
Feedback File Layout (.txt)

FIELD NAME	FIELD LENGTH
Medicare ID	20
Member SSN	09
Alternate ID with Dependent Benef Number	20
FILLER	09
Cust ID	05
FIRST_NAME	20
MIDDLE_INITIAL	01
LAST_NAME	30
BIRTH_DATE	08
GENDER	01
FILLER	20
FILLER	20
benefit program	20
EFFECTIVE_DATE	08
TRC Code	03
TERM_DATE	08
DATE_OF_DEATH	08
LIS_AMOUNT	10
LEP_AMOUNT	10
FILE_CREATION_DATE	08