System Field ID	Description	Notes	Example Output
sys.address1	Address 1	To print the address correctly with or without an address 2 field use this order:	33 BEDFORD RD STE 101
sys.address2	Address 2	pat.address1	GARDENS, FL 33410
sys.address3	Address 3	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	The actual form name/url		pdfin/650555926/mappings.pdf
sys.ltoday	System Long Date (todays date)	date of when the form is printed	Tuesday, 8 March 2016
sys.phone	Practice Phone		561 624-5555
sys.practice	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_address1_2			
sys.blocation_address_full			
sys.blocation_address1			
sys.blocation_address2			
sys.blocation_address2_only			
sys.blocation_address3			
sys.blocation_city			
sys.blocation_state			
sys.blocation_zip			
sys.blocation_city_st_zip			
sys.blocation_npi			
sys.blocation_phone			
sys.blocation_name			
sys.blocation_address1_2			
sys.blocation_address_full			
sys.plocation_name	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			
sys.plocation_city			
sys.plocation_state			
sys.plocation_zip			
sys.plocation_city_st_zip			
sys.plocation_name			
sys.plocation_npi			
sys.plocation_phone			
user.userid	username	username of who printed this form	JDOE

Authorization Field ID	Description	Notes	Example Output
auth.number	Auth #		3.21654E+14
auth.effective	Auth Effective Date		1/1/2016
auth.expiration	Auth Expiration Date		1/1/2017
auth.visits_allowed	Auth'd Number of Visits allowed		60
auth.visits_used	Auth'd Number of Visits used		1
auth.visits_used_billed	Auth'd Number of Visits used after billed		1
auth.visits_used_scheduled	Auth'd Number of Visits used after scheduled		1
auth.visits_remaining	Auth'd Number of Visits remaining		59
auth.visits_remaining_billed	Auth'd Number of Visits remaining after billed		11
auth.visits_remaining_scheduled	Auth'd Number of Visits remaining after scheduled		9
auth.dollars_allowed	Auth'd Amount Allowed		$3,000.00
auth.dollars_used	Auth'd Amount Used		$210.00
auth.dollars_remaining	Auth'd Amount Remaining		$2,790.00

auth.days_allowed	Auth'd Number of Days		365
auth.days_used	Auth'd Number of Days Used		1
auth.days_remaining	Auth'd Number of Days Remaining		364
auth.units_allowed	Auth'd Number of Units Allowed		0.00
auth.units_used	Auth'd Number of Units Used		2.00
auth.units_remaining	Auth'd Number of Units Remaining		0.00
auth.cpt_list	Auth'd CPT codes (list)		99214, 99215
auth.authorizer	Name Entered in Authorizer Box		Sue Smith
auth.note	Note Entered in Note box		Mapping Veins
auth.rendering_id	Rendering Provider ID		1
auth.rendering_fname_lname	Rendering Provider First Name Last Name		MARCUS A SMITH
auth.rendering_lname_fname	Rendering Provider Last Name First Name		SMITH, MARCUS A
auth.rendering_abbreviation	Rendering Provider Abbrev		SMITH
auth.condition_code	Condition Code Chosen		SICK
auth.condition_descr	Condition Code Description		SICK
Case Field ID	**Description**	**Notes**	**Example Output**
case.diag1	Case Diagnosis 1		R39.12 - Poor Urine Flow
case.diag2	Case Diagnosis 2		R39.12 - Poor Urine Flow
case.diag3	Case Diagnosis 3		R39.12 - Poor Urine Flow
case.diag4	Case Diagnosis 4		R39.12 - Poor Urine Flow
case.diag5	Case Diagnosis 5		R39.12 - Poor Urine Flow
case.diag6	Case Diagnosis 6		R39.12 - Poor Urine Flow
case.diag7	Case Diagnosis 7		R39.12 - Poor Urine Flow
case.diag8	Case Diagnosis 8		R39.12 - Poor Urine Flow
case.diag9	Case Diagnosis 9		R39.12 - Poor Urine Flow
case.diag10	Case Diagnosis 10		R39.12 - Poor Urine Flow
case.diag11	Case Diagnosis 11		R39.12 - Poor Urine Flow
case.diag12	Case Diagnosis 12		R39.12 - Poor Urine Flow
case.diagcode1	Case Diagnosis 1		R39.12
case.diagcode2	Case Diagnosis 2		R39.12
case.diagcode3	Case Diagnosis 3		R39.12
case.diagcode4	Case Diagnosis 4		R39.12
case.diagcode5	Case Diagnosis 5		R39.12
case.diagcode6	Case Diagnosis 6		R39.12
case.diagcode7	Case Diagnosis 7		R39.12
case.diagcode8	Case Diagnosis 8		R39.12
case.diagcode9	Case Diagnosis 9		R39.12
case.diagcode10	Case Diagnosis 10		R39.12
case.diagcode11	Case Diagnosis 11		R39.12
case.diagcode12	Case Diagnosis 12		R39.12
case.diagdesc1	Case Diagnosis 1		Poor Urine Flow
case.diagdesc2	Case Diagnosis 2		Poor Urine Flow
case.diagdesc3	Case Diagnosis 3		Poor Urine Flow
case.diagdesc4	Case Diagnosis 4		Poor Urine Flow
case.diagdesc5	Case Diagnosis 5		Poor Urine Flow
case.diagdesc6	Case Diagnosis 6		Poor Urine Flow
case.diagdesc7	Case Diagnosis 7		Poor Urine Flow
case.diagdesc8	Case Diagnosis 8		Poor Urine Flow
case.diagdesc9	Case Diagnosis 9		Poor Urine Flow
case.diagdesc10	Case Diagnosis 10		Poor Urine Flow
case.diagdesc11	Case Diagnosis 11		Poor Urine Flow
case.diagdesc12	Case Diagnosis 12		Poor Urine Flow
case.visit_from	Earliest DOS on case		1/1/2016
case.visit_to	Oldest DOS on case		01/31/2016
case.rd	Referring ID		SMI
case.referral	Referring Last, First, Middle		SMITH, JOHN J.
case.rd_lname_fname	Referring Last, First, Middle		SMITH, JOHN J.
case.rd_fname_lname	Referring First, Middle, Last		JOHN J. SMITH
case.rd_fname	Referring First Name		JOHN
case.rd_lname	Referring Last Name		SMITH
case.descr	Case Description		Rt Ankle 06-01-16
case.accident_date	Accident Date		06/01/2016
case.accident_cause1	Accident Cause 1		AUTO
case.accident_cause2	Accident Cause 2		EMPLOYMENT
case.accident_state	Accident State		OH
case.caseno	Case Number		7777777
case.causedate	"Date of Current"		
case.medcause	Code for "Cause" (L, I, P)		
case.medcause_descr	"Cause" description (Illness, Injury, Pregnancy)"		
case_ins1.name	Case Insurance Name		
case_ins1.policyno	Case Insurance Policy #		

case.bodyside	Body Side		Left
case.bodypart	Body Part		Arm
case.bodypart_descr	Description		
case.casemgr	Case Manager		
case.mgrphone	Case Manager Phone		
case.mgremail	Case Manager Email		
case.contact_1_address1		For each contact (the "1" increments for each additional contact)	
case.contact_1_address2			
case.contact_1_address2_only			
case.contact_1_address1_2			
case.contact_1_city			
case.contact_1_state			
case.contact_1_zip			
case.contact_1_city_st_zip			
case.contact_1_address3			
case.contact_1_address_full			
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_middle			
case.contact_1_nsuffix			
case.contact_1_fullname			
case.contact_1_lname_fname			
case.contact_1_fname_lname			
case.wcclaimid	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
apt.elig1	Eligibility status of the most recent request for the Primary Insurance on the default insurance profile		Eligible
apt.elig2	Eligibility status of the most recent request for the Secondary Insurance on the default insurance profile		Eligible
apt.elig3	Eligibility status of the most recent request for the Tertiary Insurance on the default 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		03/22/2016
apt.note	Appointment Note	prints from schedule but not pt dashboard	f/u of staph infection
apt.pid	Person ID on Appointment	Not Patient ID	19541
apt.ptid	Appointment Patient ID		9090
apt.reason	Appointment Reason		poss change anitbiotics
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.resource_facility_abr	Resource for Appointment (Facility Abbreviation)	Facility Location that is showing on Appt Menu	THOMSON
apt.fac_address1	Appointment Facility Address 1	To print the address correctly with or without an address 2 field use this order: apt.fac_address1 apt.fac_address2	123 Meadow Place
apt.fac_address2	Appointment Facility Address 2		Suite 500
apt.fac_address3	Appointment Facility Address 3		Hudson, OH 44236
apt.fac_address1_2	Appointment Facility Address 1 and 2		123 Meadow Place Suite 500
apt.fac_address2_only	Appointment Facility Address 2 Only - Will only print if there is an address 2 field- otherwise blank		Suite 500
apt.fac_city	Appointment Facility City		CANTON
apt.fac_state	Appointment Facility State		NJ
apt.fac_zip	Appointment Facility Zip		07646
apt.fac_city_st_zip	Appointment Facility City, State, Zip		CANTON, NJ 07646

apt.resource_facility	Appointment Resource Facility		ABC CLINIC
apt.resourceid	Resource ID		PJACOB
apt.status	Appointment Status		O
apt.status_description	Appointment Status Description		Confirmed
apt.refname	requested referring dr NAME		DAVID D AMROSE MD
pat.next_appt_time	Next Appointment Time		09:00 AM
pat.next_appt	Next Appointment Date		03/22/2016
pat.next_appt_type	Next Appointment Type		OFFICE VISIT
apt.x_usr_add	Pulls the user that added the appt to the calendar		SUPPORT
apt.rp	Provider ID	Provider linked to Appointment Resource	
apt.rp_lname_fname	Provider Last Name, First Name	Provider linked to Appointment Resource	
apt.rp_fname_lname	Provider First Name, Last Name	Provider linked to Appointment Resource	
apt.rp_fname	Provider First Name	Provider linked to Appointment Resource	
apt.rp_lname	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_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	To print the address correctly with or without an address 2 field use this order:	123 Meadow Place
apt.rp_blocation_address2	Provider Location Address 2	apt.rp_blocation_address1	Suite 500
apt.rp_blocation_address3	Provider Location Address 3	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_address2_only	Provider Location Address 2 only - Will only print if there is an address 2 field-otherwise 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		
apt.global_days_warning	Global end date warning shown		
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		
apt.global_days_warning	Global end date warning shown		
Patient Field ID	**Description**	**Notes**	**Example Output**
pat.address_full	Full address		123 LESS TRAVELED RD APT B2 CANTON, NJ 07646
pat.address1	Patient Address 1	To print the address correctly with or without an address 2 field use this order:	123 LESS TRAVELED RD
pat.address2	Patient Address 2		APT B2
pat.address2_only	Will only print if there is an address 2 field-otherwise blank	pat.address1	APT B2
pat.address3	Patient Address 3	pat.address2	CANTON, NJ 07646
pat.address1_2	Patient Address 1 and 2	pat.address3	123 LESS TRAVELED RD APT B2
pat.age	Patient age		23 years
pat.age_detail	Patient age	age in year,month,day	23 years 3 M
pat.balance	Combination of Patient and Insurance Balances		310.00
pat.cellphone	Cell Phone		888 999-9999
pat.chartno	Patient Chart number		MRN444
pat.city	Patients City		CANTON
pat.city_st_zip	Patients City, State, Zip		CANTON, NJ 07646
pat.code	Patient Code from Additional Info on Demo	These are setup in Libraries	4
pat.country	Patient Country		US
pat.dob	Patient Date of Birth		11/16/1992
pat.dob_dd	Date of Birth Day		16
pat.dob_mm	Date of Birth Month		11
pat.dob_yy	Date of Birth 2 digit Year		92

pat.dob_yyyy	Date of Birth 4 digit Year		1992
pat.dobyy	Date of Birth mm/dd/yy		11/16/92
pat.dod	Date of Death mm/dd/yy		12/31/13
pat.dodyy	Date of Death 4 digit year		2013
pat.elig1	Eligibility status of the most recent request for the Primary Insurance on the default insurance profile		Eligible
pat.elig2	Eligibility status of the most recent request for the Secondary Insurance on the default insurance profile		Eligible
pat.elig3	Eligibility status of the most recent request for the Tertiary Insurance on the default insurance profile		Eligible
pat.email	Patients Email		newemail@new.com
pat.employ_status	Patients employment status		EF
pat.employer	Patients employer		DEMO
pat.employer_address_full	Patient's Employer Full Address		123 LESS TRAVELED RD APT B2 CANTON, NJ 07646
pat.employer_address1	Patient's Employer Address 1	To print the address correctly with or without an address 2 field use this order: pat.employer_address1 pat.employer_address2	123 LESS TRAVELED RD
pat.employer_address2	Patient's Employer Address 2		APT B2
pat.employer_address3	Patient's Employer Address 3		
pat.employer_address2_only	Patient's Employer Address 2 - Will only print if there is an address 2 field-otherwise blank		APT B2
pat.employer_address1_2	Patient's Employer Address 1 and 2		123 LESS TRAVELED RD APT B2
pat.employer_city	Patient's Employer City		CANTON
pat.employer_state	Patient's Employer State		NJ
pat.employer_zip	Patient's Employer Zip		7646
pat.employer_city_st_zip	Patient's Employer City, State, Zip		CANTON, NJ 07646
pat.escrow	Patient Escrow Balance Only		1,780.00
pat.facility	Facility assigned to patient on demo screen		GARDENS MEDICAL CTR
pat.facility_phone	Facility Phone		
pat.facility_custom_field_xxxxxxx	Facility Custom Field	Replace XXXXX with the label name in LOWERCASE	Example: FACILITY NUMBER needs to be mapped pat.facility_custom_field_facility number
pat.firstdateseen	First Date Patient was seen		2016-01-20
pat.fname	Patients First Name		THOMAS
pat.sfml_name	Patient Suffix, First, Middle, Last		JR THOMAS ALLAN SMITH
pat.fml_name	Patient First, Middle, Last (no suffix)		THOMAS ALLAN SMITH
pat.fname_lname	Patient First Name Last Name		THOMAS SMITH
pat.fullname	Patient Full Name		SMITH, THOMAS ALLAN JR
pat.gender	Patient Gender		M
pat.homephone	Patient Home Phone		444 555-5555
pat.ins_bal	Patient Insurance Balance Only		210.00
pat.language	Language indicated on pt demographic screen		EN
pat.last_dx	Previous Diagnosis Code		I99.8
pat.last_dx2	Previous Diagnosis Code		E31.0
pat.last_dx3	Previous Diagnosis Code		E61.3
pat.last_dx4	Previous Diagnosis Code		H54.0
pat.last_dx_desc	Previous Diagnosis Code Description		Other disorder of circulatory system
pat.last_dx2_desc	Previous Diagnosis Code Description		Autoimmune polyglandular failure
pat.last_dx3_desc	Previous Diagnosis Code Description		MANGANESE DEFICIENCY
pat.last_dx4_desc	Previous Diagnosis Code Description		Blindness, both eyes
pat.lastvisit	Patient Last Visit / Last DOS / Previous Appt Date	This works from Calendar, Patient Dashboard, and Encounter Dashboard.	03/06/2016
pat.lsp_lname_fname	Most Recent Provider - Last Name, First Name		
pat.lsp_fname_lname	Most Recent Provider - First Name, Last Name		
pat.lsp_fname	Most Recent Provider - First Name		
pat.lsp_lname	Most Recent Provider - Last Name		
pat.lsp_middle	Most Recent Provider - Middle		
pat.lsp_npi	Most Recent Provider - NPI		
pat.lsp_phone	Most Recent Provider - Phone		
pat.lsp_credentials	Most Recent Provider - Credentials		
pat.lsp_address_full	Most Recent Provider - Full Address		
pat.lsp_address1	Most Recent Provider - Address 1		
pat.lsp_address2	Most Recent Provider - Address 2		
pat.lsp_address1_2	Most Recent Provider - Address 1 and 2		
pat.lsp_city_state_zip	Most Recent Provider - City, State, Zip		

pat.lsp_custom_field_xxxxxxx	Provider Custom Field	Replace XXXXX with the label name in LOWERCASE	Example: PROVIDER EMAIL needs to be mapped pat.lsp_custom_field_provider email
pat.lastvisit	Patients last visit		6/3/2016
pat.last_4_ssn	Patient Last 4 Digits of Social Security Number		1234
pat.lname	Patient Last Name		SMITH
pat.lname_fname	Last Name, First Name Middle Initial		SMITH, THOMAS A
pat.marital_status	Maritial Status		SINGLE
pat.middle	Patient Middle Initial		Z
pat.next_appt	Next Appointment		03/22/2016
pat.next_appt_resource	Next Appointment Resource		JOHN JONES
pat.next_appt_fac_name	Next Appointment Facility Name		Facility Name
pat.next_appt_fac_abbreviation	Next Appointment Facility Abbreviation		FN
pat.next_appt_fac_phone	Next Appointment Facility Phone		555-555-5555
pat.next_appt_fac_address_full	Next Appointment Patient Facility Address Full		123 LESS TRAVELED RD APT B2 STOW, OH 44224
pat.next_appt_fac_address1	Next Appointment Patient Facility Address 1	To print the address correctly with or without an address 2 field use this order: Next Appointment Patient Facility Address 1	123 LESS TRAVELED RD
pat.next_appt_fac_address2	Next Appointment Patient Facility Address 2	Next Appointment Patient Facility Address 2	APT B2
pat.next_appt_fac_address3	Next Appointment Patient Facility Address 3	Next Appointment Patient Facility Address 3	STOW, OH 44224
pat.next_appt_fac_address1_2	Next Appointment Patient Facility Address 1 and 2		123 LESS TRAVELED RD APT B2
pat.next_appt_fac_address2_only	Next Appointment Patient Facility Address 1 only - Will only print if there is an address 2		APT B2
pat.next_appt_fac_city	Next Appointment Facility City		CANTON
pat.next_appt_fac_state	Next Appointment Facility State		NJ
pat.next_appt_fac_zip	Next Appointment Facility Zip		7646
pat.next_appt_fac_city_st_zip	Next Appointment Facility City, State, Zip		CANTON, NJ 07646
pat.nsuffix	Patient Suffix		MR
pat.pat_bal	Patient Balance Only		100.00
pat.pat_bal_0_30	0-30 aging bucket		100.00
pat.pat_bal_30_60	31-60	Eventhough the mapping are 30_60 (this is truly 31-60)	0.00
pat.pat_bal_60_90	61-90		0.00
pat.pat_bal_90_120	91-120		0.00
pat.pat_bal_120	121+		0.00
pat.col_bal	Patient Collection Balance		
pat.pid	Person ID		19541
pat.ptid	Patient ID		9090
pat.race	Race		AI
pat.ethnicity_code	Example H or N		N
pat.ethnicity_desc	Example Hispanic or Non-HIspanic		Non-Hispanic or Latino
pat.refid	Referring Provider ID		BAR1
pat.rd_credentials	Referring Provider Credentials		LPN
pat.rd_fname	Referring Provider First Name		SUZAN
pat.rd_fname_lname	Referring Provider First Name Last Name		SUZAN J BARZA
pat.rd_lname	Referring Provider Last Name		BARZA
pat.rd_lname_fname	Referring Provider Last Name First Name		BARZA, SUZAN J
pat.rd_middle	Referring Provider Middle Initial		J
pat.rd_npi	Referring Provider NPI		1215019111
pat.rd_address_full	Referring Provider Full Address		231 SMITH RD STE 3 CANTON, NJ 07646
pat.rd_address1	Referring Provider Address 1		231 SMITH RD
pat.rd_address2	Referring Provider Address 2		STE 3
pat.rd_address1_2	Referring Provider Address 1 and 2		231 SMITH RD STE 3
pat.rd_city_state_zip	Referring Provider City, State, Zip		CANTON, NJ 07646
pat.rd_phone	Referring Provider Phone		666 555-8888
pat.rd_fax	Referring Provider Fax		666 555-8889
pat.rd_practice	Referring Provider Practice Name		CANTON INTERNAL MEDICINE CENTER
pat.rendering_id	Rendering Provider ID		KMT
pat.rendering_credentials	Rendering Provider Credentials		MD
pat.rendering_fname	Rendering Provider First Name		KATHERINE
pat.rendering_fname_lname	Rendering Provider First Name Last Name		KATHERINE LEWIS
pat.rendering_lname	Rendering Provider Last Name		LEWIS
pat.rendering_lname_fname	Rendering Provider Last Name First Name		LEWIS KATHERINE
pat.rendering_middle	Rendering Provider Middle Name		MARIE
pat.rendering_npi	Rendering Provider NPI		1234567890

pat.rendering_address_full	Rendering Provider Full Address		123 LAVENDER LANE SUITE 456 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.pcp_fname_lname	Primary Care Provider First Name Last Name		ALLAN JAY BIRD DO
pat.pcp_lname	Primary Care Provider Last Name		BIRD
pat.pcp_lname_fname	Primary Care Provider Last Name First Name		BIRD, ALLAN JAY DO
pat.pcp_middle	Primary Care Provider Middle Name		JAY
pat.pcp_npi	Primary Care Provider NPI		1073549666
pat.pcp_practice	Primary Care Practice Name		JAY BIRD PRIMARY CARE
pat.pcp_address_full	Primary Care Provider Address Full		222 SMITH AVE STE 1 CANTON, NJ 07646
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_fname	Assigned Provider Firs Name		MAVUS
pat.ap_fname_lname	Assigned Provider First Name Last Name	USE This one - Rendering Physician Name	MAVUS A JACOBS
pat.ap_lname	Assigned Provider Last Name		JACOBS
pat.ap_lname_fname	Assigned Provider Last Name First Name		JACOBS, MAVUS A
pat.ap_middle	Assigned Provider		A
pat.ap_npi	Assigned Provider NPI		1619950111
pat.ap_address_full	Assigned Provider Address Full		33 BEDFORD RD STE 123 GARDENS, FL 334104327
pat.ap_address1	Assigned Provider Address 1		33 BEDFORD RD
pat.ap_address2	Assigned Provider Address 2		STE 123
pat.ap_address1_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
pat.ap_custom_field_xxxxxxxx	Assigned Provider Custom Field	Replace XXXXX with the label name in LOWERCASE	Example: ASSIGNED PROVIDER NUMBER needs to be mapped pat.ap_custom_field_assigned provider number
pat.ap_medicare	Patient provider medicare #		
pat.ap_medicaid	Patient provider medicaid #		
pat.ap_licnum	Patient provider license #		
pat.refid	Referring Provider ID		BAR1
pat.sex	Gender		M
pat.sexual_orientation	Sexual Orientation		Bisexual
pat.ssn	Patient Social Security number		888-99-9900
pat.state	Patient State		NJ
pat.type	Patient Type Abbreviation	What is selected on Demos/ Types are setup in Libraries (ex:WC -workerscomp)	WC
pat.type_description	Patient Type Description	What is selected on Demos/ Types are 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_lname	Alias Last Name		TEST2
pat.alias_middle	Alias Middle		T
pat.alias_last_first	Alias Last Name First Name		TEST2, JEREMY T
pat.alias_first_last	Alias First Name Last Name		JEREMY T TEST2
pat.ec_address1	Emergency Contact 1 - Address Line 1	Any subsequent mappings will be as follows: pat.ec2_, pat.ec3_, etc.	123 LESS TRAVELED RD
pat.ec_address2	Emergency Contact 1 - Address Line 2	Any subsequent mappings will be as follows: pat.ec2_, pat.ec3_, etc.	APT B2

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.ec_city_state_zip	Emergency Contact 1 - City, State, Zip	Any subsequent mappings will be as follows: pat.ec2_, pat.ec3_, etc.	CANTON, NJ 07646
pat.ec_address_full	Emergency Contact 1 - Full Address	Any subsequent mappings will be as follows: pat.ec2_, pat.ec3_, etc.	123 LESS TRAVELED RD APT B2 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_fname	Emergency Contact 1 - First Name	Any subsequent mappings will be as follows: pat.ec2_, pat.ec3_, etc.	KIRSTEN
pat.ec_lname	Emergency Contact 1 - Last Name	Any subsequent mappings will be as follows: pat.ec2_, pat.ec3_, etc.	TEST2
pat.ec_middle	Emergency Contact 1 - Middle Initial	Any subsequent mappings will be as follows: pat.ec2_, pat.ec3_, etc.	M
pat.ec_last_first	Emergency Contact 1 - Last Name First Name	Any subsequent mappings will be as follows: pat.ec2_, pat.ec3_, etc.	TEST2, KIRSTEN M
pat.ec_first_last	Emergency Contact 1 - First Name Last Name	Any subsequent mappings will be as follows: pat.ec2_, pat.ec3_, etc.	KIRSTEN M TEST2
pat.ec_reltype	Emergency Contact 1 - relationship type code	Any subsequent mappings will be as follows: pat.ec2_, pat.ec3_, etc.	1
pat.ec_relationship	Emergency Contact 1 - relationship description	Any subsequent mappings will be as follows: pat.ec2_, pat.ec3_, etc.	Spouse
pat.ec_homephone	Emergency Contact 1 - home phone number	Any subsequent mappings will be as follows: pat.ec2_, pat.ec3_, etc.	555 555-2121
pat.ec_cellphone	Emergency Contact 1 - cell phone number	Any subsequent mappings will be as follows: pat.ec2_, pat.ec3_, etc.	555 555-2587
pat.ec_workphone	Emergency Contact 1 - work phone number	Any subsequent mappings will be as follows: pat.ec2_, pat.ec3_, etc.	555 555-3698
pat.signdate	Date Signed	4 digit yr	10/11/2015
pat.signdateyy	Date Signed	2 digit yr	11/10/15
pat.dcount	Dunning count for patient (encounter with highest dunning that still has a patient balance)		0
pat.location	School Billing - School District		PORTAGE
pat.lpaydate	- Received date on the most recent receipt	Last Payment Date	4/3/2016
pat.lpayamt	- Received Amount on the most recent receipt	Last Payment Amount	30.00
pat.reminder_pref_descr	description of reminder preference		Phone Number
pat.reminder_pref_value	person data based on reminder preference		555-555-5555
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 Patient Registration screen that is used for Visit Logging. An example is for Urgent Care practices.	
pat.vst_rd_lname_fname	Patient Visit Rendering Last Name and First Name		
pat.vst_rd_fname_lname	Patient Visit Rendering First Name and Last Name		
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		
pat.preferred_name	Preferred Name of the patient	If there's no Preferred Name, the First Name 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.provider_id	Recall Provider ID		
recall.provider_lname_fname	Recall Provider Last Name, First Name		
recall.provider_fname_lname	Recall Provider First Name, Last Name		
recall.provider_fname	Recall Provider First Name		
recall.provider_lname	Recall Provider Last Name		
recall.provider_middle	Recall Provider Middle		

custom_field_XXXXX	Custom Field	Replace XXXXX with the label name in LOWERCASE	Example: AUTH NUMBER needs to be mapped custom_field_auth number
pat.preferred_name			
	Preferred Name of the patient	If there's no Preferred Name, the First Name will generate instead.	

Patient Field ID	**Description**	**Notes**	**Example Output**
Estimate Tools:			
estimate.allowed	Estimate allowed		
estimate.charge	Estimate charge		
estimate.coinsurance	Remaining coinsurance at the time of the 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 mappings.**			
estimate.cpt_{CPT CODE}_allowed	What is allowed without considering the current remaining deductible/coinsurance	Example: estimate.cpt_66984_allowed	
estimate.cpt_{CPT CODE}_allowed_visit_fee	The amount of the estimate that is not the deductible. Your estimated cost for each visit should be this number.	Example: estimate.cpt_66984_allowed_visit_fee	
estimate.cpt_{CPT CODE}_estimate	What is allowed minus the current remaining deductible/coinsurance	Example: estimate.cpt_66984_estimate	
estimate.cpt_{CPT CODE}_estimate_minus_deductible	Estimate minus the deductible	Example: estimate.cpt_66984_estimate_minus_deductible	
estimate.cpt_{CPT CODE}_per_visit_fee	The amount of the estimate that is not the deductible. Your estimated cost for each follow up visit should be this number.	Example: estimate.cpt_66984_per_visit_fee	
estimate.cpt_{CPT CODE}_per_visit_fee_deductible_met	Once deductible has been met, your estimated cost for each follow up should be this number.	Example: estimate.cpt_66984_per_visit_fee_deductible_met	
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 GROUP}_allowed	What is allowed without considering the current remaining deductible/coinsurance	Example: estimate.cpt_2_allowed	
estimate.cpt_{CPT REPORTING GROUP}_estimate	What is estimated without considering the current remaining deductible/coinsurance	Example: estimate.cpt_2_estimate	
estimate.cpt_{CPT REPORTING GROUP}_estimate_minus_deductible	What is allowed minus the current remaining deductible	Example: estimate.cpt_2_estimate_minus_deductible	

Receipt Field ID	**Description**	**Notes**	**Example Output**
		Receipt fields show when printing a receipt and when printing an appointment that has a receipt associated with it.	
rcpt.facility	Facility where services where rendered	If not mapped to something else, such as PayTo	MAVUS A. JACOBS, MD,PA
rcpt.facility_custom_field_xxxxxxxx	Receipt Facility custom field	Replace XXXXX with the label name in LOWERCASE	Example: SURGERY FACILITY needs to be rcpt.facility_custom_field_surgery facility

rcpt.address1	Address 1 of facility above	"To print the address correctly with or without an address 2 field use this order: pat.address1 pat.address2 pat.address3"	33 BURNS RD STE 101
rcpt.address2_only	Address 2 only of facility above		
rcpt.address2	Address 2 of facility above		GARDENS, FL 33410
rcpt.address3	Address 3 of facility above		
rcpt.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
rcpt.checknumber	Check Reference - Populates Reference Number only if there is a check amount greater than 0.00		
rcpt.cardnumber	Card Reference - Populates Reference Number only if there is a card amount greater than 0.00		
rcpt.cc_type_desc	Card Type		
rcpt.confirm_num	PatientPay Confirmation Number		

Insurance / Attorney Field ID	Description	Notes	Example Output
Replace 'ins1' with 'ins2' for secondary and 'ins3' for tertiary			
ins1.address1	Primary Insurance Address 1	To print the address correctly with or without an address 2 field use this order: pat.address1 pat.address2 pat.address3	PO BOX 99965
ins1.address2	Primary Insurance Address 2		SUITE 2
ins1.address3	Primary Insurance Address 3		ALAFAYA, NJ 32816
ins1.address1_2	Primary Insurance Address 1 and 2		123 LESS TRAVELED RD APT 3
ins1.city	Primary Insurance City		ALAFAYA
ins1.city_st_zip	Primary Insurance City, State. Zip		ALAFAYA, NJ 32816
ins1.address_full	Primary Insurance Full Address		
ins1.copay	Copay (primary)		20.00
ins1.email	Primary Insurace Email		
ins1.note	Note on policy		TEST
ins1.fax	Fax number of Insurance Company		888 556-2128
ins1.groupname	Insurance Plan		BC NAME
ins1.groupno	Group Number "policy number"		BC GROUP
ins1.insurid	insurance id for insurance library		102
ins1.ins_bal_0_30	Insurance Aging 0-30		0.00
ins1.ins_bal_30_60	Insurance Aging 31-60		0.00
ins1.ins_bal_60_90	Insurance Aging 61-90		0.00
ins1.ins_bal_90_120	Insurance Aging 91-120		0.00
ins1.ins_bal_120	Insurance Aging 121+		0.00
ins1.name	name of the insurance company		BCBS FL
ins1.per.address_full	Insured Person Address Full		123 LESS TRAVELED RD APT 3 CANTON, NJ 07646
ins1.per.address1	Insured Person Address 1	To print the address correctly with or without an address 2 field use this order: pat.address1 pat.address2	123 LESS TRAVELED RD
ins1.per.address2	Insured Person Address 2		APT 3
ins1.per.address3	Insured Person Address 3		CANTON, NJ 07646
ins1.per.address1_2	Insured Person Address 1 and 2		123 LESS TRAVELED RD APT 3
ins1.per.age	Insured Person Age		21 years
ins1.per.age_detail	Insured Person Age Detail		21 years 2 M
ins1.per.cellphone	Insured Person Cell Phone		987 654-4433
ins1.per.city	Insured Person City		CANTON
ins1.per.city_st_zip	Insured Person City, State Zip		CANTON, NJ 07646
ins1.per.country	Insured Person Country		US
ins1.per.dob	Insured Person Date of Birth mm/dd/yyyy		1/1/1995
ins1.per.dob_dd	Insured Person Date of Birth dd		01
ins1.per.dob_mm	Insured Person Date of Birth mm		01
ins1.per.dob_yy	Insured Person Date of Birth yy		95
ins1.per.dob_yyyy	Insured Person Date of Birth yyyy		1995

ins1.per.dobyy	Insured Person Date of Birth mm/dd/yy		01/01/95
ins1.per.email	Insured Person email		getone@mail.com
ins1.per.fname	Insured Person First Name		LINDA
ins1.per.fname_lname	Insured Person First Name Last Name		LINDA T TEST2
ins1.per.fullname	Insured Person Last Name First Name Middle		TEST2, LINDA T
ins1.per.gender	Insured Person Gender Abbrev.		F
ins1.per.homephone	Insured Person Home Phone		444 555-5555
ins1.per.language	Insured Person Language Abbrev.		EN
ins1.per.lname	Insured Person Last Name		TEST2
ins1.per.lname_fname	Insured Person Last Name First Name		TEST2, LINDA T
ins1.per.middle	Insured Person Middle		T
ins1.per.nsuffix	Insured Person Suffix		MR
ins1.per.pid	Insured Person Person ID		19543
ins1.per.sex	Insured Person Sex Abbrev.		F
ins1.per.ssn	Insured Person Social Security Number		555-88-6444
ins1.per.workphone	Insured Person Work Phone		456 789-4564 5
ins1.per.zip	Insured Person Zip		7646
ins1.phone	Insurance Phone		55
ins1.plan	Insurance Phone		
ins1.policyno	Policy number "ID or member number"		TLB546342334
ins1.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.	
ins1.reltype	Relationship type		01
ins1.reldesc	Description (Self, Spouse, etc)		Spouse
ins1.state	Insurance State		NJ
ins1.subscriber	Subscriber		TEST2, LINDA T
ins1.validfrom	Insurance Valid From yyyy/mm/dd		1990-01-01
ins1.validto	Insurance Valid To yyyy/mm/dd		2035-02-01
ins1.zip	Insurance Zip		32816
ins1.custom_field_XXXXX	Replace XXXXX with the label name in LOWERCASE	A Custom Field called "Collection Note" needs to be mapped "ins1.custom_field_collection note" to generate for the Primary Insurance ----- this field lives in the Add/Modify Policy screen on the Patient Dashboard.	

Charge / Encounter Field ID	Description	Notes	Example Output
	Place of Service Information		
chg.address_full	Charge Address Full	Facility Address	33 DEFORD RD GARDENS, FL 334104327
chg.address1	Charge Address 1	To print the address correctly with or	33 BEDFORD RD
chg.address2	Charge Address 2	without an address 2 field use this order:	GARDENS,FL 334104327
chg.address3	Charge Address 3	pat.address1	
chg.address1_2	Charge Address 1 and 2		33 BEDFORD RD Apt 1
chg.amountdispute1	Amount in Dispute on a Charge Line 1		1.00
chg.amountdispute2	Amount in Dispute on a Charge Line 2		1.00
chg.amountdispute3	Amount in Dispute on a Charge Line 3		1.00
chg.amountdispute4	Amount in Dispute on a Charge Line 4		1.00
chg.amountdispute5	Amount in Dispute on a Charge Line 5		1.00
chg.amountdispute6	Amount in Dispute on a Charge Line 6		1.00
chg.amountdispute7	Amount in Dispute on a Charge Line 7		1.00
chg.amountdispute8	Amount in Dispute on a Charge Line 8		1.00
chg.amountdispute9	Amount in Dispute on a Charge Line 9		1.00
chg.amountdispute10	Amount in Dispute on a Charge Line 10		1.00
chg.amountdispute11	Amount in Dispute on a Charge Line 11		1.00
chg.amountdispute12	Amount in Dispute on a Charge Line 12		1.00
chg.amountpaid1	Amount Paid on a Charge Line 1		4.00
chg.amountpaid2	Amount Paid on a Charge Line 2		4.00
chg.amountpaid3	Amount Paid on a Charge Line 3		4.00
chg.amountpaid4	Amount Paid on a Charge Line 4		4.00
chg.amountpaid5	Amount Paid on a Charge Line 5		4.00
chg.amountpaid6	Amount Paid on a Charge Line 6		4.00
chg.amountpaid7	Amount Paid on a Charge Line 7		4.00
chg.amountpaid8	Amount Paid on a Charge Line 8		4.00
chg.amountpaid9	Amount Paid on a Charge Line 9		4.00
chg.amountpaid10	Amount Paid on a Charge Line 10		4.00
chg.amountpaid11	Amount Paid on a Charge Line 11		4.00
chg.amountpaid12	Amount Paid on a Charge Line 12		4.00
chg.authnum	Charge Authorization Number		123455

chg.billid	Charge Billing ID		1
chg.dcount	Charge Dunning Count	- Dunning count of individual charge	1
chg.address1_2			
chg.bp	Billing Provider ID		1
chg.bp_credentials	Billing Provider Credentials		MD
chg.bp_fname_lname	Billing Provider Fist Name Last Name		MAVUS A JACOBS
chg.bp_lname	Billing Provider Last Name		JACOBS
chg.bp_lname_fname	Billing Provider		JACOBS, MAVUS A
chg.bp_middle	Billing Provider		A
chg.bp_npi	Billing Provider		1619950169
chg.city	Billing Provider		GARDENS
chg.city_st_zip	Billing Provider		GARDENS,FL 334104327
chg.bp_blocation_taxid	Billing provider billing location taxid		650555825
chg.bp_blocation_npi			
chg.bp_blocation_phone			
chg.bp_custom_field_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
chg.cpt1	CPT Code Line 1		99215
chg.cpt2	CPT Code Line 2		36415
chg.cpt3	CPT Code Line 3		
chg.cpt4	CPT Code Line 4		
chg.cpt5	CPT Code Line 5		
chg.cpt6	CPT Code Line 6		
chg.line1.custom_field_xxxxxxxxxxxxxx	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
chg.desc1	CPT Description Line 1		Office/op visit, est pt, 2 key components:comprehensive hx;c
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		
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		
chg.desc1	CPT Description Line 1		Office/op visit, est pt, 2 key components:comprehensive hx;c
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		
chg.diag1	Diagnosis 1		I99.8
chg.diag2	Diagnosis 2		E31.0
chg.diag3	Diagnosis 3		E61.3
chg.diag4	Diagnosis 4		H54.0
chg.diag5	Diagnosis 5		
chg.diag6	Diagnosis 6		
chg.encounterid	Encounter number		45098
chg.facility	Facility (Place of Service Name)		MAVUS A JACOBS, MD
chg.facility_id	Facility ID		1
chg.facility_phone	Facility Phone		
chg.fee1	Fee Per Unit Line 1	NOT Total for the line, Fee per Unit	195.00
chg.fee2	Fee Per Unit Line 2	NOT Total for the line, Fee per Unit	15.00
chg.fee3	Fee Per Unit Line 3	NOT Total for the line, Fee per Unit	
chg.fee4	Fee Per Unit Line 4	NOT Total for the line, Fee per Unit	
chg.fee5	Fee Per Unit Line 5	NOT Total for the line, Fee per Unit	
chg.fee6	Fee Per Unit Line 6	NOT Total for the line, Fee per Unit	
chg.insbal	Charge Insurance Balance		210.00
chg.mod1	Modifiers for CPT on Encounter Line 1		25
chg.mod2	Modifiers for CPT on Encounter Line 2		
chg.mod3	Modifiers for CPT on Encounter Line 3		

chg.mod4	Modifiers for CPT on Encounter Line 4		
chg.mod5	Modifiers for CPT on Encounter Line 5		
chg.mod6	Modifiers for CPT on Encounter Line 6		
chg.patbal	Patient Balance		0.00
chg.patpaid	Patient Paid		0.00
chg.pos	Place of Service		11
chg.postdate	Posting Date		2016-02-08
chg.procedures	Procedure Lines - DOS, CPT, DX pointers, Charged amt		03/06/2016 99215 1234 195.00 03/06/2016 36415 1234 15.00
chg.rd	Referring Provider		BAR1
chg.rd_credentials	Referring Provider Credentials		LPN
chg.rd_fname	Referring Provider First Name		SUZAN
chg.rd_fname_lname	Referring Provider First Name Last Name	Preferred format	SUZAN J BARZA
chg.rd_lname	Referring Provider Last Name		BARZA
chg.rd_lname_fname	Referring Provider Last Name, First Name		BARZA, SUZAN J
chg.rd_middle	Referring Provider Middle Initial		J
chg.rd_npi	Referring Provider NPI		1215019111
chg.rd_phone_full	Referring Provider Full Phone Number		444 666 7777
chg.rd_area	Referring Provider Area code only		444
chg.rd_phone	Referring Provider Phone only		666 7777
chg.rd_fax_full	Referring Provider Full Fax Number		444 666 7778
chg.rd_address1	Referring Provider Address 1		521 JONES ST
chg.rd_address2	Referring Provider Address 2		SUITE B
chg.rd_address1_2	Referring Provider Address 1 and 2		521 JONES ST SUITE B
chg.rd_city_state_zip	Referring Provider City, State Zip		522 JONES ST SUITE B CANTON, NJ 07465
chg.rd_address_full	Referring Provider Full Address		
chg.rp	Rendering Provider		1
chg.rp_credentials	Rendering Provider Credentials		MD
chg.rp_fname_lname	Rendering Provider First and Last Name	Preferred format	MAVUS A JACOBS
chg.rp_lname	Rendering Provider Last Name		JACOBS
chg.rp_lname_fname	Rendering Provider Last Name First Name		JACOBS, MAVUS A
chg.rp_middle	Rendering Provider Middle Initial		A
chg.rp_npi	Rendering Provider NPI		1619950111
chg.rp_blocation_taxid	Rendering provider billing location taxid		825555926
chg.rp_blocation_npi	Rendering provider billing location NPI		6547891023
chg.rp_blocation_phone	Rendering provider billing location Phone		564 454-5555
chg.rp_phone_full	Rendering Provider Full Phone		564 454-5555
chg.rp_fax_full	Rendering Provider Full Fax		564 454-5565
chg.rp_custom_field_xxxxxxxxx	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 #		
chg.bp_medicare	Charge billing medicare #		
chg.bp_medicaid	Charge billing medicaid #		
chg.bp_licnum	Charge billing license #		
chg.state	State of charge address		FL
chg.svcdate1	DOS 1 - mm/dd/yyyy	Preferred format	6/3/2016
chg.svcdate2	DOS 2 - mm/dd/yyyy		
chg.svcdate3	DOS 3 - mm/dd/yyyy		
chg.svcdate4	DOS 4 - mm/dd/yyyy		
chg.svcdate5	DOS 5 - mm/dd/yyyy		
chg.svcdate6	DOS 6 - mm/dd/yyyy		
chg.svcdateyy1	DOS 1 - mm/dd/yy		03/06/16
chg.svcdateyy2	DOS 2 - mm/dd/yy		
chg.svcdateyy3	DOS 3 - mm/dd/yy		
chg.svcdateyy4	DOS 4 - mm/dd/yy		
chg.svcdateyy5	DOS 5 - mm/dd/yy		
chg.svcdateyy6	DOS 6 - mm/dd/yy		
chg.total1	Line Item total / Amount Billed	Corresponds to HCFA line 1, (Fee per unit X # of units)	5.00
chg.total2	Line Item total / Amount Billed	Corresponds to HCFA line 1, (Fee per unit X # of units)	5.00

chg.total3	Line Item total / Amount Billed	Corresponds to HCFA line 1, (Fee per unit X # of units)	5.00
chg.total4	Line Item total / Amount Billed	Corresponds to HCFA line 1, (Fee per unit X # of units)	5.00
chg.total5	Line Item total / Amount Billed	Corresponds to HCFA line 1, (Fee per unit 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
chg.total8	Line Item total / Amount Billed	Corresponds to HCFA line 1, (Fee per unit X # of units)	5.00
chg.total9	Line Item total / Amount Billed	Corresponds to HCFA line 1, (Fee per unit X # of units)	5.00
chg.total10	Line Item total / Amount Billed	Corresponds to HCFA line 1, (Fee per unit 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
chg.totbal	Total Balance for Encounter		210.00
chg.totcharge	Total Charge		210.00
chg.unit1	Units for CPT on Encounter Line 1		1.00
chg.unit2	Units for CPT on Encounter Line 2		1.00
chg.unit3	Units for CPT on Encounter Line 3		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 #1, number at the end of the ID represents the CPT line number		
chg.ndc_n2_1			
chg.ndc_n3_1			
chg.zip	4 digit zip code of charge address	no hyphen	334104327
chg.bp_blocation_address_full	Billing Provider Bill To Address Full		123 London St. Suite 4 Hudson, OH 44224
chg.bp_blocation_address1	Billing Provider Bill To Address 1	To print the address correctly with or without an address 2 field use this order: pat.address1 pat.address2 pat.address3	123 London St.
chg.bp_blocation_address2	Billing Provider Bill To Address 2		Suite 4
chg.bp_blocation_address3	Billing Provider Bill To Address 3		Hudson, OH 44224
chg.bp_blocation_address2_only	Billing Provider Bill To Address 2 Only		Suite 4
chg.bp_blocation_address1_2	Billing Provider Bill To Address 1 and 2		123 London St. Suite 4
chg.bp_blocation_city	Billing Provider Bill To City		
chg.bp_blocation_state	Billing Provider Bill To State		
chg.bp_blocation_zip	Billing Provider Bill To Zip		
chg.bp_blocation_city_st_zip	Billing Provider Bill To City, State, Zip		
chg.bp_blocation_npi	Billing Provider Bill To NPI		
chg.bp_blocation_phone	Billing Provider Bill To Phone		
chg.rp_blocation_address_full	Rendering Provider Bill To Address Full		123 London St. Suite 4 Hudson, OH 44224
chg.rp_blocation_address1	Rendering Provider Bill To Adress 1	To print the address correctly with or without an address 2 field use this order: pat.address1 pat.address2 pat.address3	123 London St.
chg.rp_blocation_address2	Rendering Provider Bill To Adress 2		Suite 4
chg.rp_blocation_address3	Rendering Provider Bill To Adress 3		Hudson, OH 44224
chg.rp_blocation_address2_only	Rendering Provider Bill To Adress 2 Only		Suite 4
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	Rendering Provider Bill To NPI		
chg.rp_blocation_phone	Rendering Provider Bill To Phone		

Guarantor Field ID when mapping a form to the	Description	Notes	Example Output
*Anything that starts with "per." will also work for "guarantor"			
guarantor_address_full	Guarantor Address Full		48135 DARROW RD STE 2 STOW, OH 44224
guarantor_address1	Guarantor Address Line 1		48135 DARROW RD
guarantor_address1_2	Guarantor Address Line 1 and 2		48135 DARROW RD STE 2

guarantor_address2	Guarantor Address 2 ---or--- Guarantor City, State Zip	If Guarantor doesn't have an Address 2, it will print their CSZ.	STE 2 ---or--- STOW, OH 44224
guarantor_address2_only	Guarantor Address Line 2 only		STE 2
guarantor_address3	Guarantor City, State Zip ---or--- prints blank	If Guarantor has Address Line 2, it will print CSZ on Address Line 3. If Guarantor doesn't have Address Line 2, it will print CSZ on Address Line 2, and Address Line 3 will be blank.	STOW, OH 44224 ---or--- (blank)
guarantor_balance	Guarantor Balance		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 First Name		KRIS
guarantor_fname_lname	Guarantor First Name and Last Name		KRIS GREEN
guarantor_homearea	Guarantor Home Area Code		234
guarantor.homephone	Guarantor Home Phone		234-380-8345
guarantor_id	Guarantor ID		1234
guarantor_lname	Guarantor Last Name		GREEN
guarantor_lname_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
guarantor.address_full	Guarantor Address Full		48135 DARROW RD STE 2 STOW, OH 44224
guarantor.address1	Guarantor Address Line 1		48135 DARROW RD
guarantor.address1_2	Guarantor Address Line 1 and 2		48135 DARROW RD STE 2
guarantor.address2	Guarantor Address 2 ---or--- 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 Country		US
guarantor.dob	Guarantor DOB Full 8-Digits		04/08/1984
guarantor.dob_dd	Guarantor DOB Day only 2-Digits		08
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 Code		REFUSED
guarantor.ethnicity_desc	Guarantor Ethnicity Description		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.fname	Guarantor First Name		KRIS
guarantor.fname_lname	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		GREEN
guarantor.lname_fname	Guarantor Last Name and First Name		GREEN,KRIS
guarantor.middle	Guarantor Middle Name		ANN
guarantor.note	Guarantor Note		PATIENT WILL CONTACT INSURANCE CO.
guarantor.nsuffix	Guarantor Name Suffix		MS
guarantor.pid	Guarantor Patient ID		39897
guarantor.race	Guarantor Race		ASIAN
guarantor.reldesc	Guarantor Relative Description		Self
guarantor.reltype	Guarantor Relative Type		18
guarantor.sex	Guarantor Sex		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		OH
guarantor.statement_1_adddress_full	Guarantor Statement 1 Address Full		900 Flowers Ave APT 204 Springfield, IL 58713
guarantor.statement_1_address1	Guarantor Statement 1 Address Line 1		900 FLOWERS AVE

guarantor.statement_1_address1_2	Guarantor Statement 1 Address Line 1 and 2		900 FLOWERS AVE APT 204
guarantor.statement_1_address2	Guarantor Statement 1 Address Line 2 ---or--- Guarantor City, State Zip	If Guarantor doesn't have an Address 2, it will print their CSZ.	SPRINGFIELD, IL 587131
guarantor.statement_1_address2_only	Guarantor Statement 1 Address Line 2 only		APT 204
guarantor.statement_1_address3	Guarantor Statement 1 Address City, State, Zip ---or--- prints blank	If Guarantor has Address Line 2, it will print CSZ on Address Line 3. If Guarantor doesn't have Address Line 2, it will print CSZ on Address Line 2, and Address Line 3 will be blank.	Springfield, IL 58713 ---or--- (blank)
guarantor.statement_1_city	Guarantor Statement 1 Address City		SPRINGFIELD
guarantor.statement_1_city_st_zip	Guarantor Statement 1 Address City, State, Zip		SPRINGFIELD, IL 587131
guarantor.statement_1_effective	Guarantor Statement 1 Address 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_address2	Guarantor Statement 2 Address Line 2 ---or--- Guarantor City, State Zip		HONOLULU, HI 99947
guarantor.statement_2_address2_only	Guarantor Statement 2 Address Line 2 only		APT 5
guarantor.statement_2_address3	Guarantor Statement 2 Address City, State, Zip ---or--- prints blank	If Guarantor has Address Line 2, it will print CSZ on Address Line 3. If Guarantor doesn't have Address Line 2, it will print CSZ on Address Line 2, and Address Line 3 will be blank.	Honolulu, HI 99947 ---or--- (blank)
guarantor.statement_2_city	Guarantor Statement 2 Address City		HONOLULU
guarantor.statement_2_city_st_zip	Guarantor Statement 2 Address City, State, Zip		HONOLULU, HI 99947
guarantor.statement_2_effective	Guarantor Statement 2 Address Effective Date		06/01/2024
guarantor.statement_2_expiration	Guarantor Statement 1 Address Expiration Date		07/31/2024
guarantor.statement_2_note	Guarantor Statement 2 Address Note		GONE TO HAWAII
guarantor.statement_2_country	Guarantor Statement 2 Address Country		US
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_address1_2	Guarantor Statement 3 Address Line 1 and 2		55 ZIRCONIA ST APT 7
guarantor.statement_3_address2	Guarantor Statement 3 Address Line 2 ---or--- Guarantor City, State Zip		AKRON, OH 44101
guarantor.statement_3_address2_only	Guarantor Statement 3 Address Line 2 only		APT 7
guarantor.statement_3_address3	Guarantor Statement 3 Address City, State, Zip ---or--- prints blank	If Guarantor has Address Line 2, it will print CSZ on Address Line 3. If Guarantor doesn't have Address Line 2, it will print CSZ on Address Line 2, and Address Line 3 will be blank.	Akron, OH 44101 ---or--- (blank)
guarantor.statement_3_city	Guarantor Statement 3 Address City		AKRON
guarantor.statement_3_city_st_zip	Guarantor Statement 3 Address City, State, Zip		AKRON, OH 44101
guarantor.statement_3_effective	Guarantor Statement 3 Address Effective Date		10/02/2024
guarantor.statement_3_expiration	Guarantor Statement 3 Address Expiration Date		11/05/2024
guarantor.statement_3_note	Guarantor Statement 3 Address Note		VISIT FOR AKRON
guarantor.statement_3_country	Guarantor Statement 3 Address Country		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		44224
employer.fax	Employer/Attorney Fax Number	When Guarantor is assgined as Employer/Attorney, you will use this mapping.	555-555-5555
employer.phone	Employer/Attorney Phone Number	When Guarantor is assgined as Employer/Attorney, you will use this mapping.	555-555-5555

Person Field ID	Description	Notes	Example Format
per.address_full	Person Address Full		123 LESS TRAVELED RD APT B2 CANTON, NJ 07646
per.address1	Person Address Line 1	"To print the address correctly with or without an address 2 field use this order: pat.address1 pat.address2 pat.address3"	123 LESS TRAVELED RD
per.address2	Person Address Line 2		APT B2
per.address3	Person Address Line 3		CANTON, NJ 07646
per.address1_2	Person Address Line 1 and 2		123 LESS TRAVELED RD APT B2
per.age	Person Age		23 years
per.age_detail	Person Age Detailed		23 years 4 M
per.cellphone	Person Cell Phone		888 999-9999
per.city	Person City		CANTON
per.city_st_zip	Person City, State, Zip		CANTON, NJ 07646
per.country	Person Country		US
per.dob	Person Date of Birth mm/dd/yyyy		11/16/1992
per.dob_dd	Person Date of Birth dd		16
per.dob_mm	Person Date of Birth mm		11
per.dob_yy	Person Date of Birth yy		92
per.dob_yyyy	Person Date of Birth yyyy		1992
per.dobyy	Person Date of Birth mm/dd/yy		11/16/92
per.email	Person Email Address		newemail@new.com
per.fname	Person First Name		JEREMY
per.fname_lname	Person First Name Last Name		JEREMY Z TEST2 MR
per.fullname	Person Full Name (Last, First Middle Suffix)		TEST2, JEREMY Z MR
per.gender	Person Gender Abbrev		M
per.homephone	Person Home Phone	use for guarantor phone number, includes area code	444 555-5555
per.language	Person Language Abbrev		EN
per.lname	Person Last Name		TEST2
per.lname_fname	Person Last Name, First Name Middle Initial		TEST2, JEREMY Z MR
per.middle	Person Middle Name		Z
per.nsuffix	Person Suffix		MR
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		19541
per.race	Person Race Abbrev		AI
per.sex	Person Sex Abbrev		M
per.ssn	Person Social Security Number		888-99-9900
per.state	Person State		NJ
per.workphone	Person Work Phone plus Extension		666 777-7777 7
per.zip	Person Zip Code		7646

Statement Field ID	Description	Notes	Example Format
stmt.bill_email			
stmt.rem_addr_full	Statement Remit Address Full		123 LESS TRAVELED RD APT B2 CANTON, NJ 07646
stmt.rem_addr1	Statement Remit Address 1	To print the address correctly with or without an address 2 field use this order: pat.address1 pat.address2 pat.address3	123 LESS TRAVELED RD
stmt.rem_addr2	Statement Remit Address 2		APT B2
stmt.rem_addr3	Statement Remit Address 3		CANTON, NJ 07646
stmt.rem_addr1_2	Statement Remit Address 1 and 2		123 LESS TRAVELED RD APT B2
stmt.rem_city			
stmt.rem_city_st_zip			
stmt.rem_state			
stmt.rem_zip			
stmt.ret_addr_full	Statement Return Address Full		123 LESS TRAVELED RD APT B2 CANTON, NJ 07646
stmt.ret_addr1	Statement Return Address 1	"To print the address correctly with or without an address 2 field use this order: stmt.ret_addr1 stmt.ret_addr2 stmt.ret_addr3"	123 LESS TRAVELED RD
stmt.ret_addr2	Statement Return Address 2		APT B2
stmt.ret_addr3	Statement Return Address 3		CANTON, NJ 07646
stmt.ret_addr1_2	Statement Return Address 1 and 2		123 LESS TRAVELED RD APT B2
stmt.ret_city			
stmt.ret_city_st_zip			

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