

		ST{834{0001{005010X220~ BGN{00{1{20091129{0128{2~ REF{38{963852~ DTP{303{D8{20091129~ QTY{TO{1235679~
1000A Sponsor Name		
Entity ID: P5 Plan Sponsor AHCCCS Qualifier F1 Sponsor ID 866004791		N1{P5{AHCCCS{FI{866004791~
1000B Payer		
Entity Identifier: IN Insurer Name: Perfect Health Plan Qualifier: F1 Insurer Identification Code: 681234567		N1{IN{PERFECT HEALTH PLAN{FI{681234567~
2000 Member Level Detail		
INS01 Insured Indicator: Y INS02 Relationship Code 18 INS03 Maintenance Type 001 (Change) INS04 Maintenance Reason AI (No Reason Given) INS05 Benefit Status A INS06 Medicare Plan Code E (No Medicare) INS08 Employment Status AC REF01 Subscriber Number Qual 0F (Subscriber Number) REF02 AHCCCS ID C2222222 DTP01 Date/Time Qualifier 303 (Maintenance Eff Date) DTP02 Date Time Period D8 DTP03 Status Information Eff Dt 20091128		INS{Y{18{001{A{E{AC~ REF{0F{C2222222~ DTP{303{D8{20091128~
2100A Member Name		
NM101 Entity Identifier IL NM102 Entity Qualifier 1 NM103 Last Name BUSH NM104 First Name JOAN NM105 Middle Name W		NM1{IL{1{BUSH{JOAN{W~

Data Elements in Italics indicate "if available"

Every attempt has been made to make examples 'factual', but may not be entirely logical, i.e, valid rate codes – may not be correct for the individual in the example

2300 Health Coverage		
		Placeholder 2300 loop.
HD01	Maintenance Type Code 001 (Change)	
HD03	Ins Line Cd MM (Major Medical)	
DTP01	Date/Time Qualifier 348 (Maintenance Eff)	HD{001}{MM~
DTP02	Date/Time Format D8	DTP{348}{D8{20091128~
DTP03	Coverage Period 20091128 (Begin Date)	
2320 Coordination of Benefits		
COB01	Payer Respon Seq U (Unknown)	
COB02	Ins Type + Grp or Pol # M12345678	COB{U}{M12345678{5~
COB03	COB Code 5 (Unknown)	REF{6P{22200~
REF01	Ref ID Qualifier 6P (Group Number)	REF{6O{01~
REF02	Ins Group/Policy No 22200	DTP{344}{D8{20060801~
REF01	Reference ID Qualifier 6O (Account Suffix code)	
REF02	Reference Identification 01 (Sequence number)	
DTP01	COB Date/Time Qual 344 (Begin Date)	
DTP02	Date Format Qualifier D8	
DTP03	COB Date 20060801	
2330 Coordination of Benefits Related Entity		
NM101	Entity ID Code IN	NM1{IN{2{01234ANOTHER INSURER~
NM102	Entity Type 2 (Non-Person Entity)	N3{BOX 2244543
NM103	Organization Name 01234 Another Insurer (Carrier Number + Name)	N4{PHOENIX{AZ{85027~
N301	Other Insurer Address Box 2244543	PER{CN}{TE{5201475577~
N401	Other Insurer City Phoenix	
N402	Other Insurer State AZ	
N403	Other Insurer Zip Code 85027	
PER01	Other Insurer Contact CN (General Contact)	***If there is no address on file for the other insurer at AHCCCS, default information will be sent:
PER03	Other Insurer Phone Qual TE	N3{NO ADDRESS KNOWN{NO CITY{AZ{85034~
PER04	Other Insurer Phone 5201475577	
		SE{21{0001~

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