837P 4010A SAMPLE DESCRIPTION

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

S. 69 – Appl Sender and Receiver Code

S. 68 – Sender and Receiver ID

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

LOOP 1000A SUBMITTER NAME
NM1*41*2*DO GOOD THINGS*****46*12345
PER*IC*PETE MARAVICH*TE*6142222222

S. 70 – Submitter and Receiver ID Code

LOOP 1000B RECEIVER NAME
NM1*40*2*FRANKLIN ADAMH*****46*25B

LOOP 2000A BILLING/PAY-TO-PROVIDER HL
HL*1**20*1

LOOP 2010AA BILLING PROVIDER NAME
NM1*85*2*DO GOOD THINGS*****24*31-12345678
N3*405 WEST SOUTH AVENUE
N4*COLUMBUS*OH*43231
REF*1G*000000012345
PER*IC*AGENCY ADMINIS DESK*TE*6145772104

S. 71 – Billing Provider Tax-ID and UPI

LOOP 2010AB PAY-TO-PROVIDER NAME
NM1*87*2*XYZ CORPORATION*****24*31-12345678
N3*400 EAST WEST STREET
N4*COLUMBUS*OH*43313
REF*1G*000000000022345

S. 72 – Pay-To Provider Tax-ID and MACSIS Vendor Number

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

S. 75 – Subscriber Suffix and UCI

LOOP 2010BB PAYER NAME
NM1*PR*2*MACSIS*****PI*MACSIS
N3*SUITE 1001*30 E. BROAD STREET

S. 76 –Payer Name and ID

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

S. 77 – Patient Control Number, Claim Level

S. 78 – Facility Code, Claim Level

LOOP 2320 OTHER SUBSCRIBER INFORMATION

SBR*S*18***C1****ZZ

AMT*D*__00.00__

DMG*D8*19520804*F

OI***Y***Y

S. 79 – Other Payer Paid Amount

LOOP 2330A OTHER SUBSCRIBER NAME

NM1*IL*1*KRACOTO*MITZY****MI*555656666

REF*IG*__S__

S. 81 – 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

S. 82 –Product/Service Qualifier and Procedure Code

S. 83 – Modifiers

S. 86 – Line Item Charge Amt and Place of Service

DTP*472*D8*20030702

REF*6R*__BB973AF65341F8B5AA862CEB23B0B1__

S. 87 –Line Item Control Number

TRAILER SEGMENTS

SE*40*000000001

GE*1*1

IEA*1*000000257