 LESS TRAVELED RD APT 3 CANTON, NJ 07646 123 LESS TRAVELED RD APT 3 CANTON, NJ 07646 123 LESS TRAVELED RD APT 3 CANTON, NJ 07646 123 LESS TRAVELED RD APT 3 21 years 2 M
ins1.address2 ins1.address3 ins1.address1_2 ins1.city ins1.city_st_zip ins1.address_full ins1.copay ins1.email ins1.note ins1.fax ins1.groupname ins1.groupno ins1.ins_bal_0_30 ins1.ins_bal_30_60 ins1.ins_bal_30_60 ins1.ins_bal_60_90 ins1.ins_bal_90_120 ins1.ins_bal_120 ins1.name ins1.per.address_full ins1.per.address1 ins1.per.address2 ins1.per.address2 ins1.per.address3 ins1.per.address1_2 ins1.per.age ins1.per.age ins1.per.age_detail ins1.per.age_detail ins1.per.age_detail ins1.per.age_detail	Primary Insurance Address 2 Primary Insurance Address 3 Primary Insurance Address 1 and 2 Primary Insurance City Primary Insurance City, State. Zip Primary Insurance City, State. Zip Primary Insurance Full Address Copay (primary) Primary Insurance Email Note on policy Fax number of Insurance Company Insurance Plan Group Number "policy number" insurance Idfor insurance library Insurance Aging 0-30 Insurance Aging 31-60 Insurance Aging 91-120 Insurance Aging 91-120 Insurance Aging 91-120 Insurance Aging 121+ name of the insurance company Insured Person Address Full Insured Person Address 1 Insured Person Address 2 Insured Person Address 3 Insured Person Address 1 and 2 Insured Person Age Insured Person Age Insured Person Age Insured Person Cell Phone	without an address 2 field use this order: pat.address1 pat.address2 pat.address3 To print the address correctly with or without an address 2 field use this order: pat.address1	SUITE 2 ALAFAYA, NJ 32816 123 LESS TRAVELED RD APT 3 ALAFAYA ALAFAYA, NJ 32816 20.00 TEST 888 556-2128 BC NAME BC GROUP 102 0.00 0.00 0.00 0.00 0.00 0.00 BCBS FL 123 LESS TRAVELED RD APT 3 CANTON, NJ 07646 123 LESS TRAVELED RD APT 3 CANTON, NJ 07646 123 LESS TRAVELED RD APT 3 21 years 2 M 987 654-4433
ins1.address2 ins1.address3 ins1.address1_2 ins1.city ins1.city_st_zip ins1.address_full ins1.copay ins1.email ins1.note ins1.fax ins1.groupname ins1.groupno ins1.ins_bal_0_30 ins1.ins_bal_0_30 ins1.ins_bal_60_90 ins1.ins_bal_60_90 ins1.ins_bal_120 ins1.name ins1.per.address_full ins1.per.address1 ins1.per.address2 ins1.per.address3 ins1.per.address3 ins1.per.address1_2 ins1.per.address1_2 ins1.per.address3 ins1.per.address1_2 ins1.per.cellphone ins1.per.city	Primary Insurance Address 2 Primary Insurance Address 3 Primary Insurance Address 1 and 2 Primary Insurance City Primary Insurance City, State. Zip Primary Insurance Full Address Copay (primary) Primary Insurance Email Note on policy Fax number of Insurance Company Insurance Plan Group Number "policy number" insurance Idfor insurance library Insurance Aging 0-30 Insurance Aging 31-60 Insurance Aging 61-90 Insurance Aging 91-120 Insurance Aging 121+ name of the insurance company Insured Person Address Full Insured Person Address 1 Insured Person Address 2 Insured Person Address 3 Insured Person Address 1 Insured Person Address 1 Insured Person Address 1 Insured Person Address 3 Insured Person Address 1 Insured Person Cell Phone Insured Person City	without an address 2 field use this order: pat.address1 pat.address2 pat.address3 To print the address correctly with or without an address 2 field use this order: pat.address1	SUITE 2 ALAFAYA, NJ 32816 123 LESS TRAVELED RD APT 3 ALAFAYA ALAFAYA, NJ 32816 20.00 TEST 888 556-2128 BC NAME BC GROUP 102 0.00 0.00 0.00 0.00 0.00 0.00 0.00 BCBS FL 123 LESS TRAVELED RD APT 3 CANTON, NJ 07646 123 LESS TRAVELED RD APT 3 CANTON, NJ 07646 123 LESS TRAVELED RD APT 3 21 years 2 M 987 654-4433 CANTON
ins1.address2 ins1.address3 ins1.address1_2 ins1.city ins1.city_st_zip ins1.address_full ins1.copay ins1.email ins1.note ins1.fax ins1.groupname ins1.groupno ins1.ins_bal_0_30 ins1.ins_bal_0_0 ins1.ins_bal_0_0 ins1.ins_bal_0_0 ins1.per.address_1 ins1.per.address_1 ins1.per.address_1 ins1.per.address_1 ins1.per.address_1 ins1.per.cellphone ins1.per.city_st_zip	Primary Insurance Address 2 Primary Insurance Address 3 Primary Insurance Address 1 and 2 Primary Insurance City Primary Insurance City, State. Zip Primary Insurance Full Address Copay (primary) Primary Insurance Email Note on policy Fax number of Insurance Company Insurance Plan Group Number "policy number" insurance Aging 0-30 Insurance Aging 31-60 Insurance Aging 61-90 Insurance Aging 91-120 Insurance Aging 91-120 Insurance Aging 121+ name of the insurance company Insurance Aging 121+ name of the prison Address Full Insured Person Address 1 Insured Person Address 2 Insured Person Address 3 Insured Person Address 1 and 2 Insured Person Age Insured Person Age Insured Person Age Insured Person City Insured Person City Insured Person City Insured Person City, State Zip	without an address 2 field use this order: pat.address1 pat.address2 pat.address3 To print the address correctly with or without an address 2 field use this order: pat.address1	SUITE 2 ALAFAYA, NJ 32816 123 LESS TRAVELED RD APT 3 ALAFAYA ALAFAYA, NJ 32816 20.00 TEST 888 556-2128 BC NAME BC GROUP 102 0.00 0.00 0.00 0.00 0.00 BCBS FL 123 LESS TRAVELED RD APT 3 CANTON, NJ 07646 123 LESS TRAVELED RD APT 3 CANTON, NJ 07646 123 LESS TRAVELED RD APT 3 21 years 21 years 21 years 2 M 987 654-4433 CANTON CANTON, NJ 07646
ins1.address2 ins1.address3 ins1.address1_2 ins1.city ins1.city_st_zip ins1.address_full ins1.copay ins1.email ins1.email ins1.note ins1.fax ins1.groupname ins1.groupno ins1.ins_bal_0_30 ins1.ins_bal_0_30 ins1.ins_bal_0_30 ins1.ins_bal_0_20 ins1.ins_bal_0_120 ins1.ins_bal_0_120 ins1.ins_bal_120 ins1.ins_bal_120 ins1.per.address_full ins1.per.address2 ins1.per.address2 ins1.per.address3 ins1.per.address1_2 ins1.per.adge ins1.per.age_detail ins1.per.city_ins1.per.city_st_zip ins1.per.city_st_zip ins1.per.country	Primary Insurance Address 2 Primary Insurance Address 3 Primary Insurance Address 1 and 2 Primary Insurance City Primary Insurance City, State. Zip Primary Insurance Full Address Copay (primary) Primary Insurance Email Note on policy Fax number of Insurance Company Insurance Plan Group Number "policy number" Insurance Aging 0-30 Insurance Aging 31-60 Insurance Aging 61-90 Insurance Aging 91-120 Insurance Aging 91-120 Insurance Aging 121+ name of the insurance company Insured Person Address Full Insured Person Address 1 Insured Person Address 2 Insured Person Address 3 Insured Person Address 1 Insured Person Address 1 Insured Person Address 3 Insured Person Address 1 Insured Person Cell Phone Insured Person City, State Zip Insured Person Country	without an address 2 field use this order: pat.address1 pat.address2 pat.address3 To print the address correctly with or without an address 2 field use this order: pat.address1	SUITE 2 ALAFAYA, NJ 32816 123 LESS TRAVELED RD APT 3 ALAFAYA ALAFAYA, NJ 32816 20.00 TEST 888 556-2128 BC NAME BC GROUP 102 0.00 0.00 0.00 0.00 0.00 0.00 BCBS FL 123 LESS TRAVELED RD APT 3 CANTON, NJ 07646 123 LESS TRAVELED RD APT 3 21 years 2 M 987 654-4433 CANTON CANTON, NJ 07646 US
ins1.address2 ins1.address3 ins1.address1_2 ins1.city_st_zip ins1.city_st_zip ins1.address_full ins1.copay ins1.email ins1.email ins1.note ins1.fax ins1.groupname ins1.groupno ins1.ins_bal_0_30 ins1.ins_bal_30_60 ins1.ins_	Primary Insurance Address 2 Primary Insurance Address 3 Primary Insurance Address 1 and 2 Primary Insurance City Primary Insurance City, State. Zip Primary Insurance City, State. Zip Primary Insurance Full Address Copay (primary) Primary Insurance Email Note on policy Fax number of Insurance Company Insurance Plan Group Number "policy number" insurance Aging 0-30 Insurance Aging 31-60 Insurance Aging 61-90 Insurance Aging 91-120 Insurance Aging 91-120 Insurance Aging 121+ name of the insurance company Insured Person Address Full Insured Person Address 1 Insured Person Address 2 Insured Person Address 3 Insured Person Address 1 Insured Person Cell Phone Insured Person City, State Zip Insured Person Date of Birth mm/dd/yyyy Insured Person Date of Birth mm/dd/yyyy	without an address 2 field use this order: pat.address1 pat.address2 pat.address3 To print the address correctly with or without an address 2 field use this order: pat.address1	SUITE 2 ALAFAYA, NJ 32816 123 LESS TRAVELED RD APT 3 ALAFAYA ALAFAYA, NJ 32816 20.00 TEST 888 556-2128 BC NAME BC GROUP 102 0.00 0.00 0.00 0.00 0.00 0.00 0.00 BCBS FL 123 LESS TRAVELED RD APT 3 CANTON, NJ 07646 123 LESS TRAVELED RD APT 3 21 years 2 M 987 654-4433 CANTON CANTON, NJ 07646 US 1/1/1995
ins1.address2 ins1.address3 ins1.address1_2 ins1.city_st_zip ins1.city_st_zip ins1.coty_st_zip ins1.email ins1.copay ins1.email ins1.note ins1.fax ins1.groupname ins1.groupno ins1.ins_bal_0_30 ins1.ins_bal_30_60 ins1.ins_bal_30_60 ins1.ins_bal_90_120 ins1.ins_bal_90_120 ins1.ins_bal_90_120 ins1.ins_bal_120 ins1.per.address_full ins1.per.address2 ins1.per.address3 ins1.per.address3 ins1.per.address3 ins1.per.address3 ins1.per.address1_2 ins1.per.dob_dd	Primary Insurance Address 2 Primary Insurance Address 3 Primary Insurance Address 1 and 2 Primary Insurance City Primary Insurance City, State. Zip Primary Insurance Full Address Copay (primary) Primary Insurance Email Note on policy Fax number of Insurance Company Insurance Plan Group Number "policy number" insurance Aging 0-30 Insurance Aging 31-60 Insurance Aging 61-90 Insurance Aging 91-120 Insurance Aging 91-120 Insurance Aging 121+ name of the insurance company Insured Person Address Full Insured Person Address 1 Insured Person Address 2 Insured Person Address 3 Insured Person Address 3 Insured Person Address 1 Insured Person Adge Insured Person Age Insured Person Cell Phone Insured Person City Insured Person Country Insured Person Date of Birth mm/dd/yyyy Insured Person Date of Birth mm/dd/yyyy Insured Person Date of Birth dd	without an address 2 field use this order: pat.address1 pat.address2 pat.address3 To print the address correctly with or without an address 2 field use this order: pat.address1	SUITE 2 ALAFAYA, NJ 32816 123 LESS TRAVELED RD APT 3 ALAFAYA ALAFAYA, NJ 32816 20.00 TEST 888 556-2128 BC NAME BC GROUP 102 0.00 0.00 0.00 0.00 0.00 0.00 BCBS FL 123 LESS TRAVELED RD APT 3 CANTON, NJ 07646 123 LESS TRAVELED RD APT 3 21 years 2 M 987 654-4433 CANTON, NJ 07646 US 1/1/11995 01
ins1.address2 ins1.address3 ins1.address1_2 ins1.city_ ins1.city_st_zip ins1.address_full ins1.copay ins1.email ins1.note ins1.fax ins1.groupname ins1.groupno ins1.ins_bal_0_30 ins1.ins_bal_30_60 ins1.ins_bal_30_60 ins1.ins_bal_80_90 ins1.ins_bal_90_120 ins1.ins_bal_90_120 ins1.ins_bal_120 ins1.per.address_full ins1.per.address2 ins1.per.address2 ins1.per.address3 ins1.per.address3 ins1.per.address3 ins1.per.address1_2 ins1.per.address1_2 ins1.per.address1_2 ins1.per.address1_2 ins1.per.address1_ins1.per.address1_2 ins1.per.address1_2 ins1.per.address2_2 ins1.	Primary Insurance Address 2 Primary Insurance Address 3 Primary Insurance Address 1 and 2 Primary Insurance City Primary Insurance City, State. Zip Primary Insurance Full Address Copay (primary) Primary Insurance Email Note on policy Fax number of Insurance Company Insurance Plan Group Number "policy number" insurance Aging 0-30 Insurance Aging 31-60 Insurance Aging 91-120 Insurance Aging 91-120 Insurance Aging 91-120 Insurance Aging 91-120 Insurance Aging 51-10 Insurance Aging 91-120 Insurance Person Address Full Insured Person Address 1 Insured Person Address 2 Insured Person Address 3 Insured Person Address 1 and 2 Insured Person Age Insured Person Cell Phone Insured Person Cell Phone Insured Person City, State Zip Insured Person Date of Birth mm/dd/yyyy Insured Person Date of Birth mm	without an address 2 field use this order: pat.address1 pat.address2 pat.address3 To print the address correctly with or without an address 2 field use this order: pat.address1	SUITE 2 ALAFAYA, NJ 32816 123 LESS TRAVELED RD APT 3 ALAFAYA ALAFAYA, NJ 32816 20.00 TEST 888 556-2128 BC NAME BC GROUP 102 0.00 0.00 0.00 0.00 0.00 0.00 BCBS FL 123 LESS TRAVELED RD APT 3 CANTON, NJ 07646 123 LESS TRAVELED RD APT 3 CANTON, NJ 07646 123 LESS TRAVELED RD APT 3 21 years 21 years 21 years 2 M 987 654-4433 CANTON CANTON, NJ 07646 US 1/1/1995 01 01
ins1.address2 ins1.address3 ins1.address1_2 ins1.city_st_zip ins1.city_st_zip ins1.address_full ins1.copay ins1.email ins1.note ins1.fax ins1.groupname ins1.groupno ins1.ins_bal_0_30 ins1.ins_bal_30_60 ins1.ins_bal_30_60 ins1.ins_bal_30_60 ins1.ins_bal_30_0 ins1.per.address_full ins1.per.address2 ins1.per.address3 ins1.per.address3 ins1.per.address1_2 ins1.per.age_detail ins1.per.age_detail ins1.per.city ins1.per.city_st_zip ins1.per.country ins1.per.dob ins1.per.dob_dd	Primary Insurance Address 2 Primary Insurance Address 3 Primary Insurance Address 1 and 2 Primary Insurance City Primary Insurance City, State. Zip Primary Insurance Full Address Copay (primary) Primary Insurance Email Note on policy Fax number of Insurance Company Insurance Plan Group Number "policy number" insurance Aging 0-30 Insurance Aging 31-60 Insurance Aging 61-90 Insurance Aging 91-120 Insurance Aging 91-120 Insurance Aging 121+ name of the insurance company Insured Person Address Full Insured Person Address 1 Insured Person Address 2 Insured Person Address 3 Insured Person Address 3 Insured Person Address 1 Insured Person Adge Insured Person Age Insured Person Cell Phone Insured Person City Insured Person Country Insured Person Date of Birth mm/dd/yyyy Insured Person Date of Birth mm/dd/yyyy Insured Person Date of Birth dd	without an address 2 field use this order: pat.address1 pat.address2 pat.address3 To print the address correctly with or without an address 2 field use this order: pat.address1	SUITE 2 ALAFAYA, NJ 32816 123 LESS TRAVELED RD APT 3 ALAFAYA ALAFAYA, NJ 32816 20.00 TEST 888 556-2128 BC NAME BC GROUP 102 0.00 0.00 0.00 0.00 0.00 0.00 BCBS FL 123 LESS TRAVELED RD APT 3 CANTON, NJ 07646 123 LESS TRAVELED RD APT 3 21 years 2 M 987 654-4433 CANTON, NJ 07646 US 1/1/11995 01

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ins1.per.dobyy	Insured Person Date of Birth mm/dd/yy		01/01/95
ins1.per.email	Insured Person email		getone@mail.com
ins1.per.fname	Insured Person First Name		LINDA
ins1.per.fname Iname	Insured Person First Name Last Name		LINDA T TEST2
	Insured Person Last Name First Name		2
ing 1 par fullnama	Middle		TECTO LINDA T
ins1.per.fullname			TEST2, LINDA T
ins1.per.gender	Insured Person Gender Abbrev.		F
ins1.per.homephone	Insured Person Home Phone		444 555-5555
ins1.per.language	Insured Person Language Abbrev.		EN
ins1.per.lname	Insured Person Last Name		TEST2
ins1.per.lname fname	Insured Person Last Name First Name		TEST2, LINDA T
			TESTZ, LINDA I
ins1.per.middle	Insured Person Middle		I LAD
ins1.per.nsuffix	Insured Person Suffix		MR
ins1.per.pid	Insured Person Person ID		19543
ins1.per.sex	Insured Person Sex Abbrev.		F
ins1.per.ssn	Insured Person Social Security Number		555-88-6444
ins1.per.workphone	Insured Person Work Phone		456 789-4564 5
ins1.per.zip	Insured Person Zip		7646
ins1.phone	Insurance Phone		55
ins1.plan	Insurance Phone		
ins1.policyno	Policy number "ID or member number"		TLB546342334
lins1.product	Insurance Product	This field is generated from the Insurance Management on a patient. It is not a mandatory field in the PM, so use with caution.	
		oddion.	01
ins1.reltype	Relationship type		-
ins1.reldesc	Description (Self, Spouse, etc)		Spouse
ins1.state	Insurance State		NJ
ins1.subscriber	Subscriber		TEST2, LINDA T
ins1.validfrom	Insurance Valid From yyyy/mm/dd		1990-01-01
ins1.validto	Insurance Valid To yyyy/mm/dd		2035-02-01
	7,7,7		
ins1.zip	Insurance Zip		32816
		A Custom Field called "Collection Note"	
		needs to be mapped	
ins1.custom_field_XXXXX	Replace XXXXX with the label name in LOWERCASE	"ins1.custom_field_collection note" to generate for the Primary Insurance this field lives in the Add/Modify Policy screen on the Patient Dashboard.	
ins1.custom_field_XXXXX		"ins1.custom_field_collection note" to generate for the Primary Insurance this field lives in the Add/Modify Policy screen	
	LOWERCASE	"ins1.custom_field_collection note" to generate for the Primary Insurance this field lives in the Add/Modify Policy screen on the Patient Dashboard.	Francis Outset
ins1.custom_field_XXXXX Charge / Encounter Field ID		"ins1.custom_field_collection note" to generate for the Primary Insurance this field lives in the Add/Modify Policy screen	Example Output
	LOWERCASE	"ins1.custom_field_collection note" to generate for the Primary Insurance this field lives in the Add/Modify Policy screen on the Patient Dashboard.	Example Output
	LOWERCASE	"ins1.custom_field_collection note" to generate for the Primary Insurance this field lives in the Add/Modify Policy screen on the Patient Dashboard.	Example Output
	LOWERCASE Description	"ins1.custom_field_collection note" to generate for the Primary Insurance this field lives in the Add/Modify Policy screen on the Patient Dashboard.	Example Output
Charge / Encounter Field ID	Description Place of Service Information	"ins1.custom_field_collection note" to generate for the Primary Insurance this field lives in the Add/Modify Policy screen on the Patient Dashboard. Notes	
Charge / Encounter Field ID	Description Place of Service Information Charge Address Full	"ins1.custom_field_collection note" to generate for the Primary Insurance this field lives in the Add/Modify Policy screen on the Patient Dashboard. Notes Facility Address	33 DEFORD RD GARDENS, FL 334104327
Charge / Encounter Field ID chg.address_full chg.address1	Description Place of Service Information Charge Address Full Charge Address 1	"ins1.custom_field_collection note" to generate for the Primary Insurance this field lives in the Add/Modify Policy screen on the Patient Dashboard. Notes Facility Address To print the address correctly with or	33 DEFORD RD GARDENS, FL 334104327 33 BEDFORD RD
Charge / Encounter Field ID chg.address_full chg.address1 chg.address2	Description Place of Service Information Charge Address Full Charge Address 1 Charge Address 2	"ins1.custom_field_collection note" to generate for the Primary Insurance this field lives in the Add/Modify Policy screen on the Patient Dashboard. Notes Facility Address	33 DEFORD RD GARDENS, FL 334104327
Charge / Encounter Field ID chg.address_full chg.address1	Description Place of Service Information Charge Address Full Charge Address 1	"ins1.custom_field_collection note" to generate for the Primary Insurance this field lives in the Add/Modify Policy screen on the Patient Dashboard. Notes Facility Address To print the address correctly with or	33 DEFORD RD GARDENS, FL 334104327 33 BEDFORD RD
Charge / Encounter Field ID chg.address_full chg.address1 chg.address2 chg.address3	Description Place of Service Information Charge Address Full Charge Address 1 Charge Address 2 Charge Address 3	"ins1.custom_field_collection note" to generate for the Primary Insurance this field lives in the Add/Modify Policy screen on the Patient Dashboard. Notes Facility Address To print the address correctly with or without an address 2 field use this order:	33 DEFORD RD GARDENS, FL 334104327 33 BEDFORD RD GARDENS,FL 334104327
Charge / Encounter Field ID chg.address_full chg.address1 chg.address2	Description Place of Service Information Charge Address Full Charge Address 1 Charge Address 2	"ins1.custom_field_collection note" to generate for the Primary Insurance this field lives in the Add/Modify Policy screen on the Patient Dashboard. Notes Facility Address To print the address correctly with or without an address 2 field use this order:	33 DEFORD RD GARDENS, FL 334104327 33 BEDFORD RD
Charge / Encounter Field ID chg.address_full chg.address1 chg.address2 chg.address3 chg.address1_2	Description Place of Service Information Charge Address Full Charge Address 1 Charge Address 2 Charge Address 3 Charge Address 1 and 2	"ins1.custom_field_collection note" to generate for the Primary Insurance this field lives in the Add/Modify Policy screen on the Patient Dashboard. Notes Facility Address To print the address correctly with or without an address 2 field use this order:	33 DEFORD RD GARDENS, FL 334104327 33 BEDFORD RD GARDENS,FL 334104327 33 BEDFORD RD Apt 1
Charge / Encounter Field ID chg.address_full chg.address1 chg.address2 chg.address3 chg.address1_2 chg.amountdispute1	Description Place of Service Information Charge Address Full Charge Address 1 Charge Address 2 Charge Address 3 Charge Address 1 and 2 Amount in Dispute on a Charge Line 1	"ins1.custom_field_collection note" to generate for the Primary Insurance this field lives in the Add/Modify Policy screen on the Patient Dashboard. Notes Facility Address To print the address correctly with or without an address 2 field use this order:	33 DEFORD RD GARDENS, FL 334104327 33 BEDFORD RD GARDENS,FL 334104327 33 BEDFORD RD Apt 1
chg.address_full chg.address1 chg.address2 chg.address3 chg.address1_2 chg.amountdispute1 chg.amountdispute2	Description Place of Service Information Charge Address Full Charge Address 1 Charge Address 2 Charge Address 3 Charge Address 1 and 2 Amount in Dispute on a Charge Line 1 Amount in Dispute on a Charge Line 2	"ins1.custom_field_collection note" to generate for the Primary Insurance this field lives in the Add/Modify Policy screen on the Patient Dashboard. Notes Facility Address To print the address correctly with or without an address 2 field use this order:	33 DEFORD RD GARDENS, FL 334104327 33 BEDFORD RD GARDENS,FL 334104327 33 BEDFORD RD Apt 1 1.00 1.00
chg.address_full chg.address1 chg.address2 chg.address3 chg.address1_2 chg.amountdispute1 chg.amountdispute2 chg.amountdispute3	Description Place of Service Information Charge Address Full Charge Address 1 Charge Address 2 Charge Address 3 Charge Address 1 and 2 Amount in Dispute on a Charge Line 1 Amount in Dispute on a Charge Line 2 Amount in Dispute on a Charge Line 3	"ins1.custom_field_collection note" to generate for the Primary Insurance this field lives in the Add/Modify Policy screen on the Patient Dashboard. Notes Facility Address To print the address correctly with or without an address 2 field use this order:	33 DEFORD RD GARDENS, FL 334104327 33 BEDFORD RD GARDENS,FL 334104327 33 BEDFORD RD Apt 1 1.00 1.00 1.00
chg.address_full chg.address1 chg.address2 chg.address3 chg.address1_2 chg.amountdispute1 chg.amountdispute2	Description Place of Service Information Charge Address Full Charge Address 1 Charge Address 2 Charge Address 3 Charge Address 1 and 2 Amount in Dispute on a Charge Line 1 Amount in Dispute on a Charge Line 2	"ins1.custom_field_collection note" to generate for the Primary Insurance this field lives in the Add/Modify Policy screen on the Patient Dashboard. Notes Facility Address To print the address correctly with or without an address 2 field use this order:	33 DEFORD RD GARDENS, FL 334104327 33 BEDFORD RD GARDENS,FL 334104327 33 BEDFORD RD Apt 1 1.00 1.00
chg.address_full chg.address1 chg.address2 chg.address3 chg.address1_2 chg.amountdispute1 chg.amountdispute2 chg.amountdispute3 chg.amountdispute3 chg.amountdispute4	Description Place of Service Information Charge Address Full Charge Address 1 Charge Address 2 Charge Address 3 Charge Address 1 and 2 Amount in Dispute on a Charge Line 1 Amount in Dispute on a Charge Line 2 Amount in Dispute on a Charge Line 3 Amount in Dispute on a Charge Line 4	"ins1.custom_field_collection note" to generate for the Primary Insurance this field lives in the Add/Modify Policy screen on the Patient Dashboard. Notes Facility Address To print the address correctly with or without an address 2 field use this order:	33 DEFORD RD GARDENS, FL 334104327 33 BEDFORD RD GARDENS,FL 334104327 33 BEDFORD RD Apt 1 1.00 1.00 1.00 1.00
Charge / Encounter Field ID chg.address_full chg.address1 chg.address2 chg.address3 chg.address1_2 chg.amountdispute1 chg.amountdispute2 chg.amountdispute3 chg.amountdispute4 chg.amountdispute4 chg.amountdispute5	Description Place of Service Information Charge Address Full Charge Address 1 Charge Address 2 Charge Address 3 Charge Address 3 Charge Address 1 and 2 Amount in Dispute on a Charge Line 1 Amount in Dispute on a Charge Line 2 Amount in Dispute on a Charge Line 3 Amount in Dispute on a Charge Line 4 Amount in Dispute on a Charge Line 5	"ins1.custom_field_collection note" to generate for the Primary Insurance this field lives in the Add/Modify Policy screen on the Patient Dashboard. Notes Facility Address To print the address correctly with or without an address 2 field use this order:	33 DEFORD RD GARDENS, FL 334104327 33 BEDFORD RD GARDENS,FL 334104327 33 BEDFORD RD Apt 1 1.00 1.00 1.00 1.00 1.00
Charge / Encounter Field ID chg.address_full chg.address1 chg.address2 chg.address3 chg.address1_2 chg.amountdispute1 chg.amountdispute2 chg.amountdispute3 chg.amountdispute4 chg.amountdispute5 chg.amountdispute6	Description Place of Service Information Charge Address Full Charge Address 1 Charge Address 2 Charge Address 3 Charge Address 1 and 2 Amount in Dispute on a Charge Line 1 Amount in Dispute on a Charge Line 2 Amount in Dispute on a Charge Line 3 Amount in Dispute on a Charge Line 4 Amount in Dispute on a Charge Line 5 Amount in Dispute on a Charge Line 5 Amount in Dispute on a Charge Line 5	"ins1.custom_field_collection note" to generate for the Primary Insurance this field lives in the Add/Modify Policy screen on the Patient Dashboard. Notes Facility Address To print the address correctly with or without an address 2 field use this order:	33 DEFORD RD GARDENS, FL 334104327 33 BEDFORD RD GARDENS,FL 334104327 33 BEDFORD RD Apt 1 1.00 1.00 1.00 1.00 1.00 1.00 1.00
Charge / Encounter Field ID chg.address_full chg.address1 chg.address2 chg.address3 chg.address1_2 chg.amountdispute1 chg.amountdispute2 chg.amountdispute3 chg.amountdispute4 chg.amountdispute5 chg.amountdispute6 chg.amountdispute6 chg.amountdispute7	Description Place of Service Information Charge Address Full Charge Address 1 Charge Address 2 Charge Address 3 Charge Address 3 Charge Address 1 and 2 Amount in Dispute on a Charge Line 1 Amount in Dispute on a Charge Line 2 Amount in Dispute on a Charge Line 3 Amount in Dispute on a Charge Line 4 Amount in Dispute on a Charge Line 5 Amount in Dispute on a Charge Line 6 Amount in Dispute on a Charge Line 6 Amount in Dispute on a Charge Line 6	"ins1.custom_field_collection note" to generate for the Primary Insurance this field lives in the Add/Modify Policy screen on the Patient Dashboard. Notes Facility Address To print the address correctly with or without an address 2 field use this order:	33 DEFORD RD GARDENS, FL 334104327 33 BEDFORD RD GARDENS,FL 334104327 33 BEDFORD RD Apt 1 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1
chg.address_full chg.address1 chg.address2 chg.address3 chg.address12 chg.amountdispute1 chg.amountdispute2 chg.amountdispute3 chg.amountdispute4 chg.amountdispute5 chg.amountdispute6 chg.amountdispute7 chg.amountdispute7 chg.amountdispute8	Description Place of Service Information Charge Address Full Charge Address 1 Charge Address 2 Charge Address 3 Charge Address 3 Charge Address 1 and 2 Amount in Dispute on a Charge Line 1 Amount in Dispute on a Charge Line 2 Amount in Dispute on a Charge Line 3 Amount in Dispute on a Charge Line 4 Amount in Dispute on a Charge Line 5 Amount in Dispute on a Charge Line 6 Amount in Dispute on a Charge Line 6 Amount in Dispute on a Charge Line 7 Amount in Dispute on a Charge Line 7 Amount in Dispute on a Charge Line 7	"ins1.custom_field_collection note" to generate for the Primary Insurance this field lives in the Add/Modify Policy screen on the Patient Dashboard. Notes Facility Address To print the address correctly with or without an address 2 field use this order:	33 DEFORD RD GARDENS, FL 334104327 33 BEDFORD RD GARDENS,FL 334104327 33 BEDFORD RD Apt 1 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1
Charge / Encounter Field ID chg.address_full chg.address1 chg.address2 chg.address3 chg.address1_2 chg.amountdispute1 chg.amountdispute2 chg.amountdispute3 chg.amountdispute4 chg.amountdispute5 chg.amountdispute6 chg.amountdispute6 chg.amountdispute7	Description Place of Service Information Charge Address Full Charge Address 1 Charge Address 2 Charge Address 3 Charge Address 3 Charge Address 1 and 2 Amount in Dispute on a Charge Line 1 Amount in Dispute on a Charge Line 2 Amount in Dispute on a Charge Line 3 Amount in Dispute on a Charge Line 4 Amount in Dispute on a Charge Line 5 Amount in Dispute on a Charge Line 6 Amount in Dispute on a Charge Line 6 Amount in Dispute on a Charge Line 6	"ins1.custom_field_collection note" to generate for the Primary Insurance this field lives in the Add/Modify Policy screen on the Patient Dashboard. Notes Facility Address To print the address correctly with or without an address 2 field use this order:	33 DEFORD RD GARDENS, FL 334104327 33 BEDFORD RD GARDENS,FL 334104327 33 BEDFORD RD Apt 1 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1
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chg.address_full chg.address1 chg.address2 chg.address3 chg.address1_2 chg.amountdispute1 chg.amountdispute2 chg.amountdispute3 chg.amountdispute4 chg.amountdispute5 chg.amountdispute6 chg.amountdispute6 chg.amountdispute8 chg.amountdispute8 chg.amountdispute9 chg.amountdispute9 chg.amountdispute9	Description Place of Service Information Charge Address Full Charge Address 1 Charge Address 2 Charge Address 3 Charge Address 3 Charge Address 1 and 2 Amount in Dispute on a Charge Line 1 Amount in Dispute on a Charge Line 2 Amount in Dispute on a Charge Line 3 Amount in Dispute on a Charge Line 4 Amount in Dispute on a Charge Line 5 Amount in Dispute on a Charge Line 6 Amount in Dispute on a Charge Line 7 Amount in Dispute on a Charge Line 8 Amount in Dispute on a Charge Line 8 Amount in Dispute on a Charge Line 9 Amount in Dispute on a Charge Line 9 Amount in Dispute on a Charge Line 9	"ins1.custom_field_collection note" to generate for the Primary Insurance this field lives in the Add/Modify Policy screen on the Patient Dashboard. Notes Facility Address To print the address correctly with or without an address 2 field use this order:	33 DEFORD RD GARDENS, FL 334104327 33 BEDFORD RD GARDENS,FL 334104327 33 BEDFORD RD Apt 1 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1
chg.address_full chg.address1 chg.address2 chg.address3 chg.address3 chg.address1_2 chg.amountdispute1 chg.amountdispute2 chg.amountdispute3 chg.amountdispute4 chg.amountdispute5 chg.amountdispute6 chg.amountdispute7 chg.amountdispute8 chg.amountdispute9 chg.amountdispute9 chg.amountdispute10 chg.amountdispute10 chg.amountdispute11	Description Place of Service Information Charge Address Full Charge Address 1 Charge Address 2 Charge Address 3 Charge Address 3 Charge Address 1 and 2 Amount in Dispute on a Charge Line 1 Amount in Dispute on a Charge Line 2 Amount in Dispute on a Charge Line 3 Amount in Dispute on a Charge Line 4 Amount in Dispute on a Charge Line 5 Amount in Dispute on a Charge Line 6 Amount in Dispute on a Charge Line 7 Amount in Dispute on a Charge Line 7 Amount in Dispute on a Charge Line 8 Amount in Dispute on a Charge Line 9 Amount in Dispute on a Charge Line 9 Amount in Dispute on a Charge Line 10 Amount in Dispute on a Charge Line 10	"ins1.custom_field_collection note" to generate for the Primary Insurance this field lives in the Add/Modify Policy screen on the Patient Dashboard. Notes Facility Address To print the address correctly with or without an address 2 field use this order:	33 DEFORD RD GARDENS, FL 334104327 33 BEDFORD RD GARDENS,FL 334104327 33 BEDFORD RD Apt 1 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1
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Charge / Encounter Field ID chg.address_full chg.address1 chg.address2 chg.address3 chg.address1_2 chg.amountdispute1 chg.amountdispute2 chg.amountdispute3 chg.amountdispute4 chg.amountdispute5 chg.amountdispute6 chg.amountdispute7 chg.amountdispute8 chg.amountdispute8 chg.amountdispute9 chg.amountdispute10 chg.amountdispute11 chg.amountdispute12	Description Place of Service Information Charge Address Full Charge Address 1 Charge Address 2 Charge Address 3 Charge Address 3 Charge Address 1 and 2 Amount in Dispute on a Charge Line 1 Amount in Dispute on a Charge Line 2 Amount in Dispute on a Charge Line 3 Amount in Dispute on a Charge Line 5 Amount in Dispute on a Charge Line 5 Amount in Dispute on a Charge Line 5 Amount in Dispute on a Charge Line 6 Amount in Dispute on a Charge Line 7 Amount in Dispute on a Charge Line 8 Amount in Dispute on a Charge Line 9 Amount in Dispute on a Charge Line 10 Amount in Dispute on a Charge Line 11	"ins1.custom_field_collection note" to generate for the Primary Insurance this field lives in the Add/Modify Policy screen on the Patient Dashboard. Notes Facility Address To print the address correctly with or without an address 2 field use this order: pat.address1	33 DEFORD RD GARDENS, FL 334104327 33 BEDFORD RD GARDENS,FL 334104327 33 BEDFORD RD Apt 1 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1
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chg.address_full chg.address1 chg.address2 chg.address3 chg.address1_2 chg.amountdispute1 chg.amountdispute2 chg.amountdispute3 chg.amountdispute4 chg.amountdispute5 chg.amountdispute6 chg.amountdispute7 chg.amountdispute8 chg.amountdispute8 chg.amountdispute9 chg.amountdispute1 chg.amountdispute1 chg.amountdispute1 chg.amountdispute11 chg.amountdispute11 chg.amountdispute12 chg.amountpaid1 chg.amountpaid1 chg.amountpaid2	Description Place of Service Information Charge Address Full Charge Address 1 Charge Address 2 Charge Address 3 Charge Address 3 Charge Address 1 and 2 Amount in Dispute on a Charge Line 1 Amount in Dispute on a Charge Line 2 Amount in Dispute on a Charge Line 3 Amount in Dispute on a Charge Line 4 Amount in Dispute on a Charge Line 5 Amount in Dispute on a Charge Line 5 Amount in Dispute on a Charge Line 6 Amount in Dispute on a Charge Line 7 Amount in Dispute on a Charge Line 8 Amount in Dispute on a Charge Line 9 Amount in Dispute on a Charge Line 10 Amount in Dispute on a Charge Line 11 Amount in Dispute on a Charge Line 12 Amount Paid on a Charge Line 1 Amount Paid on a Charge Line 1	"ins1.custom_field_collection note" to generate for the Primary Insurance this field lives in the Add/Modify Policy screen on the Patient Dashboard. Notes Facility Address To print the address correctly with or without an address 2 field use this order: pat.address1	33 DEFORD RD GARDENS, FL 334104327 33 BEDFORD RD GARDENS,FL 334104327 33 BEDFORD RD Apt 1 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1
chg.address_full chg.address1 chg.address2 chg.address3 chg.address1_2 chg.amountdispute1 chg.amountdispute2 chg.amountdispute3 chg.amountdispute4 chg.amountdispute5 chg.amountdispute6 chg.amountdispute8 chg.amountdispute8 chg.amountdispute9 chg.amountdispute9 chg.amountdispute1 chg.amountdispute1 chg.amountdispute10 chg.amountdispute11 chg.amountdispute12 chg.amountpaid1 chg.amountpaid2 chg.amountpaid3	Description Place of Service Information Charge Address Full Charge Address 1 Charge Address 1 Charge Address 2 Charge Address 3 Charge Address 3 Charge Address 1 and 2 Amount in Dispute on a Charge Line 1 Amount in Dispute on a Charge Line 2 Amount in Dispute on a Charge Line 3 Amount in Dispute on a Charge Line 4 Amount in Dispute on a Charge Line 5 Amount in Dispute on a Charge Line 6 Amount in Dispute on a Charge Line 7 Amount in Dispute on a Charge Line 8 Amount in Dispute on a Charge Line 9 Amount in Dispute on a Charge Line 10 Amount in Dispute on a Charge Line 11 Amount in Dispute on a Charge Line 11 Amount Paid on a Charge Line 1 Amount Paid on a Charge Line 2 Amount Paid on a Charge Line 2	"ins1.custom_field_collection note" to generate for the Primary Insurance this field lives in the Add/Modify Policy screen on the Patient Dashboard. Notes Facility Address To print the address correctly with or without an address 2 field use this order: pat.address1	33 DEFORD RD GARDENS, FL 334104327 33 BEDFORD RD GARDENS,FL 334104327 33 BEDFORD RD Apt 1 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1
Charge / Encounter Field ID chg.address_full chg.address1 chg.address2 chg.address3 chg.address1_2 chg.amountdispute1 chg.amountdispute2 chg.amountdispute3 chg.amountdispute4 chg.amountdispute5 chg.amountdispute6 chg.amountdispute8 chg.amountdispute8 chg.amountdispute9 chg.amountdispute1 chg.amountdispute10 chg.amountdispute11 chg.amountdispute12 chg.amountpaid1 chg.amountpaid2 chg.amountpaid3 chg.amountpaid4	Description Place of Service Information Charge Address Full Charge Address 1 Charge Address 1 Charge Address 2 Charge Address 3 Charge Address 3 Charge Address 1 and 2 Amount in Dispute on a Charge Line 1 Amount in Dispute on a Charge Line 2 Amount in Dispute on a Charge Line 3 Amount in Dispute on a Charge Line 4 Amount in Dispute on a Charge Line 5 Amount in Dispute on a Charge Line 6 Amount in Dispute on a Charge Line 7 Amount in Dispute on a Charge Line 8 Amount in Dispute on a Charge Line 8 Amount in Dispute on a Charge Line 9 Amount in Dispute on a Charge Line 10 Amount in Dispute on a Charge Line 11 Amount in Dispute on a Charge Line 12 Amount Paid on a Charge Line 1 Amount Paid on a Charge Line 3 Amount Paid on a Charge Line 3 Amount Paid on a Charge Line 3 Amount Paid on a Charge Line 4	"ins1.custom_field_collection note" to generate for the Primary Insurance this field lives in the Add/Modify Policy screen on the Patient Dashboard. Notes Facility Address To print the address correctly with or without an address 2 field use this order: pat.address1	33 DEFORD RD GARDENS, FL 334104327 33 BEDFORD RD GARDENS,FL 334104327 33 BEDFORD RD Apt 1 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1
chg.address_full chg.address1 chg.address2 chg.address3 chg.address1_2 chg.amountdispute1 chg.amountdispute2 chg.amountdispute3 chg.amountdispute4 chg.amountdispute5 chg.amountdispute6 chg.amountdispute8 chg.amountdispute8 chg.amountdispute9 chg.amountdispute9 chg.amountdispute1 chg.amountdispute1 chg.amountdispute10 chg.amountdispute11 chg.amountdispute12 chg.amountpaid1 chg.amountpaid2 chg.amountpaid3	Description Place of Service Information Charge Address Full Charge Address 1 Charge Address 1 Charge Address 2 Charge Address 3 Charge Address 3 Charge Address 1 and 2 Amount in Dispute on a Charge Line 1 Amount in Dispute on a Charge Line 2 Amount in Dispute on a Charge Line 3 Amount in Dispute on a Charge Line 4 Amount in Dispute on a Charge Line 5 Amount in Dispute on a Charge Line 6 Amount in Dispute on a Charge Line 7 Amount in Dispute on a Charge Line 8 Amount in Dispute on a Charge Line 9 Amount in Dispute on a Charge Line 10 Amount in Dispute on a Charge Line 11 Amount in Dispute on a Charge Line 11 Amount Paid on a Charge Line 1 Amount Paid on a Charge Line 2 Amount Paid on a Charge Line 2	"ins1.custom_field_collection note" to generate for the Primary Insurance this field lives in the Add/Modify Policy screen on the Patient Dashboard. Notes Facility Address To print the address correctly with or without an address 2 field use this order: pat.address1	33 DEFORD RD GARDENS, FL 334104327 33 BEDFORD RD GARDENS,FL 334104327 33 BEDFORD RD Apt 1 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1
Charge / Encounter Field ID chg.address_full chg.address1 chg.address2 chg.address3 chg.address1_2 chg.amountdispute1 chg.amountdispute2 chg.amountdispute3 chg.amountdispute4 chg.amountdispute5 chg.amountdispute6 chg.amountdispute7 chg.amountdispute9 chg.amountdispute9 chg.amountdispute10 chg.amountdispute11 chg.amountdispute11 chg.amountpaid2 chg.amountpaid2 chg.amountpaid3 chg.amountpaid5	Description Place of Service Information Charge Address Full Charge Address 1 Charge Address 2 Charge Address 3 Charge Address 3 Charge Address 1 and 2 Amount in Dispute on a Charge Line 1 Amount in Dispute on a Charge Line 2 Amount in Dispute on a Charge Line 3 Amount in Dispute on a Charge Line 4 Amount in Dispute on a Charge Line 5 Amount in Dispute on a Charge Line 6 Amount in Dispute on a Charge Line 7 Amount in Dispute on a Charge Line 7 Amount in Dispute on a Charge Line 8 Amount in Dispute on a Charge Line 9 Amount in Dispute on a Charge Line 10 Amount in Dispute on a Charge Line 11 Amount in Dispute on a Charge Line 12 Amount Paid on a Charge Line 1 Amount Paid on a Charge Line 3 Amount Paid on a Charge Line 4 Amount Paid on a Charge Line 4 Amount Paid on a Charge Line 5	"ins1.custom_field_collection note" to generate for the Primary Insurance this field lives in the Add/Modify Policy screen on the Patient Dashboard. Notes Facility Address To print the address correctly with or without an address 2 field use this order: pat.address1	33 DEFORD RD GARDENS, FL 334104327 33 BEDFORD RD GARDENS,FL 334104327 33 BEDFORD RD Apt 1 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1
chg.address_full chg.address1 chg.address2 chg.address3 chg.address1 chg.amountdispute1 chg.amountdispute2 chg.amountdispute3 chg.amountdispute4 chg.amountdispute5 chg.amountdispute6 chg.amountdispute7 chg.amountdispute8 chg.amountdispute1 chg.amountdispute1 chg.amountdispute1 chg.amountdispute2 chg.amountdispute1 chg.amountdispute1 chg.amountdispute10 chg.amountdispute11 chg.amountdispute12 chg.amountpaid1 chg.amountpaid2 chg.amountpaid3 chg.amountpaid5 chg.amountpaid6	Description Place of Service Information Charge Address Full Charge Address 1 Charge Address 2 Charge Address 3 Charge Address 3 Charge Address 1 and 2 Amount in Dispute on a Charge Line 1 Amount in Dispute on a Charge Line 2 Amount in Dispute on a Charge Line 3 Amount in Dispute on a Charge Line 5 Amount in Dispute on a Charge Line 5 Amount in Dispute on a Charge Line 6 Amount in Dispute on a Charge Line 7 Amount in Dispute on a Charge Line 7 Amount in Dispute on a Charge Line 8 Amount in Dispute on a Charge Line 9 Amount in Dispute on a Charge Line 10 Amount in Dispute on a Charge Line 11 Amount in Dispute on a Charge Line 12 Amount Paid on a Charge Line 1 Amount Paid on a Charge Line 2 Amount Paid on a Charge Line 3 Amount Paid on a Charge Line 5	"ins1.custom_field_collection note" to generate for the Primary Insurance this field lives in the Add/Modify Policy screen on the Patient Dashboard. Notes Facility Address To print the address correctly with or without an address 2 field use this order: pat.address1	33 DEFORD RD GARDENS, FL 334104327 33 BEDFORD RD GARDENS,FL 334104327 33 BEDFORD RD Apt 1 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1
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charge / Encounter Field ID chg.address_full chg.address1 chg.address2 chg.address3 chg.address1_2 chg.amountdispute1 chg.amountdispute2 chg.amountdispute3 chg.amountdispute4 chg.amountdispute5 chg.amountdispute6 chg.amountdispute8 chg.amountdispute9 chg.amountdispute1 chg.amountdispute1 chg.amountdispute1 chg.amountdispute1 chg.amountdispute11 chg.amountdispute11 chg.amountpaid1 chg.amountpaid2 chg.amountpaid3 chg.amountpaid4 chg.amountpaid5 chg.amountpaid7 chg.amountpaid6 chg.amountpaid7 chg.amountpaid8	Description Place of Service Information Charge Address Full Charge Address 1 Charge Address 2 Charge Address 3 Charge Address 3 Charge Address 1 and 2 Amount in Dispute on a Charge Line 1 Amount in Dispute on a Charge Line 2 Amount in Dispute on a Charge Line 3 Amount in Dispute on a Charge Line 4 Amount in Dispute on a Charge Line 5 Amount in Dispute on a Charge Line 6 Amount in Dispute on a Charge Line 7 Amount in Dispute on a Charge Line 8 Amount in Dispute on a Charge Line 8 Amount in Dispute on a Charge Line 9 Amount in Dispute on a Charge Line 10 Amount in Dispute on a Charge Line 11 Amount in Dispute on a Charge Line 12 Amount Paid on a Charge Line 1 Amount Paid on a Charge Line 3 Amount Paid on a Charge Line 3 Amount Paid on a Charge Line 3 Amount Paid on a Charge Line 5 Amount Paid on a Charge Line 6 Amount Paid on a Charge Line 7 Amount Paid on a Charge Line 6 Amount Paid on a Charge Line 7 Amount Paid on a Charge Line 7 Amount Paid on a Charge Line 7 Amount Paid on a Charge Line 8	"ins1.custom_field_collection note" to generate for the Primary Insurance this field lives in the Add/Modify Policy screen on the Patient Dashboard. Notes Facility Address To print the address correctly with or without an address 2 field use this order: pat.address1	33 DEFORD RD GARDENS, FL 334104327 33 BEDFORD RD GARDENS,FL 334104327 33 BEDFORD RD Apt 1 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1
chg.address_full chg.addresss1 chg.address2 chg.address3 chg.address1_2 chg.amountdispute1 chg.amountdispute2 chg.amountdispute3 chg.amountdispute4 chg.amountdispute5 chg.amountdispute6 chg.amountdispute7 chg.amountdispute8 chg.amountdispute9 chg.amountdispute1 chg.amountdispute1 chg.amountdispute2 chg.amountdispute6 chg.amountdispute7 chg.amountdispute10 chg.amountdispute10 chg.amountdispute11 chg.amountpaid2 chg.amountpaid3 chg.amountpaid3 chg.amountpaid5 chg.amountpaid6 chg.amountpaid6 chg.amountpaid7	Place of Service Information Charge Address Full Charge Address 1 Charge Address 2 Charge Address 3 Charge Address 3 Charge Address 1 and 2 Amount in Dispute on a Charge Line 1 Amount in Dispute on a Charge Line 2 Amount in Dispute on a Charge Line 3 Amount in Dispute on a Charge Line 4 Amount in Dispute on a Charge Line 5 Amount in Dispute on a Charge Line 6 Amount in Dispute on a Charge Line 7 Amount in Dispute on a Charge Line 8 Amount in Dispute on a Charge Line 8 Amount in Dispute on a Charge Line 9 Amount in Dispute on a Charge Line 10 Amount in Dispute on a Charge Line 11 Amount in Dispute on a Charge Line 11 Amount in Dispute on a Charge Line 12 Amount Paid on a Charge Line 1 Amount Paid on a Charge Line 3 Amount Paid on a Charge Line 4 Amount Paid on a Charge Line 5 Amount Paid on a Charge Line 6 Amount Paid on a Charge Line 6 Amount Paid on a Charge Line 8 Amount Paid on a Charge Line 8 Amount Paid on a Charge Line 6 Amount Paid on a Charge Line 8 Amount Paid on a Charge Line 9	"ins1.custom_field_collection note" to generate for the Primary Insurance this field lives in the Add/Modify Policy screen on the Patient Dashboard. Notes Facility Address To print the address correctly with or without an address 2 field use this order: pat.address1	33 DEFORD RD GARDENS, FL 334104327 33 BEDFORD RD GARDENS,FL 334104327 33 BEDFORD RD Apt 1 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1
charge / Encounter Field ID chg.address_full chg.address1 chg.address2 chg.address3 chg.address1_2 chg.amountdispute1 chg.amountdispute2 chg.amountdispute3 chg.amountdispute4 chg.amountdispute5 chg.amountdispute6 chg.amountdispute8 chg.amountdispute9 chg.amountdispute1 chg.amountdispute1 chg.amountdispute1 chg.amountdispute1 chg.amountdispute11 chg.amountdispute11 chg.amountpaid1 chg.amountpaid2 chg.amountpaid3 chg.amountpaid4 chg.amountpaid5 chg.amountpaid7 chg.amountpaid6 chg.amountpaid7 chg.amountpaid8	Place of Service Information Charge Address Full Charge Address 1 Charge Address 2 Charge Address 3 Charge Address 3 Charge Address 1 and 2 Amount in Dispute on a Charge Line 1 Amount in Dispute on a Charge Line 2 Amount in Dispute on a Charge Line 3 Amount in Dispute on a Charge Line 4 Amount in Dispute on a Charge Line 5 Amount in Dispute on a Charge Line 6 Amount in Dispute on a Charge Line 7 Amount in Dispute on a Charge Line 8 Amount in Dispute on a Charge Line 8 Amount in Dispute on a Charge Line 9 Amount in Dispute on a Charge Line 10 Amount in Dispute on a Charge Line 11 Amount in Dispute on a Charge Line 11 Amount in Dispute on a Charge Line 12 Amount Paid on a Charge Line 1 Amount Paid on a Charge Line 3 Amount Paid on a Charge Line 4 Amount Paid on a Charge Line 5 Amount Paid on a Charge Line 6 Amount Paid on a Charge Line 6 Amount Paid on a Charge Line 8 Amount Paid on a Charge Line 8 Amount Paid on a Charge Line 6 Amount Paid on a Charge Line 8 Amount Paid on a Charge Line 9	"ins1.custom_field_collection note" to generate for the Primary Insurance this field lives in the Add/Modify Policy screen on the Patient Dashboard. Notes Facility Address To print the address correctly with or without an address 2 field use this order: pat.address1	33 DEFORD RD GARDENS, FL 334104327 33 BEDFORD RD GARDENS,FL 334104327 33 BEDFORD RD Apt 1 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1
Charge / Encounter Field ID chg.address_full chg.address1 chg.address2 chg.address3 chg.address1_2 chg.amountdispute1 chg.amountdispute2 chg.amountdispute3 chg.amountdispute4 chg.amountdispute5 chg.amountdispute6 chg.amountdispute8 chg.amountdispute9 chg.amountdispute1 chg.amountdispute1 chg.amountdispute1 chg.amountdispute10 chg.amountdispute11 chg.amountdispute12 chg.amountpaid1 chg.amountpaid2 chg.amountpaid3 chg.amountpaid5 chg.amountpaid6 chg.amountpaid6 chg.amountpaid8 chg.amountpaid8 chg.amountpaid9 chg.amountpaid9 chg.amountpaid9 chg.amountpaid1 chg.amountpaid8 chg.amountpaid9 chg.amountpaid9 chg.amountpaid1 chg.amountpaid9 chg.amountpaid10	Description Place of Service Information Charge Address Full Charge Address 1 Charge Address 1 Charge Address 2 Charge Address 3 Charge Address 3 Charge Address 1 and 2 Amount in Dispute on a Charge Line 1 Amount in Dispute on a Charge Line 2 Amount in Dispute on a Charge Line 3 Amount in Dispute on a Charge Line 4 Amount in Dispute on a Charge Line 5 Amount in Dispute on a Charge Line 6 Amount in Dispute on a Charge Line 7 Amount in Dispute on a Charge Line 8 Amount in Dispute on a Charge Line 9 Amount in Dispute on a Charge Line 10 Amount in Dispute on a Charge Line 11 Amount in Dispute on a Charge Line 11 Amount Dispute on a Charge Line 12 Amount Paid on a Charge Line 1 Amount Paid on a Charge Line 3 Amount Paid on a Charge Line 3 Amount Paid on a Charge Line 5 Amount Paid on a Charge Line 5 Amount Paid on a Charge Line 5 Amount Paid on a Charge Line 6 Amount Paid on a Charge Line 7 Amount Paid on a Charge Line 8 Amount Paid on a Charge Line 9	"ins1.custom_field_collection note" to generate for the Primary Insurance this field lives in the Add/Modify Policy screen on the Patient Dashboard. Notes Facility Address To print the address correctly with or without an address 2 field use this order: pat.address1	33 DEFORD RD GARDENS, FL 334104327 33 BEDFORD RD GARDENS,FL 334104327 33 BEDFORD RD Apt 1 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1
Charge / Encounter Field ID chg.address_full chg.address1 chg.address2 chg.address3 chg.address1_2 chg.amountdispute1 chg.amountdispute2 chg.amountdispute3 chg.amountdispute4 chg.amountdispute5 chg.amountdispute6 chg.amountdispute7 chg.amountdispute9 chg.amountdispute10 chg.amountdispute11 chg.amountdispute11 chg.amountdispute12 chg.amountdispute10 chg.amountpaid5 chg.amountpaid6 chg.amountpaid6 chg.amountpaid6 chg.amountpaid7 chg.amountpaid7 chg.amountpaid8 chg.amountpaid8 chg.amountpaid9 chg.amountpaid9 chg.amountpaid9 chg.amountpaid10 chg.amountpaid10 chg.amountpaid11	Place of Service Information Charge Address Full Charge Address 1 Charge Address 2 Charge Address 3 Charge Address 3 Charge Address 1 Amount in Dispute on a Charge Line 1 Amount in Dispute on a Charge Line 2 Amount in Dispute on a Charge Line 3 Amount in Dispute on a Charge Line 5 Amount in Dispute on a Charge Line 5 Amount in Dispute on a Charge Line 6 Amount in Dispute on a Charge Line 7 Amount in Dispute on a Charge Line 7 Amount in Dispute on a Charge Line 8 Amount in Dispute on a Charge Line 9 Amount in Dispute on a Charge Line 10 Amount in Dispute on a Charge Line 11 Amount in Dispute on a Charge Line 11 Amount Paid on a Charge Line 12 Amount Paid on a Charge Line 3 Amount Paid on a Charge Line 4 Amount Paid on a Charge Line 4 Amount Paid on a Charge Line 5 Amount Paid on a Charge Line 6 Amount Paid on a Charge Line 6 Amount Paid on a Charge Line 7 Amount Paid on a Charge Line 7 Amount Paid on a Charge Line 8 Amount Paid on a Charge Line 8 Amount Paid on a Charge Line 9 Amount Paid on a Charge Line 9 Amount Paid on a Charge Line 10 Amount Paid on a Charge Line 10 Amount Paid on a Charge Line 10	"ins1.custom_field_collection note" to generate for the Primary Insurance this field lives in the Add/Modify Policy screen on the Patient Dashboard. Notes Facility Address To print the address correctly with or without an address 2 field use this order: pat.address1	33 DEFORD RD GARDENS, FL 334104327 33 BEDFORD RD GARDENS,FL 334104327 33 BEDFORD RD Apt 1 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1
Charge / Encounter Field ID chg.address_full chg.address1 chg.address2 chg.address3 chg.address1_2 chg.amountdispute1 chg.amountdispute2 chg.amountdispute3 chg.amountdispute4 chg.amountdispute5 chg.amountdispute6 chg.amountdispute8 chg.amountdispute9 chg.amountdispute1 chg.amountdispute1 chg.amountdispute1 chg.amountdispute10 chg.amountdispute11 chg.amountdispute12 chg.amountpaid1 chg.amountpaid2 chg.amountpaid3 chg.amountpaid5 chg.amountpaid6 chg.amountpaid6 chg.amountpaid8 chg.amountpaid8 chg.amountpaid9 chg.amountpaid9 chg.amountpaid9 chg.amountpaid1 chg.amountpaid8 chg.amountpaid9 chg.amountpaid9 chg.amountpaid1 chg.amountpaid9 chg.amountpaid10	Description Place of Service Information Charge Address Full Charge Address 1 Charge Address 1 Charge Address 2 Charge Address 3 Charge Address 3 Charge Address 1 and 2 Amount in Dispute on a Charge Line 1 Amount in Dispute on a Charge Line 2 Amount in Dispute on a Charge Line 3 Amount in Dispute on a Charge Line 4 Amount in Dispute on a Charge Line 5 Amount in Dispute on a Charge Line 6 Amount in Dispute on a Charge Line 7 Amount in Dispute on a Charge Line 8 Amount in Dispute on a Charge Line 9 Amount in Dispute on a Charge Line 10 Amount in Dispute on a Charge Line 11 Amount in Dispute on a Charge Line 11 Amount Dispute on a Charge Line 12 Amount Paid on a Charge Line 1 Amount Paid on a Charge Line 3 Amount Paid on a Charge Line 3 Amount Paid on a Charge Line 5 Amount Paid on a Charge Line 5 Amount Paid on a Charge Line 5 Amount Paid on a Charge Line 6 Amount Paid on a Charge Line 7 Amount Paid on a Charge Line 8 Amount Paid on a Charge Line 9	"ins1.custom_field_collection note" to generate for the Primary Insurance this field lives in the Add/Modify Policy screen on the Patient Dashboard. Notes Facility Address To print the address correctly with or without an address 2 field use this order: pat.address1	33 DEFORD RD GARDENS, FL 334104327 33 BEDFORD RD GARDENS,FL 334104327 33 BEDFORD RD Apt 1 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1
Charge / Encounter Field ID chg.address_full chg.address1 chg.address2 chg.address3 chg.address1_2 chg.amountdispute1 chg.amountdispute2 chg.amountdispute3 chg.amountdispute4 chg.amountdispute5 chg.amountdispute6 chg.amountdispute7 chg.amountdispute9 chg.amountdispute10 chg.amountdispute11 chg.amountdispute11 chg.amountdispute12 chg.amountdispute10 chg.amountpaid5 chg.amountpaid6 chg.amountpaid6 chg.amountpaid6 chg.amountpaid7 chg.amountpaid7 chg.amountpaid8 chg.amountpaid8 chg.amountpaid9 chg.amountpaid9 chg.amountpaid9 chg.amountpaid10 chg.amountpaid10 chg.amountpaid11	Place of Service Information Charge Address Full Charge Address 1 Charge Address 2 Charge Address 3 Charge Address 3 Charge Address 1 Amount in Dispute on a Charge Line 1 Amount in Dispute on a Charge Line 2 Amount in Dispute on a Charge Line 3 Amount in Dispute on a Charge Line 5 Amount in Dispute on a Charge Line 5 Amount in Dispute on a Charge Line 6 Amount in Dispute on a Charge Line 7 Amount in Dispute on a Charge Line 7 Amount in Dispute on a Charge Line 8 Amount in Dispute on a Charge Line 9 Amount in Dispute on a Charge Line 10 Amount in Dispute on a Charge Line 11 Amount in Dispute on a Charge Line 11 Amount Paid on a Charge Line 12 Amount Paid on a Charge Line 3 Amount Paid on a Charge Line 4 Amount Paid on a Charge Line 4 Amount Paid on a Charge Line 5 Amount Paid on a Charge Line 6 Amount Paid on a Charge Line 6 Amount Paid on a Charge Line 7 Amount Paid on a Charge Line 7 Amount Paid on a Charge Line 8 Amount Paid on a Charge Line 8 Amount Paid on a Charge Line 9 Amount Paid on a Charge Line 9 Amount Paid on a Charge Line 10 Amount Paid on a Charge Line 10 Amount Paid on a Charge Line 10	"ins1.custom_field_collection note" to generate for the Primary Insurance this field lives in the Add/Modify Policy screen on the Patient Dashboard. Notes Facility Address To print the address correctly with or without an address 2 field use this order: pat.address1	33 DEFORD RD GARDENS, FL 334104327 33 BEDFORD RD GARDENS,FL 334104327 33 BEDFORD RD Apt 1 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1

chg.billid	Charge Billing ID		1
chg.dcount	Charge Dunning Count	- Dunning count of individual charge	1
chg.address1 2	-		
chg.bp	Billing Provider ID		1
chg.bp_credentials	Billing Provider Credentials		MD
chg.bp_fname_Iname	Billing Provider Fist Name Last Name		MAVUS A JACOBS
	Billing Provider Fist Name Last Name		
chg.bp_Iname	Billing Provider Last Name		JACOBS
chg.bp_Iname_fname	Billing Provider		JACOBS, MAVUS A
chg.bp_middle	Billing Provider		A
chg.bp_npi	Billing Provider		1619950169
chg.city	Billing Provider		GARDENS
chg.city_st_zip	Billing Provider		GARDENS,FL 334104327
	Dilling provider billing leastion toxid		
chg.bp_blocation_taxid	Billing provider billing location taxid		650555825
chg.bp_blocation_npi			
chg.bp_blocation_phone			
chg.bp_custom_field_xxxxxxxx	Charge Billing Provider Custom Field	Replace XXXXX with the label name in LOWERCASE	Example: BILLING PROVIDER EMAIL needs to be mapped chg.bp_custom_field_billing provider email
oha ont1	CPT Code Line 1		00215
chg.cpt1	CPT Code Line 3		99215
chg.cpt2	CPT Code Line 2		36415
chg.cpt3	CPT Code Line 3		
chg.cpt4	CPT Code Line 4		
chg.cpt5	CPT Code Line 5		
chg.cpt6	CPT Code Line 6		
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chg.line1.custom_field_xxxxxxxxxxxxxxxxx	Charge Line CPT Custom Field	If multiple charge lines with multiple CPT custom fields, change line1 to line2 etc. Replace XXXXX with the label name in LOWERCASE	Example: CPT CHARGE LINE 3 needs to be mapped chg.line1.custom_field_cpt charge line 3
			Office/op visit, est pt, 2 key
chg.desc1	CPT Description Line 1		components:comprehensive hx;c
	CPT Description Line 1		
chg.desc2			Collection, venous blood, venipuncture
chg.desc3	CPT Description Line 3		
chg.desc4	CPT Description Line 4		
chg.desc5	CPT Description Line 5		
chg.desc6	CPT Description Line 6		
chg.desc7	CPT Description Line 7		
chg.desc8	CPT Description Line 8		
chg.desc9	CPT Description Line 9		
chg.desc10	CPT Description Line 10		
chg.desc11	CPT Description Line 11		
chg.desc12	CPT Description Line 12		
			Office/op visit, est pt, 2 key
oba dooo1	CDT Description Line 1		components:comprehensive hx;c
chg.desc1	CPT Description Line 1		
chg.desc2	CPT Description Line 2		Collection, venous blood, venipuncture
chg.desc3	CPT Description Line 3		
chg.desc4	CPT Description Line 4		
chg.desc5	CPT Description Line 5		
chg.desc6	CPT Description Line 6		
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chg.diag1	Diagnosis 1	<u> </u>	199.8
chg.diag2	Diagnosis 2	+	E31.0
		i .	
			E61 2
chg.diag3	Diagnosis 3		E61.3
chg.diag3 chg.diag4	Diagnosis 3 Diagnosis 4		E61.3 H54.0
chg.diag3 chg.diag4 chg.diag5	Diagnosis 3 Diagnosis 4 Diagnosis 5		
chg.diag3 chg.diag4	Diagnosis 3 Diagnosis 4		
chg.diag3 chg.diag4 chg.diag5 chg.diag6	Diagnosis 3 Diagnosis 4 Diagnosis 5		
chg.diag3 chg.diag4 chg.diag5	Diagnosis 3 Diagnosis 4 Diagnosis 5		
chg.diag3 chg.diag4 chg.diag5 chg.diag6 chg.encounterid	Diagnosis 3 Diagnosis 4 Diagnosis 5 Diagnosis 6 Encounter number		H54.0 45098
chg.diag3 chg.diag4 chg.diag5 chg.diag6 chg.encounterid chg.facility	Diagnosis 3 Diagnosis 4 Diagnosis 5 Diagnosis 6 Encounter number Facility (Place of Service Name)		H54.0
chg.diag3 chg.diag4 chg.diag5 chg.diag6 chg.encounterid chg.facility chg.facility_id	Diagnosis 3 Diagnosis 4 Diagnosis 5 Diagnosis 6 Encounter number Facility (Place of Service Name) Facility ID		H54.0 45098
chg.diag3 chg.diag4 chg.diag5 chg.diag6 chg.encounterid chg.facility	Diagnosis 3 Diagnosis 4 Diagnosis 5 Diagnosis 6 Encounter number Facility (Place of Service Name)		H54.0 45098
chg.diag3 chg.diag4 chg.diag5 chg.diag6 chg.encounterid chg.facility chg.facility_phone	Diagnosis 3 Diagnosis 4 Diagnosis 5 Diagnosis 6 Encounter number Facility (Place of Service Name) Facility ID Facility Phone		H54.0 45098 MAVUS A JACOBS, MD 1
chg.diag3 chg.diag4 chg.diag5 chg.diag6 chg.encounterid chg.facility chg.facility_id chg.facility_phone chg.fee1	Diagnosis 3 Diagnosis 4 Diagnosis 5 Diagnosis 6 Encounter number Facility (Place of Service Name) Facility ID Facility Phone Fee Per Unit Line 1	NOT Total for the line, Fee per Unit	H54.0 45098 MAVUS A JACOBS, MD 1
chg.diag3 chg.diag4 chg.diag5 chg.diag6 chg.encounterid chg.facility chg.facility_id chg.facility_phone chg.fee1 chg.fee2	Diagnosis 3 Diagnosis 4 Diagnosis 5 Diagnosis 6 Encounter number Facility (Place of Service Name) Facility ID Facility Phone Fee Per Unit Line 1 Fee Per Unit Line 2	NOT Total for the line, Fee per Unit	H54.0 45098 MAVUS A JACOBS, MD 1
chg.diag3 chg.diag4 chg.diag5 chg.diag6 chg.encounterid chg.facility chg.facility_id chg.facility_phone chg.fee1 chg.fee2 chg.fee3	Diagnosis 3 Diagnosis 4 Diagnosis 5 Diagnosis 6 Encounter number Facility (Place of Service Name) Facility ID Facility Phone Fee Per Unit Line 1	NOT Total for the line, Fee per Unit NOT Total for the line, Fee per Unit	H54.0 45098 MAVUS A JACOBS, MD 1
chg.diag3 chg.diag4 chg.diag5 chg.diag6 chg.encounterid chg.facility chg.facility_id chg.facility_phone chg.fee1 chg.fee2 chg.fee3	Diagnosis 3 Diagnosis 4 Diagnosis 5 Diagnosis 6 Encounter number Facility (Place of Service Name) Facility ID Facility Phone Fee Per Unit Line 1 Fee Per Unit Line 2	NOT Total for the line, Fee per Unit	H54.0 45098 MAVUS A JACOBS, MD 1
chg.diag3 chg.diag4 chg.diag5 chg.diag6 chg.encounterid chg.facility chg.facility_id chg.facility_phone chg.fee1 chg.fee2 chg.fee3 chg.fee4	Diagnosis 3 Diagnosis 4 Diagnosis 5 Diagnosis 6 Encounter number Facility (Place of Service Name) Facility ID Facility Phone Fee Per Unit Line 1 Fee Per Unit Line 2 Fee Per Unit Line 3 Fee Per Unit Line 4	NOT Total for the line, Fee per Unit NOT Total for the line, Fee per Unit NOT Total for the line, Fee per Unit	H54.0 45098 MAVUS A JACOBS, MD 1
chg.diag3 chg.diag4 chg.diag5 chg.diag6 chg.encounterid chg.facility chg.facility_id chg.facility_phone chg.fee1 chg.fee2 chg.fee3 chg.fee4 chg.fee5	Diagnosis 3 Diagnosis 4 Diagnosis 5 Diagnosis 6 Encounter number Facility (Place of Service Name) Facility ID Facility Phone Fee Per Unit Line 1 Fee Per Unit Line 2 Fee Per Unit Line 3 Fee Per Unit Line 4 Fee Per Unit Line 5	NOT Total for the line, Fee per Unit	H54.0 45098 MAVUS A JACOBS, MD 1
chg.diag3 chg.diag4 chg.diag5 chg.diag6 chg.encounterid chg.facility chg.facility_id chg.facility_phone chg.fee1 chg.fee2 chg.fee3 chg.fee4	Diagnosis 3 Diagnosis 4 Diagnosis 5 Diagnosis 6 Encounter number Facility (Place of Service Name) Facility ID Facility Phone Fee Per Unit Line 1 Fee Per Unit Line 2 Fee Per Unit Line 3 Fee Per Unit Line 4	NOT Total for the line, Fee per Unit NOT Total for the line, Fee per Unit NOT Total for the line, Fee per Unit	H54.0 45098 MAVUS A JACOBS, MD 1
chg.diag3 chg.diag4 chg.diag5 chg.diag6 chg.encounterid chg.facility chg.facility_id chg.facility_phone chg.fee1 chg.fee2 chg.fee3 chg.fee4 chg.fee5 chg.fee6	Diagnosis 3 Diagnosis 4 Diagnosis 5 Diagnosis 6 Encounter number Facility (Place of Service Name) Facility ID Facility Phone Fee Per Unit Line 1 Fee Per Unit Line 2 Fee Per Unit Line 3 Fee Per Unit Line 4 Fee Per Unit Line 5 Fee Per Unit Line 6	NOT Total for the line, Fee per Unit	H54.0 45098 MAVUS A JACOBS, MD 1 195.00 15.00
chg.diag3 chg.diag4 chg.diag5 chg.diag6 chg.encounterid chg.facility chg.facility_id chg.facility_phone chg.fee1 chg.fee2 chg.fee3 chg.fee4 chg.fee5	Diagnosis 3 Diagnosis 4 Diagnosis 5 Diagnosis 6 Encounter number Facility (Place of Service Name) Facility ID Facility Phone Fee Per Unit Line 1 Fee Per Unit Line 2 Fee Per Unit Line 3 Fee Per Unit Line 4 Fee Per Unit Line 5	NOT Total for the line, Fee per Unit	H54.0 45098 MAVUS A JACOBS, MD 1
chg.diag3 chg.diag4 chg.diag5 chg.diag6 chg.encounterid chg.facility chg.facility_id chg.facility_phone chg.fee1 chg.fee2 chg.fee3 chg.fee4 chg.fee5 chg.fee6 chg.insbal	Diagnosis 3 Diagnosis 4 Diagnosis 5 Diagnosis 6 Encounter number Facility (Place of Service Name) Facility ID Facility Phone Fee Per Unit Line 1 Fee Per Unit Line 2 Fee Per Unit Line 3 Fee Per Unit Line 4 Fee Per Unit Line 5 Fee Per Unit Line 6 Charge Insurance Balance	NOT Total for the line, Fee per Unit	H54.0 45098 MAVUS A JACOBS, MD 1 195.00 15.00
chg.diag3 chg.diag4 chg.diag5 chg.diag6 chg.encounterid chg.facility chg.facility_id chg.facility_phone chg.fee1 chg.fee2 chg.fee3 chg.fee4 chg.fee5 chg.fee6 chg.insbal chg.mod1	Diagnosis 3 Diagnosis 4 Diagnosis 5 Diagnosis 6 Encounter number Facility (Place of Service Name) Facility ID Facility Phone Fee Per Unit Line 1 Fee Per Unit Line 2 Fee Per Unit Line 3 Fee Per Unit Line 4 Fee Per Unit Line 5 Fee Per Unit Line 6 Charge Insurance Balance	NOT Total for the line, Fee per Unit	H54.0 45098 MAVUS A JACOBS, MD 1 195.00 15.00
chg.diag3 chg.diag4 chg.diag5 chg.diag6 chg.encounterid chg.facility chg.facility_id chg.facility_phone chg.fee1 chg.fee2 chg.fee3 chg.fee4 chg.fee5 chg.fee6 chg.insbal	Diagnosis 3 Diagnosis 4 Diagnosis 5 Diagnosis 6 Encounter number Facility (Place of Service Name) Facility ID Facility Phone Fee Per Unit Line 1 Fee Per Unit Line 2 Fee Per Unit Line 3 Fee Per Unit Line 4 Fee Per Unit Line 5 Fee Per Unit Line 6 Charge Insurance Balance	NOT Total for the line, Fee per Unit	H54.0 45098 MAVUS A JACOBS, MD 1 195.00 15.00

		_	_
chg.mod4	Modifiers for CPT on Encounter Line 4		
chg.mod5	Modifiers for CPT on Encounter Line 5		
chg.mod6	Modifiers for CPT on Encounter Line 6		
chg.patbal	Patient Balance		0.00
chg.patpaid	Patient Paid		0.00
chg.pos	Place of Service		11
chg.postdate	Posting Date		2016-02-08
chg.procedures	Procedure Lines - DOS, CPT, DX pointers,		03/06/2016 99215 1234 195.00
crig.procedures	Charged amt		03/06/2016 36415 1234 15.00
	Charged anii		03/00/2010 30413 1234 13.00
ale or and	D. C. wie v. D. w. id. v.		DAD4
chg.rd	Referring Provider		BAR1
chg.rd_credentials	Referring Provider Credentials		LPN
chg.rd_fname	Referring Provider First Name		SUZAN
chg.rd_fname_Iname	Referring Provider First Name Last Name	Preferred format	SUZAN J BARZA
chg.rd Iname	Referring Provider Last Name		BARZA
chg.rd_lname_fname	Referring Provider Last Name, First Name		BARZA, SUZAN J
chg.rd middle	Referring Provider Middle Initial		.1
chg.rd_npi	Referring Provider NPI		1215019111
			444 666 7777
chg.rd_phone_full	Referring Provider Full Phone Number		
chg.rd_area	Referring Provider Area code only		444
chg.rd_phone	Referring Provider Phone only		666 7777
chg.rd_fax_full	Referring Provider Full Fax Number		444 666 7778
chg.rd_address1	Referring Provider Address 1		521 JONES ST
chg.rd_address2	Referring Provider Address 2		SUITE B
chq.rd address1 2	Referring Provider Address 1 and 2		521 JONES ST SUITE B
<u> </u>	J		522 JONES ST SUITE B CANTON, NJ
chard city state zin	Referring Provider City, State Zip		07465
chg.rd_city_state_zip chg.rd address full	Referring Provider City, State Zip Referring Provider Full Address		01700
crig.rd_address_rdii	Releiting Provider Full Address		
	<u> </u>	1	1.
chg.rp	Rendering Provider		1
chg.rp_credentials	Rendering Provider Credentials		MD
chg.rp_fname_lname	Rendering Provider First and Last Name	Preferred format	MAVUS A JACOBS
chg.rp_lname	Rendering Provider Last Name		JACOBS
3 1 _	- i		
chg.rp_lname_fname	Rendering Provider Last Name First Name		JACOBS, MAVUS A
chg.rp_middle	Rendering Provider Middle Initial		A
chg.rp_npi	Rendering Provider NPI		1619950111
chg.rp_blocation_taxid	Rendering provider billing location taxid		825555926
chg.rp_blocation_npi	Rendering provider billing location NPI		6547891023
chg.rp_blocation_phone	Rendering provider billing location Phone		564 454-5555
chg.rp phone full	Rendering Provider Full Phone		564 454-5555
chg.rp_fax_full	Rendering Provider Full Fax		564 454-5565
crig.rp_lax_ruii	Trendening i Tovider i dii i ax		304 434-3300
chg.rp_custom_field_xxxxxxxxxx	Charge Rendering Provider Custom Field	Replace XXXXX with the label name in LOWERCASE	Example: RENDERING PROVIDER EMAIL needs to be mapped chg.rp_custom_field_rendering provider email
chg.rp_medicare	Charge rendering medicare #		
chg.rp_medicaid	Charge rendering medicaid #		
chg.rp_licnum	Charge rendering license #		
23b	onargo rondoring ποστίσο π	1	1
aha ha madi	Charge hilling and disease "		
chg.bp_medicare	Charge billing medicare #	-	
chg.bp_medicaid	Charge billing modicald #		<u> </u>
	Charge billing medicaid #		
chg.bp licnum	Charge billing friedicald # Charge billing license #		
chg.bp_licnum			
	Charge billing license #		FL
chg.bp_licnum chg.state			FL
chg.state	Charge billing license # State of charge address	Professed formes	
chg.state	Charge billing license # State of charge address DOS 1 - mm/dd/vvvv	Preferred format	FL 6/3/2016
chg.svcdate1 chg.svcdate2	Charge billing license # State of charge address DOS 1 - mm/dd/yyyy DOS 2 - mm/dd/yyyy	Preferred format	
chg.svcdate1 chg.svcdate2 chg.svcdate3	Charge billing license # State of charge address DOS 1 - mm/dd/yyyy DOS 2 - mm/dd/yyyy DOS 3 - mm/dd/yyyy	Preferred format	
chg.state chg.svcdate1 chg.svcdate2 chg.svcdate3 chg.svcdate4	Charge billing license # State of charge address DOS 1 - mm/dd/yyyy DOS 2 - mm/dd/yyyy DOS 3 - mm/dd/yyyy DOS 4 - mm/dd/yyyy	Preferred format	
chg.svcdate1 chg.svcdate2 chg.svcdate3	Charge billing license # State of charge address DOS 1 - mm/dd/yyyy DOS 2 - mm/dd/yyyy DOS 3 - mm/dd/yyyy DOS 4 - mm/dd/yyyy DOS 5 - mm/dd/yyyy	Preferred format	
chg.svcdate1 chg.svcdate2 chg.svcdate3 chg.svcdate4	Charge billing license # State of charge address DOS 1 - mm/dd/yyyy DOS 2 - mm/dd/yyyy DOS 3 - mm/dd/yyyy DOS 4 - mm/dd/yyyy	Preferred format	
chg.svcdate1 chg.svcdate2 chg.svcdate3 chg.svcdate4 chg.svcdate5	Charge billing license # State of charge address DOS 1 - mm/dd/yyyy DOS 2 - mm/dd/yyyy DOS 3 - mm/dd/yyyy DOS 4 - mm/dd/yyyy DOS 5 - mm/dd/yyyy	Preferred format	
chg.svcdate1 chg.svcdate2 chg.svcdate3 chg.svcdate4 chg.svcdate5 chg.svcdate6	Charge billing license # State of charge address DOS 1 - mm/dd/yyyy DOS 2 - mm/dd/yyyy DOS 3 - mm/dd/yyyy DOS 4 - mm/dd/yyyy DOS 5 - mm/dd/yyyy DOS 6 - mm/dd/yyyy	Preferred format	6/3/2016
chg.svcdate1 chg.svcdate2 chg.svcdate3 chg.svcdate4 chg.svcdate5 chg.svcdate6 chg.svcdate9	Charge billing license # State of charge address DOS 1 - mm/dd/yyyy DOS 2 - mm/dd/yyyy DOS 3 - mm/dd/yyyy DOS 4 - mm/dd/yyyy DOS 5 - mm/dd/yyyy DOS 6 - mm/dd/yyyy DOS 1 - mm/dd/yyy	Preferred format	
chg.svcdate1 chg.svcdate2 chg.svcdate3 chg.svcdate4 chg.svcdate5 chg.svcdate6 chg.svcdatey1 chg.svcdateyy1 chg.svcdateyy2	Charge billing license # State of charge address DOS 1 - mm/dd/yyyy DOS 2 - mm/dd/yyyy DOS 3 - mm/dd/yyyy DOS 4 - mm/dd/yyyy DOS 5 - mm/dd/yyyy DOS 6 - mm/dd/yyyy DOS 1 - mm/dd/yyy	Preferred format	6/3/2016
chg.svcdate1 chg.svcdate2 chg.svcdate3 chg.svcdate4 chg.svcdate5 chg.svcdate6 chg.svcdatey1 chg.svcdateyy2 chg.svcdateyy3	Charge billing license # State of charge address DOS 1 - mm/dd/yyyy DOS 2 - mm/dd/yyyy DOS 3 - mm/dd/yyyy DOS 4 - mm/dd/yyyy DOS 5 - mm/dd/yyyy DOS 6 - mm/dd/yyyy DOS 1 - mm/dd/yyy DOS 2 - mm/dd/yy DOS 3 - mm/dd/yy	Preferred format	6/3/2016
chg.state chg.svcdate1 chg.svcdate2 chg.svcdate3 chg.svcdate4 chg.svcdate5 chg.svcdate6 chg.svcdateyy1 chg.svcdateyy2 chg.svcdateyy3 chg.svcdateyy4	Charge billing license # State of charge address DOS 1 - mm/dd/yyyy DOS 2 - mm/dd/yyyy DOS 3 - mm/dd/yyyy DOS 4 - mm/dd/yyyy DOS 5 - mm/dd/yyyy DOS 6 - mm/dd/yyyy DOS 1 - mm/dd/yyyy DOS 2 - mm/dd/yy DOS 3 - mm/dd/yy DOS 3 - mm/dd/yy	Preferred format	6/3/2016
chg.state chg.svcdate1 chg.svcdate2 chg.svcdate3 chg.svcdate4 chg.svcdate5 chg.svcdate6 chg.svcdateyy1 chg.svcdateyy2 chg.svcdateyy3 chg.svcdateyy4 chg.svcdateyy5	Charge billing license # State of charge address DOS 1 - mm/dd/yyyy DOS 2 - mm/dd/yyyy DOS 3 - mm/dd/yyyy DOS 4 - mm/dd/yyyy DOS 5 - mm/dd/yyyy DOS 6 - mm/dd/yyyy DOS 1 - mm/dd/yyyy DOS 2 - mm/dd/yy DOS 3 - mm/dd/yy DOS 3 - mm/dd/yy DOS 4 - mm/dd/yy	Preferred format	6/3/2016
chg.svcdate1 chg.svcdate2 chg.svcdate3 chg.svcdate4 chg.svcdate5 chg.svcdate6 chg.svcdatey1 chg.svcdateyy2 chg.svcdateyy3 chg.svcdateyy4	Charge billing license # State of charge address DOS 1 - mm/dd/yyyy DOS 2 - mm/dd/yyyy DOS 3 - mm/dd/yyyy DOS 4 - mm/dd/yyyy DOS 5 - mm/dd/yyyy DOS 6 - mm/dd/yyyy DOS 1 - mm/dd/yyyy DOS 2 - mm/dd/yy DOS 3 - mm/dd/yy DOS 3 - mm/dd/yy	Preferred format	6/3/2016
chg.state chg.svcdate1 chg.svcdate2 chg.svcdate3 chg.svcdate4 chg.svcdate5 chg.svcdate6 chg.svcdateyy1 chg.svcdateyy2 chg.svcdateyy3 chg.svcdateyy4 chg.svcdateyy5	Charge billing license # State of charge address DOS 1 - mm/dd/yyyy DOS 2 - mm/dd/yyyy DOS 3 - mm/dd/yyyy DOS 4 - mm/dd/yyyy DOS 5 - mm/dd/yyyy DOS 6 - mm/dd/yyyy DOS 1 - mm/dd/yyyy DOS 2 - mm/dd/yy DOS 3 - mm/dd/yy DOS 3 - mm/dd/yy DOS 4 - mm/dd/yy	Preferred format	6/3/2016
chg.state chg.svcdate1 chg.svcdate2 chg.svcdate3 chg.svcdate4 chg.svcdate5 chg.svcdate6 chg.svcdatey1 chg.svcdateyy2 chg.svcdateyy3 chg.svcdateyy4 chg.svcdateyy5	Charge billing license # State of charge address DOS 1 - mm/dd/yyyy DOS 2 - mm/dd/yyyy DOS 3 - mm/dd/yyyy DOS 4 - mm/dd/yyyy DOS 5 - mm/dd/yyyy DOS 6 - mm/dd/yyyy DOS 1 - mm/dd/yyyy DOS 2 - mm/dd/yy DOS 3 - mm/dd/yy DOS 3 - mm/dd/yy DOS 4 - mm/dd/yy	Preferred format	6/3/2016
chg.state chg.svcdate1 chg.svcdate2 chg.svcdate3 chg.svcdate4 chg.svcdate5 chg.svcdate6 chg.svcdatey1 chg.svcdateyy2 chg.svcdateyy3 chg.svcdateyy4 chg.svcdateyy5 chg.svcdateyy6	Charge billing license # State of charge address DOS 1 - mm/dd/yyyy DOS 2 - mm/dd/yyyy DOS 3 - mm/dd/yyyy DOS 4 - mm/dd/yyyy DOS 5 - mm/dd/yyyy DOS 6 - mm/dd/yyyy DOS 1 - mm/dd/yy DOS 2 - mm/dd/yy DOS 3 - mm/dd/yy DOS 3 - mm/dd/yy DOS 4 - mm/dd/yy DOS 6 - mm/dd/yy DOS 6 - mm/dd/yy DOS 6 - mm/dd/yy	Corresponds to HCFA line 1, (Fee per unit	6/3/2016 03/06/16
chg.state chg.svcdate1 chg.svcdate2 chg.svcdate3 chg.svcdate4 chg.svcdate5 chg.svcdate6 chg.svcdateyy1 chg.svcdateyy2 chg.svcdateyy3 chg.svcdateyy4 chg.svcdateyy5	Charge billing license # State of charge address DOS 1 - mm/dd/yyyy DOS 2 - mm/dd/yyyy DOS 3 - mm/dd/yyyy DOS 4 - mm/dd/yyyy DOS 5 - mm/dd/yyyy DOS 6 - mm/dd/yyyy DOS 1 - mm/dd/yyyy DOS 2 - mm/dd/yy DOS 3 - mm/dd/yy DOS 3 - mm/dd/yy DOS 4 - mm/dd/yy		6/3/2016

		Io	i e e e e e e e e e e e e e e e e e e e
chg.total3	Line Item total / Amount Billed	Corresponds to HCFA line 1, (Fee per unit X # of units)	5.00
Grig.total3	Line item total / Amount blilled	Corresponds to HCFA line 1, (Fee per unit	3.00
chg.total4	Line Item total / Amount Billed	X # of units) Corresponds to HCFA line 1, (Fee per unit	5.00
chg.total5	Line Item total / Amount Billed	X # of units)	5.00
chg.total6	Line Item total / Amount Billed	Corresponds to HCFA line 1, (Fee per unit X # of units)	5.00
chg.total7	Line Item total / Amount Billed	Corresponds to HCFA line 1, (Fee per unit X # of units)	5.00
		Corresponds to HCFA line 1, (Fee per unit	
chg.total8	Line Item total / Amount Billed	X # of units) Corresponds to HCFA line 1, (Fee per unit	5.00
chg.total9	Line Item total / Amount Billed	X # of units) Corresponds to HCFA line 1, (Fee per unit	5.00
chg.total10	Line Item total / Amount Billed	X # of units)	5.00
chg.total11	Line Item total / Amount Billed	Corresponds to HCFA line 1, (Fee per unit X # of units)	5.00
chg.total12	Line Item total / Amount Billed	Corresponds to HCFA line 1, (Fee per unit X # of units)	5.00
		X # Of diffici	
chg.totbal	Total Balance for Encounter		210.00
chg.totcharge	Total Charge		210.00
chg.unit1	Units for CPT on Encounter Line 1		1.00
chg.unit2	Units for CPT on Encounter Line 1		1.00
chg.unit3	Units for CPT on Encounter Line 3		1.00
chg.unit4	Units for CPT on Encounter Line 4		1.00
chg.unit5	Units for CPT on Encounter Line 5		1.00
chg.unit6	Units for CPT on Encounter Line 6		1.00
chg.ndc_n1_1	** MUST have all 3 for the complete NDC		
chg.ndc_n2_1	#1, number at the end of the ID represents		
chg.ndc_n3_1	the CPT line number		
aha zin	A digit zin anda of charge address	no hyphon	334104327
chg.zip	4 digit zip code of charge address	no hyphen	334104321
chg.bp blocation address full	Billing Provider Bill To Address Full		123 London St. Suite 4 Hudson, OH 44224
chq.bp blocation address1	Billing Provider Bill To Address 1	To print the address correctly with or without an address 2 field use this order:	123 London St.
chq.bp blocation address2	Billing Provider Bill To Address 2	pat.address1	Suite 4
0 1 2 2	· ·	pat.address2	Hudson, OH 44224
chg.bp_blocation_address3 chg.bp_blocation_address2_only	Billing Provider Bill To Address 3 Billing Provider Bill To Address 2 Only	pat.address3	Suite 4
chg.bp_blocation_address2_only chg.bp_blocation_address1_2	Billing Provider Bill To Address 2 Only Billing Provider Bill To Address 1 and 2		123 London St. Suite 4
chg.bp_blocation_city	Billing Provider Bill To City		123 London St. Suite 4
chg.bp blocation state	Billing Provider Bill To State		
chg.bp_blocation_zip	Billing Provider Bill To Zip		
chg.bp blocation city st zip	Billing Provider Bill To City, State, Zip		
chg.bp blocation npi	Billing Provider Bill To NPI		
chg.bp_blocation_phone	Billing Provider Bill To Phone		
chg.rp blocation address full	Rendering Provider Bill To Address Full		123 London St. Suite 4 Hudson, OH 44224
chg.rp_blocation_address_tdii		To print the address correctly with or without an	123 London St. 30/16 4 Fludson, OT 44224
cng.rp_blocation_address1 chg.rp_blocation_address2	Rendering Provider Bill To Adress 1 Rendering Provider Bill To Adress 2	address 2 field use this order: pat.address1	Suite 4
		pat.address2	
chg.rp_blocation_address3 chg.rp_blocation_address2_only	Rendering Provider Bill To Adress 3 Rendering Provider Bill To Adress 2 Only	pat.address3	Hudson, OH 44224 Suite 4
<u> </u>			
chg.rp_blocation_address1_2	Rendering Provider Bill To Address 1 and 2		123 London St. Suite 4
chg.rp_blocation_city	Rendering Provider Bill To City		
chg.rp_blocation_state	Rendering Provider Bill To State		
chg.rp_blocation_zip	Rendering Provider Bill To Zip		
chg.rp_blocation_city_st_zip	Rendering Provider Bill To City State Zip		
chg.rp_blocation_npi chg.rp blocation phone	Rendering Provider Bill To NPI Rendering Provider Bill To Phone		
orig.rp_blocation_prione	Trendening Frovider Bill To Phone		
Guarantor Field ID	Description	Notes	Example Output
Guarantor Field เป when mapping a form to the	Description	Notes	Example Output
when mapping a form to the		Notes	Example Output
		Notes	Example Output
when mapping a form to the *Anything that starts with "per." will al	so work for "guarantor"	Notes	48135 DARROW RD STE 2 STOW, OH
when mapping a form to the *Anything that starts with "per." will al guarantor_address_full	so work for "guarantor" Guarantor Address Full	Notes	48135 DARROW RD STE 2 STOW, OH 44224
when mapping a form to the *Anything that starts with "per." will al	so work for "guarantor"	Notes	48135 DARROW RD STE 2 STOW, OH

	Guarantor Address 2or Guarantor	If Guarantor doesn't have an Address 2, it	
quarantor address2	City, State Zip	will print their CSZ.	STE 2or STOW, OH 44224
guarantor_address2_only	Guarantor Address Line 2 only	Will print their GOZ.	STE 2
guarumor_uuuroob_omy	Guarantor City, State Zipor prints	If Guarantor has Address Line 2, it will print CSZ on Address Line 3. If Guarantor doesn't have Address Line 2, it will print CSZ on Address Line 2, and Address Line 3	0.12.2
guarantor address3	blank	will be blank.	STOW, OH 44224or (blank)
guarantor balance	Guarantor Balance	77 25 2 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	81.29
guarantor_city	Guarantor City		STOW
guarantor_city_state_zip	Guarantor City, State, Zip		STOW, OH 44224
guarantor_dob	Guarantor DOB		1984-04-08
guarantor_employ_status	Guarantor Employee Status		EF
guarantor_employer	Guarantor Employer		ABC STEEL
guarantor_fname guarantor_fname Iname	Guarantor First Name Guarantor First Name and Last Name		KRIS KRIS GREEN
guarantor_mame_mame guarantor homearea	Guarantor Home Area Code		234
guarantor.homephone	Guarantor Home Phone		234-380-8345
guarantor id	Guarantor ID		1234
guarantor_Iname	Guarantor Last Name		GREEN
guarantor_Iname_fname	Guarantor Last Name and First Name		GREEN,KRIS
guarantor_phone	Guarantor Phone		234-380-8345
guarantor_ssn	Guarantor SSN		123456789
guarantor_state	Guarantor State		OH
guarantor_zip	Guarantor Zip		44224 48135 DARROW RD STE 2 STOW, OH
guarantor.address_full quarantor.address1	Guarantor Address Full Guarantor Address Line 1		44224 48135 DARROW RD
guarantor.address1 guarantor.address1 2	Guarantor Address Line 1 Guarantor Address Line 1 and 2		48135 DARROW RD STE 2
guarantor.address2	Guarantor Address 2or Guarantor City, State Zip		STOW, OH 44224
guarantor.address2 only	Guarantor Address Line 2 only		STE 2
guarantor.age	Guarantor Age		39 years
guarantor.age_detail	Guarantor Age Detail		39 years 11 M
guarantor.age_years	Guarantor Age Year Value of DOB/age		40 (based on 04/08/1984 DOB)
guarantor.cellphone	Guarantor Cell Phone		234-380-8345
guarantor.city	Guarantor City		STOW
guarantor.city_st_zip	Guarantor City, State, Zip		STOW, OH 44224
guarantor.country guarantor.dob	Guarantor Country Guarantor DOB Full 8-Digits		US 04/08/1984
guarantor.dob guarantor.dob dd	Guarantor DOB Pull 8-Digits Guarantor DOB Day only 2-Digits		08
guarantor.dob_dd guarantor.dob mm	Guarantor DOB Month only 2-Digits		04
guarantor.dob yy	Guarantor DOB Year only 2-Digits		84
guarantor.dob_yyyy	Guarantor DOB Year only 4-Digits		1984
guarantor.dobyy	Guarantor DOB Full 6-Digits		04/08/84
guarantor.effective	Guarantor Effective Date		01/01/2024
guarantor.email	Guarantor Email		kgreen@guarantor.com
guarantor.ethnicity_code guarantor.ethnicity desc	Guarantor Ethnicity Code Guarantor Ethnicity Description		REFUSED HISPANIC OR LATINO
guarantor.expiration	Guarantor Expiration Date		04/05/2024
guarantor.fml name	Guarantor First Name, Middle Name, and Last Name		KRIS ANN GREEN
guarantor.friii_name guarantor.fname	Guarantor First Name		KRIS
guarantor.fname Iname	Guarantor First Name and Last Name		KRIS GREEN
guarantor.fullname	Guarantor Full Name		GREEN, KRIS ANN
guarantor.gender	Guarantor Gender		M
guarantor.homephone	Guarantor Home Phone		234-380-8345
guarantor.language	Guarantor Language		EN
guarantor.last_4_ssn	Guarantor Last 4 SSN		7890
guarantor.lname	Guarantor Last Name Guarantor Last Name and First Name		GREEN GREEN,KRIS
guarantor.lname_fname guarantor.middle	Guarantor Last Name and First Name Guarantor Middle Name		ANN
<u> </u>	Guarantor Note		PATIENT WILL CONTACT INSURANCE CO.
guarantor.note quarantor.nsuffix	Guarantor Note Guarantor Name Suffix		MS
guarantor.pid	Guarantor Patient ID		39897
guarantor.race	Guarantor Race		ASIAN
guarantor.reldesc	Guarantor Relative Description		Self
guarantor.reltype guarantor.sex	Guarantor Relative Type Guarantor Sex		18 F
guarantor.sexual_orientation	Guarantor Sexual Orientation		STRAIGHT
guarantor.sfml name	Guarantor Suffix, First, Middle, Last Names		MS KRIS ANN GREEN
guarantor.ssn	Guarantor SSN		123456789
guarantor.state	Guarantor State		ОН
			900 Flowers Ave APT 204 Springfield, IL
guarantor.statement_1_adddress_full	Guarantor Statement 1 Address Full		58713
guarantor.statement_1_address1	Guarantor Statement 1 Address Line 1	1	900 FLOWERS AVE

	10		
guarantor.statement 1 address1 2	Guarantor Statement 1 Address Line 1 and		900 FLOWERS AVE APT 204
guarantor.statement_1_audress1_2	Guarantor Statement 1 Address Line 2	If Guarantor doesn't have an Address 2. it	900 I LOWENS AVE AFT 204
guarantor.statement 1 address2	or Guarantor City, State Zip	will print their CSZ.	SPRINGFIELD, IL 587131
	7		,
guarantor.statement_1_address2_only	Guarantor Statement 1 Address Line 2 only		APT 204
		If Guarantor has Address Line 2, it will print	
		CSZ on Address Line 3. If Guarantor	
	Guarantor Statement 1 Address City, State,	doesn't have Address Line 2, it will print CSZ on Address Line 2, and Address Line 3	
guarantor.statement 1 address3	Zipor prints blank	will be blank.	Springfield, IL 58713or (blank)
guarantor.statement 1 city	Guarantor Statement 1 Address City	Will be blatik.	SPRINGFIELD
g,	Guarantor Statement 1 Address City, State,		
guarantor.statement_1_city_st_zip	Zip		SPRINGFIELD, IL 587131
	Guarantor Statement 1 Address Effective		
guarantor.statement_1_effective	Date		01/01/2024
guarantor.statement 1 expiration	Guarantor Statement 1 Address Expiration Date		04/30/2024
guarantor.statement 1 note	Guarantor Statement 1 Address Note		VISIT FOR THE FLOWERS
guarantor.statement 1 country	Guarantor Statement 1 Address Country		US
guarantor.statement_1_state	Guarantor Statement 1 Address State		IL
guarantor.statement_1_zip	Guarantor Statement 1 Address Zip		587131
guarantor.statement_2_adddress_full	Guarantor Statement 2 Address Full		123 Vacay Rd APT 5 Honolulu, HI 99947
guarantor.statement_2_address1	Guarantor Statement 2 Address Line 1		123 VACAY RD
guarantor statement 2 address1 2	Guarantor Statement 2 Address Line 1 and 2		123 VACAY RD APT 5
guarantor.statement_2_address1_2	Guarantor Statement 2 Address Line 2		120 VACATIND AFT 3
guarantor.statement_2_address2	or Guarantor City, State Zip		HONOLULU, HI 99947
	,		,
guarantor.statement_2_address2_only	Guarantor Statement 2 Address Line 2 only		APT 5
		If Guarantor has Address Line 2, it will print	
		CSZ on Address Line 3. If Guarantor	
	Currenter Statement 2 Address Situ State	doesn't have Address Line 2, it will print	
guarantor.statement 2 address3	Guarantor Statement 2 Address City, State, Zipor prints blank	CSZ on Address Line 2, and Address Line 3 will be blank.	Honolulu, HI 99947or (blank)
guarantor.statement 2 city	Guarantor Statement 2 Address City	Will be blank.	HONOLULU
guarantenetatemententy	Guarantor Statement 2 Address City, State,		
guarantor.statement_2_city_st_zip	Zip		HONOLULU, HI 99947
	Guarantor Statement 2 Address Effective		
guarantor.statement_2_effective	Date		06/01/2024
	Guarantor Statement 1 Address Expiration		07/04/0004
guarantor.statement_2_expiration quarantor.statement 2 note	Date Guarantor Statement 2 Address Note		07/31/2024 GONE TO HAWAII
guarantor.statement 2 country	Guarantor Statement 2 Address Note Guarantor Statement 2 Address Country		US I O HAWAII
guarantor.statement 2 state	Guarantor Statement 2 Address State		HI
guarantor.statement 2 zip	Guarantor Statement 2 Address Zip		99947
guarantor.statement_3_adddress_full	Guarantor Statement 3 Address Full		55 Zirconia St APT 7 Akron, OH 44101
guarantor.statement_3_address1	Guarantor Statement 3 Address Line 1		55 ZIRCONIA ST
	Guarantor Statement 3 Address Line 1 and		55 710001114 07 407 7
guarantor.statement_3_address1_2	2		55 ZIRCONIA ST APT 7
guarantor.statement 3 address2	Guarantor Statement 3 Address Line 2 or Guarantor City, State Zip		AKRON, OH 44101
gaarantor.statoment_0_audiess2	or - Suaramor Oity, State Zip		7 4 4 4 5 1 1 7 7 10 1
guarantor.statement 3 address2 only	Guarantor Statement 3 Address Line 2 only		APT 7
	,	If Guarantor has Address Line 2, it will print	
		CSZ on Address Line 3. If Guarantor	
	Overnment on Otatamanut O Addison City City	doesn't have Address Line 2, it will print	
guarantor.statement 3 address3	Guarantor Statement 3 Address City, State, Zipor prints blank	CSZ on Address Line 2, and Address Line 3 will be blank.	Akron, OH 44101or (blank)
guarantor.statement 3 city	Guarantor Statement 3 Address City	Will be blatik.	AKRON
gg.isinoni_o_ony	Guarantor Statement 3 Address City, State,		
guarantor.statement_3_city_st_zip	Zip		AKRON, OH 44101
	Guarantor Statement 3 Address Effective		·
guarantor.statement_3_effective	Date		10/02/2024
	Guarantor Statement 3 Address Expiration		44/05/0004
guarantor.statement_3_expiration quarantor.statement 3 note	Date Guarantor Statement 3 Address Note		11/05/2024 VISIT FOR AKRON
guarantor.statement_3_note guarantor.statement 3 country	Guarantor Statement 3 Address Note Guarantor Statement 3 Address Country		US US
guarantor.statement 3 state	Guarantor Statement 3 Address State		OH
guarantor.statement_3_zip	Guarantor Statement 3 Address Zip		44101
guarantor.workphone	Guarantor Work Phone		234-380-8345
guarantor.zip	Guarantor Zip	When Committee in the size of	44224
		When Guarantor is assgined as	
employer.fax	Employer/Attorney Fax Number	Employer/Attorney, you will use this mapping.	555-555-5555
omployornax	Employer// Morriey Fax Hulliber	When Guarantor is assgined as	000 000 0000
		Employer/Attorney, you will use this	
employer.phone	Employer/Attorney Phone Number	mapping.	555-555-5555

Person Field ID	Description	Notes	Example Format
Anything that starts with "per." will	also work for "guarantor"	T	T
			123 LESS TRAVELED RD APT B2
er.address_full	Person Address Full		CANTON, NJ 07646
er.address1	Person Address Line 1	"To print the address correctly with or without an address 2 field use this order:	123 LESS TRAVELED RD
per.address2	Person Address Line 2	pat.address1	APT B2
		pat.address2	0.11T011 111 07040
er.address3 er.address1 2	Person Address Line 3 Person Address Line 1 and 2	pat.address3"	CANTON, NJ 07646 123 LESS TRAVELED RD APT B2
er.age	Person Age		23 years
er.age_detail	Person Age Detailed		23 years 4 M
er.cellphone	Person Cell Phone		888 999-9999
er.city	Person City		CANTON
er.city_st_zip	Person City, State, Zip		CANTON, NJ 07646 US
er.country er.dob	Person Country Person Date of Birth mm/dd/yyyy		11/16/1992
er.dob er.dob dd	Person Date of Birth Idd/yyyy		16
er.dob_ud er.dob_mm	Person Date of Birth mm		11
er.dob_yy	Person Date of Birth yy		92
er.dob_yyyy	Person Date of Birth yyyy		1992
er.dobyy	Person Date of Birth mm/dd/yy		11/16/92
er.email	Person Email Address		newemail@new.com
per.fname	Person First Name Person First Name Last Name		JEREMY
er.fname_Iname	Person First Name Last Name		JEREMY Z TEST2 MR
er.fullname	Person Full Name (Last, First Middle Suffix)		TEST2, JEREMY Z MR
er.gender	Person Gender Abbrev		M
er.homephone	Person Home Phone	area code	444 555-5555
er.language	Person Language Abbrev	area code	EN
er.lname	Person Last Name		TEST2
er.lname_fname	Person Last Name, First Name Middle Initial		TEST2, JEREMY Z MR
per.middle	Person Middle Name		Z
per.nsuffix	Person Suffix	If the control of Double and Allers and Alle	MR
pat.preferred_name	Preferred Name of the patient	If there's no Preferred Name, the First Name will generate instead.	FRED
per.pid	Person ID	Name will generate instead.	19541
per.race	Person Race Abbrev		Al
er.sex	Person Sex Abbrev		М
per.ssn	Person Social Security Number		888-99-9900
per.state	Person State		NJ
per.workphone	Person Work Phone plus Extension		666 777-7777 7
per.zip	Person Zip Code		7646
Statement Field ID	Description	Notes	Example Format
Statement Field ID	Description	Notes	Example Format
Anything that starts with "stmt " are	ONLY USED IN STATEMENT MAPPIN	GS	
aryamig aracotano mar oana aro	OTTET GGED IN GTATE MENT IN A THE		
tmt hill amail			
uncon_eman			123 LESS TRAVELED RD APT B2
	Statement Remit Address Full	To print the address correctly with as without an	CANTON, NJ 07646
tmt.rem_addr_full	Statement Remit Address Full Statement Remit Address 1	To print the address correctly with or without an address 2 field use this order:	
tmt.rem_addr_full tmt.rem_addr1	Statement Remit Address 1	To print the address correctly with or without an address 2 field use this order: pat.address1	CANTON, NJ 07646 123 LESS TRAVELED RD
tmt.rem_addr_full tmt.rem_addr1 tmt.rem_addr2	Statement Remit Address 1 Statement Remit Address 2	address 2 field use this order: pat.address1 pat.address2	CANTON, NJ 07646 123 LESS TRAVELED RD APT B2
tmt.rem_addr_full tmt.rem_addr1 tmt.rem_addr2 tmt.rem_addr3	Statement Remit Address 1 Statement Remit Address 2 Statement Remit Address 3	address 2 field use this order: pat.address1	CANTON, NJ 07646 123 LESS TRAVELED RD APT B2 CANTON, NJ 07646
tmt.rem_addr_full tmt.rem_addr1 tmt.rem_addr2 tmt.rem_addr3 tmt.rem_addr3 tmt.rem_addr1_2	Statement Remit Address 1 Statement Remit Address 2	address 2 field use this order: pat.address1 pat.address2	CANTON, NJ 07646 123 LESS TRAVELED RD APT B2
tmt.rem_addr_full tmt.rem_addr1 tmt.rem_addr2 tmt.rem_addr3 tmt.rem_addr1_2 tmt.rem_city	Statement Remit Address 1 Statement Remit Address 2 Statement Remit Address 3	address 2 field use this order: pat.address1 pat.address2	CANTON, NJ 07646 123 LESS TRAVELED RD APT B2 CANTON, NJ 07646
tmt.rem_addr_full tmt.rem_addr1 tmt.rem_addr2 tmt.rem_addr3 tmt.rem_addr1_2 tmt.rem_city tmt.rem_city_st_zip	Statement Remit Address 1 Statement Remit Address 2 Statement Remit Address 3	address 2 field use this order: pat.address1 pat.address2	CANTON, NJ 07646 123 LESS TRAVELED RD APT B2 CANTON, NJ 07646
tmt.rem_addr_full tmt.rem_addr1 tmt.rem_addr2 tmt.rem_addr3 tmt.rem_addr1_2 tmt.rem_city tmt.rem_city_st_zip tmt.rem_state	Statement Remit Address 1 Statement Remit Address 2 Statement Remit Address 3	address 2 field use this order: pat.address1 pat.address2	CANTON, NJ 07646 123 LESS TRAVELED RD APT B2 CANTON, NJ 07646
tmt.rem_addr_full tmt.rem_addr1 tmt.rem_addr2 tmt.rem_addr3 tmt.rem_addr1_2 tmt.rem_city tmt.rem_city_st_zip tmt.rem_state tmt.rem_zip	Statement Remit Address 1 Statement Remit Address 2 Statement Remit Address 3	address 2 field use this order: pat.address1 pat.address2	CANTON, NJ 07646 123 LESS TRAVELED RD APT B2 CANTON, NJ 07646
tmt.rem_addr_full tmt.rem_addr1 tmt.rem_addr2 tmt.rem_addr3 tmt.rem_addr1_2 tmt.rem_city tmt.rem_city_st_zip tmt.rem_zip tmt.rem_zip tmt.ret_addr_full	Statement Remit Address 1 Statement Remit Address 2 Statement Remit Address 3 Statement Remit Address 1 and 2	address 2 field use this order: pat.address1 pat.address2 pat.address3 "To print the address correctly with or	CANTON, NJ 07646 123 LESS TRAVELED RD APT B2 CANTON, NJ 07646 123 LESS TRAVELED RD APT B2 123 LESS TRAVELED RD APT B2
stmt.bill_email stmt.rem_addr_full stmt.rem_addr1 stmt.rem_addr2 stmt.rem_addr3 stmt.rem_addr1_2 stmt.rem_city stmt.rem_city_st_zip stmt.rem_state stmt.rem_zip stmt.ret_addr_full stmt.ret_addr1 stmt.ret_addr1	Statement Remit Address 1 Statement Remit Address 2 Statement Remit Address 3 Statement Remit Address 1 and 2 Statement Remit Address Full Statement Return Address 1	address 2 field use this order: pat.address1 pat.address2 pat.address3 "To print the address correctly with or without an address 2 field use this order:	CANTON, NJ 07646 123 LESS TRAVELED RD APT B2 CANTON, NJ 07646 123 LESS TRAVELED RD APT B2 123 LESS TRAVELED RD APT B2 CANTON, NJ 07646 123 LESS TRAVELED RD APT B2
tmt.rem_addr_full tmt.rem_addr1 tmt.rem_addr2 tmt.rem_addr3 tmt.rem_addr1_2 tmt.rem_city tmt.rem_city_st_zip tmt.rem_state tmt.rem_zip tmt.ret_addr_full tmt.ret_addr1	Statement Remit Address 1 Statement Remit Address 2 Statement Remit Address 3 Statement Remit Address 1 and 2 Statement Remit Address Full	address 2 field use this order: pat.address1 pat.address2 pat.address3 "To print the address correctly with or without an address 2 field use this order: stmt.ret_addr1	CANTON, NJ 07646 123 LESS TRAVELED RD APT B2 CANTON, NJ 07646 123 LESS TRAVELED RD APT B2 123 LESS TRAVELED RD APT B2 CANTON, NJ 07646
tmt.rem_addr_full tmt.rem_addr1 tmt.rem_addr2 tmt.rem_addr3 tmt.rem_addr1_2 tmt.rem_city tmt.rem_city_st_zip tmt.rem_state tmt.rem_zip tmt.ret_addr_full tmt.ret_addr1 tmt.ret_addr1 tmt.ret_addr2	Statement Remit Address 1 Statement Remit Address 2 Statement Remit Address 3 Statement Remit Address 1 and 2 Statement Remit Address Full Statement Return Address 1	address 2 field use this order: pat.address1 pat.address2 pat.address3 "To print the address correctly with or without an address 2 field use this order: stmt.ret_addr1 stmt.ret_addr2	CANTON, NJ 07646 123 LESS TRAVELED RD APT B2 CANTON, NJ 07646 123 LESS TRAVELED RD APT B2 123 LESS TRAVELED RD APT B2 CANTON, NJ 07646 123 LESS TRAVELED RD APT B2
tmt.rem_addr_full tmt.rem_addr1 tmt.rem_addr2 tmt.rem_addr3 tmt.rem_addr1_2 tmt.rem_city tmt.rem_city_st_zip tmt.rem_zip tmt.rem_zip tmt.ret_addr_full	Statement Remit Address 1 Statement Remit Address 2 Statement Remit Address 3 Statement Remit Address 1 and 2 Statement Remit Address Full Statement Return Address 1 Statement Return Address 1 Statement Return Address 2	address 2 field use this order: pat.address1 pat.address2 pat.address3 "To print the address correctly with or without an address 2 field use this order: stmt.ret_addr1	CANTON, NJ 07646 123 LESS TRAVELED RD APT B2 CANTON, NJ 07646 123 LESS TRAVELED RD APT B2 123 LESS TRAVELED RD APT B2 CANTON, NJ 07646 123 LESS TRAVELED RD APT B2 CANTON, NJ 07646 123 LESS TRAVELED RD APT B2
tmt.rem_addr_full tmt.rem_addr1 tmt.rem_addr2 tmt.rem_addr3 tmt.rem_addr1_2 tmt.rem_oity tmt.rem_city_st_zip tmt.rem_state tmt.rem_zip tmt.ret_addr_full tmt.ret_addr1 tmt.ret_addr2 tmt.ret_addr3	Statement Remit Address 1 Statement Remit Address 2 Statement Remit Address 3 Statement Remit Address 1 and 2 Statement Remit Address 1 and 2 Statement Return Address Full Statement Return Address 1 Statement Return Address 2 Statement Return Address 3	address 2 field use this order: pat.address1 pat.address2 pat.address3 "To print the address correctly with or without an address 2 field use this order: stmt.ret_addr1 stmt.ret_addr2	CANTON, NJ 07646 123 LESS TRAVELED RD APT B2 CANTON, NJ 07646 123 LESS TRAVELED RD APT B2 123 LESS TRAVELED RD APT B2 CANTON, NJ 07646 123 LESS TRAVELED RD APT B2 CANTON, NJ 07646

stmt.ret_state		
stmt.ret_zip		
chg.dcount	- Dunning count of individual charge	
	Dunning count for patient (encounter with	
	highest dunning that still has a patient	
pat.dcount	balance)	0
pat.lpaydate		4/3/2016
	- Received Amount on the most recent	
pat.lpayamt	receipt	30.00
		Revised 4/2024