

Empire Plan Medical Program
 Claims Summary Data
 (United HealthCare)

<u>Field Name</u>	<u>Type/Size</u>
REPORT_CODE	CHAR(4 BYTE)
EMPLOYEE_ID	CHAR(11 BYTE)
EMPLOYEE_STATUS	CHAR(2 BYTE)
MEMBER_RELATION_CODE	CHAR(2 BYTE)
MEMBER_FIRST_NAME	CHAR(12 BYTE)
MEMBER_DOB	CHAR(8 BYTE)
MEMBER_SEX	CHAR(1 BYTE)
MEDICARE_ELIG_IND	CHAR(1 BYTE)
CLAIM_REF_NUMBER	CHAR(17 BYTE)
DATE_PROCESSED	CHAR(8 BYTE)
DATE_CLAIM_RECEIVED	CHAR(5 BYTE)
DOC_CONTROL_SER_NUM	CHAR(5 BYTE)
FILMING_OFFICE_NUM	CHAR(4 BYTE)
BILLED_AMOUNT	NUMBER(9,2)
NOT_COVERED_AMOUNT	NUMBER(9,2)
RECONSID_NOT_COV_AMT	NUMBER(9,2)
BENEFITS_LIMITATIONS	NUMBER(9,2)
DISCOUNT_AMOUNT	NUMBER(9,2)
ALLOWABLE_EXPENSES	NUMBER(9,2)
DEDUCTIBLE	NUMBER(9,2)
COPAY	NUMBER(9,2)
COINSURANCE	NUMBER(9,2)
GROSS_BENEFITS_PAYABLE	NUMBER(9,2)
OTHER_INSURANCE_AMOUNT	NUMBER(9,2)
MISC_REDUCTIONS_AMOUNT	NUMBER(9,2)
NET_PAID	NUMBER(9,2)
OUT_POCKET_OFFSET_AMT	NUMBER(9,2)
ALT_ID	CHAR(11 BYTE)
CLAIM_STAT_IND	CHAR(1 BYTE)
EMPIRE_NET_IND	CHAR (1 BYTE)
EMPIRE_PARTIC_IND	CHAR (1 BYTE)
REASONABLE_CUST_ALLWD_AMT	NUMBER(13,2)
SSP_RECOMEND_AMT	NUMBER(13,2)
PRICE_SELECTED_CODE	CHAR (1 BYTE)
REPRICING STATUS CODE	CHAR (1 BYTE)
REASON CODE	CHAR (5 BYTE)

June 2010