Information Services Division

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

D/NAME: SB100005.REC
DATE ISSUED: 02/12/98

RECORD NAME: Dental Claim - Header | **FILE ID:** DE.SB100005

RECORD LENGTH: 240 **Job #2105** | X **FIXED** **VARIABLE**

ISSUED BY: Terri Neuhardt Copy Member SB102009

ITEM NO.	FIELD DESCRIPTION	CONSTANT	DEC PLC	FLD. SIZE	OUT Pos.	SIGN	A	N	LJ RJ	SF ZF
	Record ID Filler	L1		4	1				LJ	SF
	Authorization Number			6	5		A	N	LJ	SF
	ICN Number			10	11			N	LJ	ZF
	ICN Count			3	21			N	LJ	ZF
	Patient Last Name			2	24		A		LJ	SF
	Patient First Name			1	26		A		LJ	SF
	SSN			9	27		A	N	LJ	SF
	Filler	Spaces		3	36					
	Provider Number			9	39			N	RJ	ZF
	Provider Name			2	48		A		LJ	SF
	Rec. Emp.			1	50			N	RJ	SF
	Auto Accident			1	51			N	RJ	SF
	Other Accident			1	52			N	RJ	SF
	Possible Child Abuse			1	53			N	RJ	SF
	Other Health Insurance			1	54			N	RJ	SF
	County Signature			1	55			N	RJ	ZF
	Referring Provider No.			9	56			N	RJ	ZF
	EPSDT			1	65			N	RJ	ZF
	Filler	Spaces		3	66					
	Effective FROM Date format (MDCY)			**8**	**69**			**N**	**RJ**	**ZF**
	Effective THRU Date format (MDCY)			**8**	**77**			**N**	**RJ**	**ZF**
	Prior Treatment Number			6	85			N	RJ	ZF
	Filler	Spaces		6	91					
	Provider Signature			1	97			N	RJ	ZF
	Total Charges		2	7	98			N	RJ	ZF
	Filler	Zeros	2	7	105					
	Other Insurance Amount		2	7	112			N	RJ	ZF
	Recipient Liability Amt		2	7	119			N	RJ	ZF
	Balance Due		2	7	126			N	RJ	ZF
	Filler	Zeros		18	133					
	Reason 1			2	151			N	RJ	ZF
	Reason 2			2	153			N	RJ	ZF
	Reason 3			2	155			N	RJ	ZF

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

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ITEM NO.	FIELD DESCRIPTION	CONSTANT	DEC PLC	FLD. SIZE	OUT Pos.	SIGN	A	N	LJ RJ	SF ZF
	Reason 4			2	157			N	RJ	ZF
	Reason 5			2	159			N	RJ	ZF
	Reason 6			2	161			N	RJ	ZF
	Filler	**Spaces**		**78**	**163**					

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Information Services Division

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

D/NAME: SB100005.REC
DATE ISSUED: 02/12/98

RECORD NAME: Dental Claim - Detail | **FILE ID:** DE.SB100005

RECORD LENGTH: 240 **Job #2105** | X **FIXED** **VARIABLE**

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ITEM NO.	FIELD DESCRIPTION	CONSTANT	DEC PLC	FLD. SIZE	OUT Pos.	SIGN	A	N	LJ RJ	SF ZF
	Record ID Filler	L3		4	1				LJ	SF
	Authorization Number			6	5		A	N	LJ	SF
	ICN Number			10	11			N	LJ	ZF
	ICN Count			3	21			N	LJ	ZF
	Date of Service (MDCY)			**8**	**24**			**N**	**RJ**	**ZF**
	Place of Service			2	32		A	N	LJ	SF
	Filler	Zero		1	34					
	Procedure Code			5	35		A	N	RJ	ZF
	Tooth or Letter			2	40		A	N	RJ	SF
	Tooth Surface			4	42		A	N	LJ	SF
	Total Charge		2	7	46			N	RJ	ZF
	Performing Dentist No.			9	53			N	RJ	ZF
	Filler	**Spaces**		**179**	**62**					

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