

ISA\*00\* \*00\* \*ZZ\*SENDERID \*33\*NAIC \*030430\*1130\*U\*00401\*000000230\*1\*T\*!  
GS\*HC\*SENDERID\*NAICC\*20030821\*1615\*299\*X\*004010X096A1!  
ST\*837\*INST82TR!  
BHT\*0019\*00\*CLMSIPTP1\*20030821\*1615\*CH!  
REF\*87\*004010X096A1!  
NM1\*41\*2\*SERVICING PROVIDER\*\*\*\*\*46\*CLMSIP41A!  
PER\*IC\*SERVICING PROVIDER\*TE\*PROVIDER CONTACT NUMBER!  
NM1\*40\*2\*IBC\*\*\*\*\*46\*00365!  
HL\*1\*\*20\*1!  
PRV\*BI\*ZZ\*282N00000X!  
NM1\*85\*2\*PROVIDER NAME\*\*\*\*\*XX\*NPI NUMBER!  
N3\*PROVIDER ADDRESS!  
N4\*PROVIDER CITY\*STATE\*ZIP!  
REF\*EI\*Federal Tax ID!  
REF\*1B\*Legacy Number!  
HL\*2\*1\*22\*0!  
SBR\*P\*18\*\*INSURED\*NAME\*\*\*\*\*CI!  
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\*60061!  
CLM\*PATIENT ACCOUNT NUMBER\*TOTAL CHARGE AMOUNT\*\*\*13:A:1\*N\*C\*Y\*Y\*\*\*\*\*Y!  
DTP\*434\*RD8\*20021223-20021223!  
DTP\*435\*DT\*200212230800!  
CL1\*1\*7\*01!  
AMT\*C5\*750.00!  
HI\*BK:7840\*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\*1G\*Legacy Number!  
PRV\*AT\*ZZ\*225400000X!  
LX\*1!  
SV2\*0450\*HC:99282\*750.00\*UN\*1!  
DTP\*472\*D8\*20021223!  
LX\*2!  
SV2\*0001\*\*750.00\*UN\*0!  
SE\*40\*INST82TR!  
GE\*1\*299!  
IEA\*1\*000000299!