Information Services Division

**DATA ENTRY OUTPUT**
**RECORD DATA SHEET**
**ISD 91 (07-89)**


**D/NAME:** SB100055.rec
**DATE ISSUED:** 03/11/98

**RECORD NAME:** Header Medical Record | **FILE ID:** DE.SB100055

**RECORD LENGTH:** 240 **Job #2104** | X **FIXED** **VARIABLE**

**ISSUED BY:** Terri Neuhardt Copy member SB102002

| ITEM NO. | FIELD DESCRIPTION | CONSTANT | DEC PLC | FLD. SIZE | OUT Pos. | SIGN | A | N | LJ RJ | SF ZF |
|---|---|---|---|---|---|---|---|---|---|---|
| | Filler | HDR | | 3 | 1 | | | | | |
| | Job Indicator | 2104 | | 4 | 4 | | | | | |
| | Facility | spaces | | 2 | 8 | | | | | |
| | Test/Production | P | | 1 | 10 | | | | | |
| | Filler | spaces | | 2 | 11 | | | | | |
| | Batch Number | | | 10 | 13 | | | | | |
| | Beginning ICN | | | 3 | 23 | | | N | RJ | ZF |
| | Ending ICN | | | 3 | 26 | | | N | RJ | ZF |
| | Batch Count | | | 3 | 29 | | | N | RJ | ZF |
| | Entry Clerk | | | 3 | 32 | | | | | |
| | Filler | spaces | | 206 | 35 | | | | | |

A=ALPHA, N=NUM, LJ=LEFT JUST, RJ=RIGHT JUST, SF=SPACE FILL, ZF=ZERO FILL

Information Services Division

**DATA ENTRY OUTPUT**
**RECORD DATA SHEET**
**ISD 91 (07-89)**


**D/NAME:** SB100055.rec
**DATE ISSUED:** 03/11/98

| **RECORD NAME:** HCFA1500 MEDICAL RECORD | **FILE ID:** DE.SB100055 |
|---|---|

| **RECORD LENGTH: 240** | **Job #2104** | **X FIXED** | **VARIABLE** |
|---|---|---|---|

**ISSUED BY:** TERRI NEUHARDT Copy member SB102010

| ITEM NO. | FIELD DESCRIPTION | CONSTANT | DEC PLC | FLD. SIZE | OUT POS | SIGN | A | N | LJ RJ | SF ZF |
|---|---|---|---|---|---|---|---|---|---|---|
| 100 | **Record Identifier -** | | | | | | | | | |
| 110 | Claim Type | M | | 1 | 1 | | | | | |
| 120 | Trans Type | 1 = HDR<br>3 = DTL | | 1 | 2 | | | | | |
| 130 | Filler | Spaces | | 2 | 3 | | | | | |
| 200 | Auth Number - Filler | | | 6 | 5 | | | | | |
| 300 | ICN | | | 13 | 11 | | | N | | |
| 400 | **Header Data:** | | | | | | | | | |
| 410 | Patient Data | | | | | | | | | |
| 411 | Last Name | | | 2 | 24 | | | | | |
| 412 | First Name | | | 1 | 26 | | | | | |
| 412 | Middle Initial | | | 1 | 27 | | | | | |
| 413 | Insured’s ID # | | | 9 | 28 | | | N | | |
| 414 | Filler | | | 3 | 37 | | | | | |
| 420 | Provider Data | | | | | | | | | |
| 421 | Grp # (Provider #) | | | 9 | 40 | | | N | | |
| 422 | Name of Facility | | | 2 | 49 | | | | | |
| 430 | Emp Related Accident | | | 1 | 51 | | | | | |
| 440 | Auto Related Accident | | | 1 | 52 | | | | | |
| | Other Accident | | | 1 | 53 | | | | | |
| 450 | Filler | | | 2 | 54 | | | | | |
| 460 | County Auth. Sign | 1 | | 1 | 56 | | | | | |
| 470 | Referring Provider | | | 9 | 57 | | | N | | |
| 480 | Filler | | | 1 | 66 | | | | | |
| 481 | Prior Auth. Number | | | 10 | 67 | | A | N | LJ | SF |
| 482 | Filler | | | 8 | 77 | | | | | |
| 490 | Diagnosis –<br>Occurs 6 Times | | | 5<br>(30) | 85 | | | | | |
| 500 | Provider Sign | | | 1 | 115 | | | | | |
| 510 | Total Charged | | 2 | 7 | 116 | | | N | | |
| 520 | Non-Covered Charge | 0 | 2 | 7 | 123 | | | N | | |
| 530 | Amount Pd (Insurance) | | 2 | 7 | 130 | | | N | | |
| 540 | Patient Paid | 0 | 2 | 7 | 137 | | | N | | |
| 550 | Balance Due | | 2 | 7 | 144 | | | N | | |
| 560 | Patient Acct Number | | | 9 | 151 | | | N | | |
| 570 | Filler | Spaces | | 81 | 160 | | | | | |
| | | | | | 241 | | | | | |

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Information Services Division

**DATA ENTRY OUTPUT**
**RECORD DATA SHEET**
**ISD 91 (07-89)**


**D/NAME:** SB100055
**DATE ISSUED:** 03/11/98

**RECORD NAME:** HCFA1500 MEDICAL RECORD | **FILE ID:** SB100055

**RECORD LENGTH:** 240 Job #2104 | **X FIXED** **VARIABLE**

**ISSUED BY:** TERRI NEUHARDT Copy member SB102010

| ITEM NO. | FIELD DESCRIPTION | CONSTANT | DEC PLC | FLD. SIZE | OUT POS | SIGN | A | N | LJ RJ | SF ZF |
|---|---|---|---|---|---|---|---|---|---|---|
| 600 | **Detail Data:** | | | | | | | | | |
| 610 | Date of Service from | | | | | | | | | |
| 611 | Month | | | 2 | 24 | | | | | |
| 612 | Day | | | 2 | 26 | | | | | |
| | Century | | | 2 | 28 | | | | | |
| 613 | Year | | | 2 | 30 | | | | | |
| 620 | Filler | Spaces | | 6 | 32 | | | | | |
| 630 | Days/Units of Service | | | 4 | 38 | | | N | | |
| 640 | Place of Service | | | 2 | 42 | | | | | |
| 650 | Type of Service | Space | | 1 | 44 | | | | | |
| 660 | CPT/HCPCS (Procedure) Code | | | 5 | 45 | | | | | |
| 670 | Modifier 1 | | | 2 | 50 | | | | | |
| 670 | Modifier 2 | | | 2 | 52 | | | | | |
| 670 | Modifier 3 | | | 2 | 54 | | | | | |
| 670 | Modifier 4 | | | 2 | 56 | | | | | |
| 680 | Diagnosis | | | 5 | 58 | | | | | |
| 690 | Detail Charges | | 2 | 7 | 63 | | | N | | |
| 700 | Family Planning Indicator | | | 1 | 70 | | | | | |
| 710 | Performing Physician | | | 9 | 71 | | | | | |
| 720 | Date of Service to | | | | | | | | | |
| | Month | | | 2 | 80 | | | | | |
| | Day | | | 2 | 82 | | | | | |
| | Century | | | 2 | 84 | | | | | |
| | Year | | | 2 | 86 | | | | | |
| 730 | Filler | Spaces | | 153 | 88 | | | | | |
| | | | | | 241 | | | | | |

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