

File Exchange Header Record Type 0

rec cd 0	user number	user name																																			creation date (julian)	filler																																									
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80

Processed Document Suspense Record

rec cd 1	doctor number	filler															hospital code	surname	i n i t	s e x	regno	microfilm number					yob	phin					filler					pay op- tn	disp cd	filler	claim number																																						
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80

Processed Sociological Record

rec cd 2	doctor number	regno (blank for nonres)	Patient Surname															Patient Given Name (blank for newborn)															yr of birth	s e x	medical records number (clinic #)	receipt date					microfilm number					claim number																																	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80

Processed Service Record

rec cd 3	i n c	doctor number	referring doctor number (zero fill if blank)	interest paid	hospital code	service date	prefix/tariff	serv ices	prov ince cd	fee submitted	fee assessed	man cd	Health ID Number Non-Residents only or MB Phin Number					pat. birth date mddd nonres only	pay op- tn	L O S	disposal codes	claim number																																																									
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80

Pending Document Suspense

rec cd 4	doctor number	filler															hospital code	filler																																			pay op- tn	eob	filler	claim number																							
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80

Pending Sociological Record

rec cd 5	doctor number	regno (blank for nonres)	Patient Surname															Patient Given Name (blank for newborn)															yr of birth	s e x	medical records number (clinic #)	receipt date					microfilm number					claim number																																	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80

Pending Service Record

rec cd 6	i n c	doctor number	referring doctor number (zero fill if blank)	filler	hospital code	service date	prefix/tariff	serv ices	prov ince cd	fee submitted	Health ID Number Non-Residents only or MB Phin Number					pat. birth date mddd nonres only	filler	pay op- tn	L O S	eob	filler	claim number																																																									
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80

Edit Eligibility Failure Sociological Record

rec cd 7	doctor number	regno (blank for nonres)	Patient Surname															Patient Given Name (blank for newborn)															yr of birth	s e x	medical records number (clinic #)	receipt date					microfilm number					claim number																																	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80

Edit Eligibility Failure Service Record

rec cd 8	i n c	doctor number	referring doctor number (zero fill if blank)	filler	hospital code	service date	prefix/tariff	serv ices	prov ince cd	fee submitted	Health ID Number Non-Residents only or MB Phin Number					pat. birth date mddd nonres only	filler	pay op- tn	L O S	disposal codes	claim number																																																										
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80

File Exchange Trailer Record

rec cd 9	user number	Total Fee Assessed	Number of Code 1 Records	Number of Code 2 Records	Number of Code 3 Records	Number of Code 4 Records	Number of Code 5 Records	Number of Code 6 Records	Number of Code 7 Records	Number of Code 8 Records	filler																																																																				
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80