

ISA*00*00*ZZ*SENDERID*33*NAIC*030430*1130*U*00501*000000230*1*T*!
GS*HC*SENDERID*NAICC*20030821*1615*299*X*005010X223A2!
ST*837*INST82TR*005010X223A2!
BHT*0019*00*CLMSIPTP1*20030821*1615*CH!
NM1*41*2*SERVICING PROVIDER*****46*12345!
PER*IC*SERVICING PROVIDER*TE*PROVIDER CONTACT NUMBER!
NM1*40*2*IBC*****46*NAIC!
HL*1**20*1!
PRV*BI*PXC*282N00000X!
NM1*85*2*PROVIDER NAME*****XX*NPI NUMBER!
N3*PROVIDER ADDRESS!
N4*PROVIDER CITY*STATE*ZIP!
REF*EI*FEDERAL TAX ID!
HL*2*1*22*0!
SBR*P*18**INSURED*NAME*****BL!
NM1*IL*1*SUBSCRIBER*NAME****MI*SUBSCRIBER ID!
N3*SUBSCRIBER ADDRESS!
N4*SUBSCRIBER CITY*STATE*ZIPCODE!
DMG*D8*SUBSCRIBER DOB*SUBSCRIBER SEX!
NM1*PR*2*IBC*****PI*PAYER ID NUMBER!
REF*G2*LEGACY NUMBER!
CLM*PATIENT ACCOUNT NUMBER*TOTAL CHARGE AMOUNT***13:A:1*N*C*Y*Y!
DTP*434*RD8*20021223-20021223!
DTP*435*DT*200212230800!
CL1**7*01!
HI*BK:7840!
HI*BJ:7840!
HI*BF:78650!
HI*BH:11:D8:20021223!
HI*BE:A3:::750.00!
NM1*71*1*ATTENDING PHYSICIAN NAME*T**M.D.*XX*NPI NUMBER!
REF*EI*FEDERAL TAX ID!
REF*G2*LEGACY NUMBER!
PRV*AT*ZZ*225400000X!
LX*1!
SV2*0450*HC:99282*750.00*UN*1!
DTP*472*D8*20021223!
LX*2!
SV2*0305*HC:85025*50.00*UN*1!
DTP*472*D8*20021223!
SE*39*INST82TR!
GE*1*299!
IEA*1*000000299!