

Labor Fund Dental Network Program - Provider File

Element Number	Data Element	Start Position	Length	Format	Description/Valid Values
101	Facility Number	1	9	X(9)	Dental Facility ID Number
102	Provider Number	10	9	X(9)	Provider Id Number
103	Provider Last Name	19	20	X(20)	Provider Last Name
104	Provider First Name	39	20	X(20)	Provider First Name
105	Provider Middle Initial	59	1	X(1)	Provider Middle Initial
106	Provider Title	60	8	X(8)	Provider Title
107	Provider Tax ID	68	9	X(9)	Facility tax ID the provider is affiliated with.
108	Provider Social Security Number	77	9	X(9)	Provider Social Security Number
109	Facility Name	86	30	X(30)	Facility Name
110	Facility Address Line 1	116	30	X(30)	Facility Address Line 1
111	Facility Address Line 2	146	30	X(30)	Facility Address Line 2
112	Facility City	176	15	X(15)	Facility City
113	Facility State	191	2	X(2)	Facility State
114	Facility Zip Code	193	9	X(9)	Facility Zip Code
115	Facility Phone	202	10	X(10)	Facility Phone
116	Payee Name	212	30	X(30)	Payee Name
117	Payee Address Line 1	242	30	X(30)	Payee Address Line 1
118	Payee Address Line 2	272	30	X(30)	Payee Address Line 2
119	Payee City	302	15	X(15)	Payee City
120	Payee State	317	2	X(2)	Payee State
121	Payee Zip Code	319	9	X(9)	Payee Zip Code

Labor Fund Dental Network Program - Provider File

122	Network Effective Date	328	8	X(8)	Date provider becomes effective within the network. Date format is CCYYMMDD.
123	Network Termination Date	336	8	X(8)	Date provider terminates from the network. Date format is CCYYMMDD.
124	License Number	344	10	X(10)	Provider License Number
125	Specialty Code	354	2	X(2)	Provider Specialty Code
					GD = General Dentist
					EN = Endodontist
					OS = Oral Surgeon
					OT = Orthodontist
					PD = Pedodontist
					PR = Periodontist
					PS = Prostodontist
126	Provider Fee Schedule Name	356	6	X(6)	Provider Fee Schedule Name