



**SAMPLE**

**Customer's Name**  
**METS Group Number / Coverage Key for 'Submitter's Name'**

		<b>Position 012</b>	<b>Position 804</b>	<b>Position 810</b>	<b>IBC Use Only</b>	<b>IBC Use Only</b>	<b>IBC Use Only</b>
<b>Product Description</b>	<b>Product</b>	<b>EIN *</b>	<b>Coverage Code</b>	<b>Carrier Code</b>	<b>MHS Group</b>	<b>MHS Account</b>	<b>Benefit Package</b>
Medical Infant Care, In-Area PC15	Personal Choice	12345	PCGE	362	999999	999999	QC81
Medical Infant Care, In-Area PC15	Vision	12345	VS02	865	999999	999999	QC81
Medical Infant Care, OOA PC15	Personal Choice	12346	PCGE	362	999999	999999	VC81
Medical Infant Care, OOA PC15	Vision	12346	VS02	865	999999	999999	VC81
Medical Infant Care, In-Area PC320	Personal Choice	12347	PCGX	362	999999	999999	QC47
Medical Infant Care, In-Area PC320	Vision	12347	VS02	865	999999	999999	QC47
Medical Infant Care, OOA PC320	Personal Choice	12348	PCGX	362	999999	999999	VC33
Medical Infant Care, OOA PC320	Vision	12348	VS02	865	999999	999999	VC33
Medical Infant Care, In-Area 15/25/70	Personal Choice	12349	PCVB	362	999999	999999	QC82
Medical Infant Care, In-Area 15/25/70	Vision	12349	VS02	865	999999	999999	QC82
Medical Infant Care, OOA 15/25/70	Personal Choice	12340	PCVB	362	999999	999999	VC82
Medical Infant Care, OOA 15/25/70	Vision	12340	VS02	865	999999	999999	VC82