

Daily Return File									
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Header Line

109988J99 999 8A

Claim Line

5099883502231112223331097FBLACK, OLIVIA 4732222010523011007T0050501E ABAp1 887RAUFP 1029480014

5099883502241112223331097F	BLACK, OLIVIA	4732222010523011007T0050501E	AAVp1 887R	1029480014
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5099883502251112223331097F	BLACK, OLIVIA	4732222010523011007T0050501E	ABAp1 887RFD	1029480014
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5099883502261112223331097FBLACK, OLIVIA	4732222010523011007T0050501E	ABAp1 887R	1029480014
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5099883533009989989980772MWHITE, EDDIE	3805272250523013350T0007501E	AFPp1 887RKA	1029480028
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5099883535802113114110288FSMITH, JOHN	3802570020523011350T0007501E	ABAp1 887RFPFD	1029480076
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Total Line

909988 00008000060011715 p1

[illegible]

Claim Line																										
Record Type Number	Practitioner Number	External Claim Number	Claim Sequence Number	HSN	Date of Birth (mmyy)	Gender	Last Name	First Name	Diagnostic Code	Referring Practitioner Number	Date of Service (ddmmyy)	Number of Units	Location of Service	Service Code Submitted	Fee Submitted	Mode	Form Type	Corporation Indicator	Explanatory Code #1	Payment Run Code	Clinic Number	Status	Explanatory Code #2	Explanatory Code #3	CPS Claim #	
50	9988	35022	3	111222333	1097	F	Black	Olivia	473	2222	010523	01	1	007T	005050	1	E	A	BA	P1	887	R	AU	FP	1029480014	

Total Line										
Record Type Number	Practitioner Number	Number of Records Submitted	Number of Service Records Submitted	Total Dollar Amount Submitted						Payment Run Code
90	9988	00008	00006	0011715						p1