ISA*00* *00* *ZZ***000000000012345***ZZ***25B** *030707*0812*U*00401*000000257*0*T*:
GS*HC***12345*****25B***20030715*0812*1*X*004010X098A1

Appl Sender ID (UPI)	*Appl Receiver ID*	*Interchange Sender ID (UPI)*	*Interchange Receiver ID*

TRANSACTION SET HEADER
ST*837*000000001
BHT*0019*00*258*20030715*0812*CH
REF*87***004010X098DA1**

> *Trans Type: Test File*
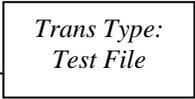
LOOP 1000A SUBMITTER NAME
NM1*41*2*DO GOOD THINGS*****46***12345**

PER*IC*PETE MARAVICH*TE*6142222222

> *MACSIS Submitter ID (UPI)*
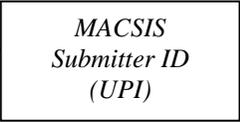
LOOP 1000B RECEIVER NAME
NM1*40*2*FRANKLIN ADAMH*****46***25B**

> *Receiver Primary ID*
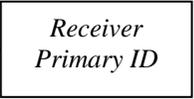
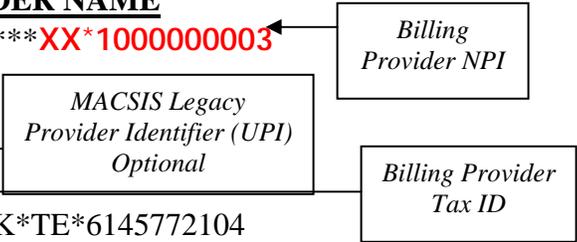## LOOP 2000A BILLING/PAY-TO-PROVIDER HL
HL*1**20*1

LOOP 2010AA BILLING PROVIDER NAME
NM1*85*2*DO GOOD THINGS*****XX***1000000003**

N3*405 WEST SOUTH AVENUE
N4*COLUMBUS*OH*43231
REF*1G*000000012345
REF*EI*31-12345678
PER*IC*AGENCY ADMINIS DESK*TE*6145772104

> *Billing Provider NPI*

> *MACSIS Legacy Provider Identifier (UPI) Optional*

> *Billing Provider Tax ID*

LOOP 2010AB PAY-TO-PROVIDER NAME
NM1*87*2*XYZ CORPORATION*****XX***1000000014**

N3*400 EAST WEST STREET
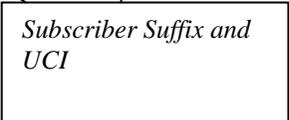N4*COLUMBUS*OH*43313
~~REF*1G*000000000022345~~

> *Pay-To Provider NPI*

> *Delete Pay-To REF*1G*
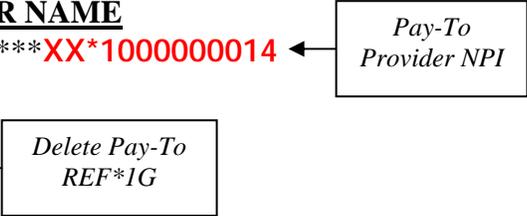
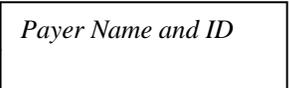## LOOP 2000B SUBSCRIBER HL
HL*2*1*22*0
SBR*P*18*******ZZ

LOOP 2010BA SUBSCRIBER NAME
NM1*IL*1*KRACOTO*KILE*A****JR***MI***3445555**

N3*1928 EAST 56TH ST
N4*LORAIN*OH*44254
DMG*D8*19510127*M
REF*SY*268445400

> *Subscriber Suffix and UCI*

LOOP 2010BB PAYER NAME
NM1*PR*2***MACSIS*******PI***MACSIS**

> *Payer Name and ID*

N3*SUITE 1001*30 E. BROAD STREET

LOOP 2010BB PAYER NAME (CONTINUED)
N4*COLUMBUS*OH*43266-0414

LOOP 2300
CLM***1156478910***40.00*****11**::1*Y*A*Y*Y*C
HI*BK:3050

Patient Control Number Claim Level

Facility Code Claim Level

LOOP 2320 OTHER SUBSCRIBER INFORMATION
SBR*S*18***C1****ZZ
AMT*D***30.00**
DMG*D8*19520804*F
OI***Y***Y

Other Payer Paid Amount

LOOP 2330A OTHER SUBSCRIBER NAME
NM1*IL*1*KRACOTO*MITZY****MI*555656666
REF*IG***S**

ODJFS COB Indicator (S = Non-Covered Service)

LOOP 2330B OTHER PAYER NAME
NM1*PR*2*AETNA HMO*****PI*AETNA HMO

LOOP 2400 SERVICE LINE
LX*1
SV1***HC:H0004:HE:HR::HX*****40.00***UN*1***53****1**N

Product/Service Qualifier and Procedure Code

Modifiers

Line Item Charge Amt and Place of Service

DTP*472*D8*20030702
REF*6R***BB973AF65341F8B5AA862CEB23B0B1**

Line Item Control Number

TRAILER SEGMENTS
SE*40*000000001
GE*1*1
IEA*1*000000257