

# **A p p e n d i x**

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<b>Fields</b>	<b>Description</b>
4563-GRP-NO	Group Number
4563-SECT-NO	Section Number
4563-BILL-FROM-DT-2K	Billing Period Start Date
4563-BILL-TO-DT-2K	Billing Period End Date (period for which billing is done).
4563-SUB-NO	Subscriber Number
4563-DCN-NO	DCN Number/ Claim number
4563-CLM-PROC-DT-2K	Claim Process Date
4563-CLM-PAID-AMNT	Claim Paid Amount
4563-CUST-KEY	Customer/Settlement/Association Number
4563-TRANS-CD	Transaction Code: 04 – HCMS Claim 05 – Streamline Claim 06 – IPDR Claim 07 – HCMS-G-Claim 77 – NPC Claim 84 – In patient Care 85 – Out patient Care 86 – Extend Care 87 – Coord. Care 88 – Over 65 89 – Professional Service 90 – Physician Service 91 – Dentist Service 92 – Prescription Drug 93 – Major Medical ST – Streamline Claim
4563-HCSC-DISCOUNT-AREA	
4563-HCSC-DISCOUNT-AMT	Discount Amount
4563-SUBSCRIBER-NAME	Subscriber Name Last/First/Middle
4563-PROV-NO	Provider Number
4563-PROV-NAME	Provider Name
4563-HCSC-ACCESS-FEE-PCT	Access fee percentage
4563-HCSC-ACCESS-FEE-AMT	Access Fee Amount
4563-HCSC-NET-CLM-AMT	Net Claim Amount To Be Paid
4563-FMIS-CLAIM-INCREMENT-NO	
4563-BARS-CLAIMS-CODE	Type Of Claim: 0 – Claims