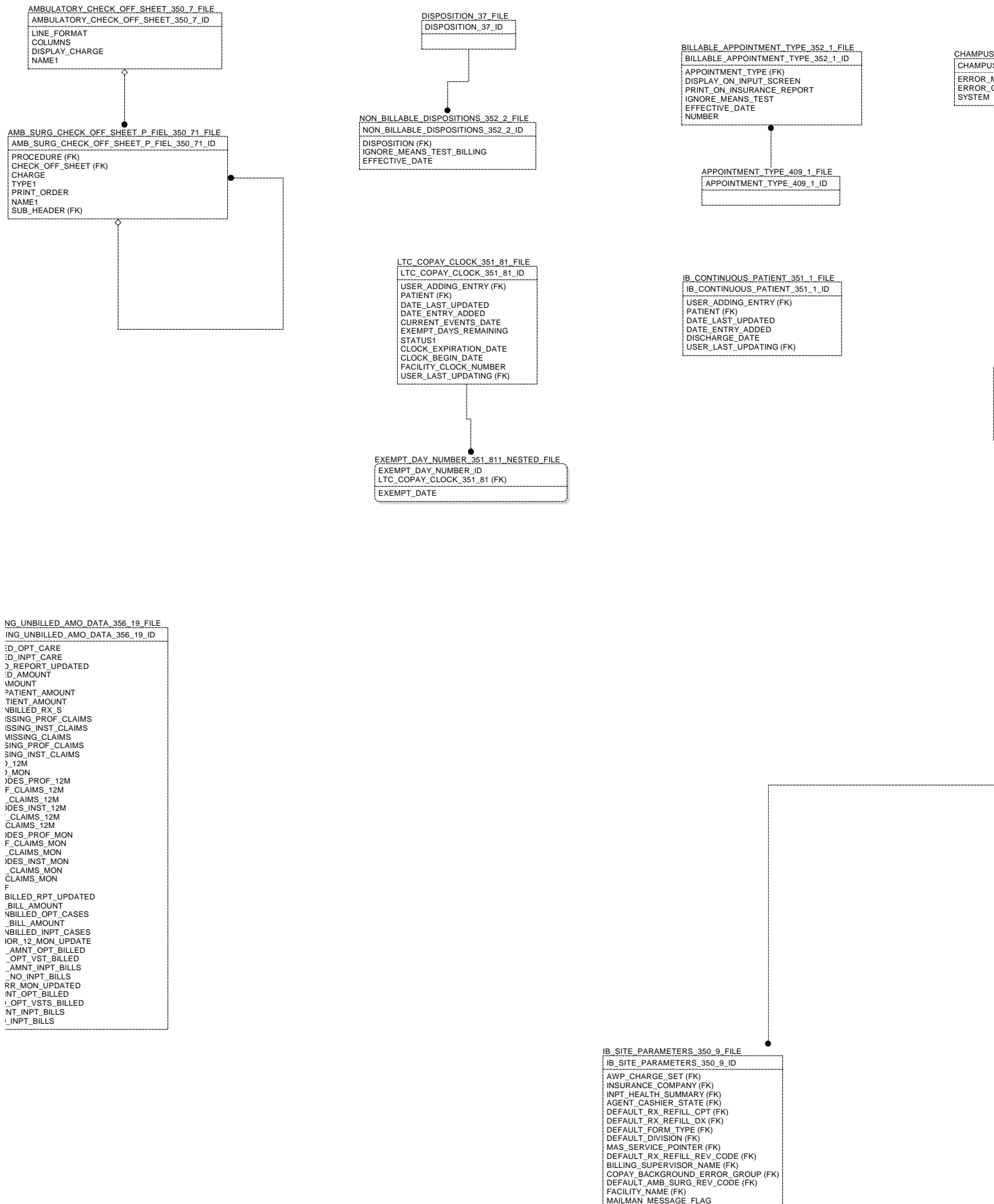


CLAIMS\_TRACKII  
CLAIMS\_TRACKI  
TOTAL\_UNBILLE  
TOTAL\_UNBILLE  
DATE\_UNBILLE  
TOTAL\_UNBILLE  
UNBILLED\_RX\_A  
UNBILLED\_OUTP  
UNBILLED\_INPA  
NUMBER\_OF\_UN  
CPT\_CODES\_MI  
CPT\_CODES\_MI  
ENCOUNTERS\_I  
EPISODES\_MISS  
EPISODES\_MISS  
DATE\_UPDATED  
DATE\_UPDATED  
NO\_INPT\_EPISC  
AMT\_INPT\_PROI  
NO\_INPT\_PROF  
NO\_INPT\_EPISO  
AMT\_INPT\_INST  
NO\_INPT\_INST\_I  
NO\_INPT\_EPISO  
AMT\_INPT\_PROI  
NO\_INPT\_PROF  
NO\_INPT\_EPISO  
AMT\_INPT\_INST  
NO\_INPT\_INST\_I  
FOR\_MONTH\_OF  
DATE\_TIME\_UNI  
AVERAGE\_OPT  
NUMBER\_OF\_UN  
AVERAGE\_INPT  
NUMBER\_OF\_UN  
DATE\_TIME\_PRI  
PRIOR\_12\_MON  
PRIOR\_12\_MON  
PRIOR\_12\_MON  
PRIOR\_12\_MON  
DATE\_TIME\_CUI  
CURR\_MON\_AM  
CURR\_MON\_NO  
CURR\_MON\_AM  
CURR\_MON\_NO

# IB -- Display1 / sans Non IB files



PHARMACY_ERRORS_351_51_FILE
S_PHARMACY_ERRORS_351_51_ID
MESSAGE
CODE

IB_ELECTRONIC_REPORT_DISPOSITION_361_2_FILE
IB_ELECTRONIC_REPORT_DISPOSITION_361_2_ID
SHORT_DESCRIPTION
DISPOSITION
NAME1

TRANSFER_PRICING_FIELD_DEFINITION_351_62_FILE
TRANSFER_PRICING_FIELD_DEFINITION_351_62_ID
EXTRACT_CODE
NUMERIC_FIELD
SYNONYM
MULTIPLE_FIELD
LENGTH
FIELD_NAME

CLAIMS_TRACKING_ALOS_356_5_FILE
CLAIMS_TRACKING_ALOS_356_5_ID
DRG (FK)
ALOS_FOR_INS_PURPOSES
YEAR

BILLING_THRESHOLDS_354_3_FILE
BILLING_THRESHOLDS_354_3_ID
ADDITIONAL_DEPENDENT_AMOUNT
BASE_RATE_WITH_8_DEPENDENTS
BASE_RATE_WITH_7_DEPENDENTS
BASE_RATE_WITH_6_DEPENDENTS
BASE_RATE_WITH_5_DEPENDENTS
BASE_RATE_WITH_4_DEPENDENTS
BASE_RATE_WITH_3_DEPENDENTS
BASE_RATE_WITH_2_DEPENDENTS
BASE_RATE_WITH_1_DEPENDENT
BASE_RATE_FOR_VETERAN
TYPE1
DATE1

MEANS_TEST_BILLING_CLOCK_351_FILE
MEANS_TEST_BILLING_CLOCK_351_ID
USER_ADDING_ENTRY (FK)
PATIENT (FK)
UPDATE_REASON
DATE_LAST_UPDATED
DATE_ENTRY_ADDED
CLOCK_END_DATE
NUMBER_INPATIENT_DAYS
N4TH_90_DAY_INPATIENT_AMOUNT
N3RD_90_DAY_INPATIENT_AMOUNT
N2ND_90_DAY_INPATIENT_AMOUNT
N1ST_90_DAY_INPATIENT_AMOUNT
STATUS1
CLOCK_BEGIN_DATE
REFERENCE_NUMBER
USER_LAST_UPDATING (FK)

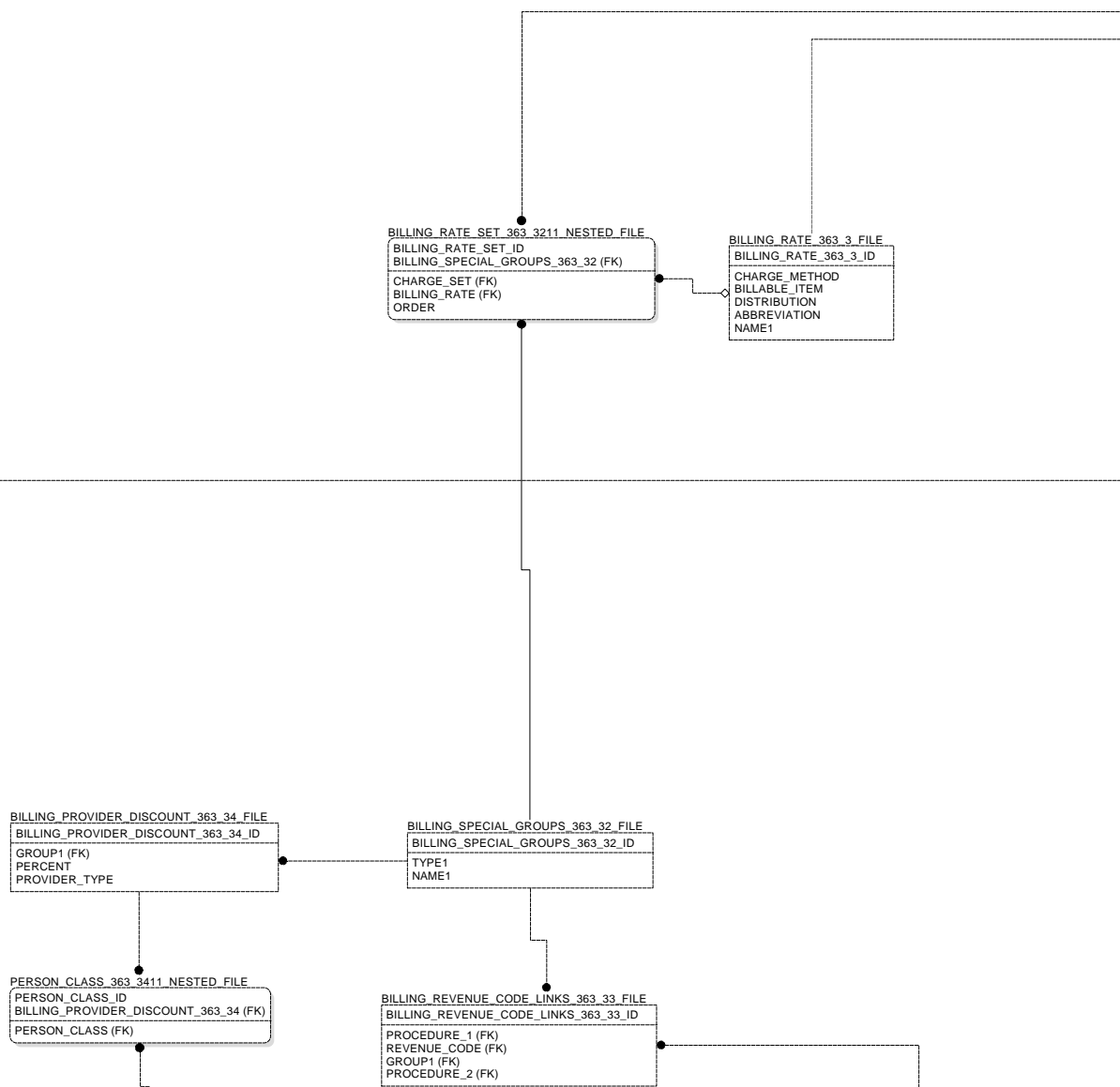
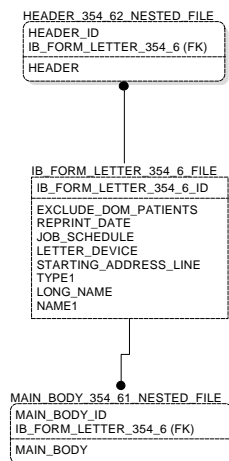
IB_ARCHIVE_PURGE_LOG_350_6_FILE
IB_ARCHIVE_PURGE_LOG_350_6_ID
SEARCH_INITIATOR (FK)
ARCHIVE_FILE (FK)
PURGE_END_DATE_TIME
PURGE_BEGIN_DATE_TIME
ARCHIVE_END_DATE_TIME
ARCHIVE_BEGIN_DATE_TIME
SEARCH_END_DATE_TIME
SEARCH_BEGIN_DATE_TIME
LOG_STATUS
RECORDS_ARCHIVED
SEARCH_TEMPLATE
ARCHIVE_LOG
ARCHIVE_INITIATOR (FK)
PURGE_INITIATOR (FK)

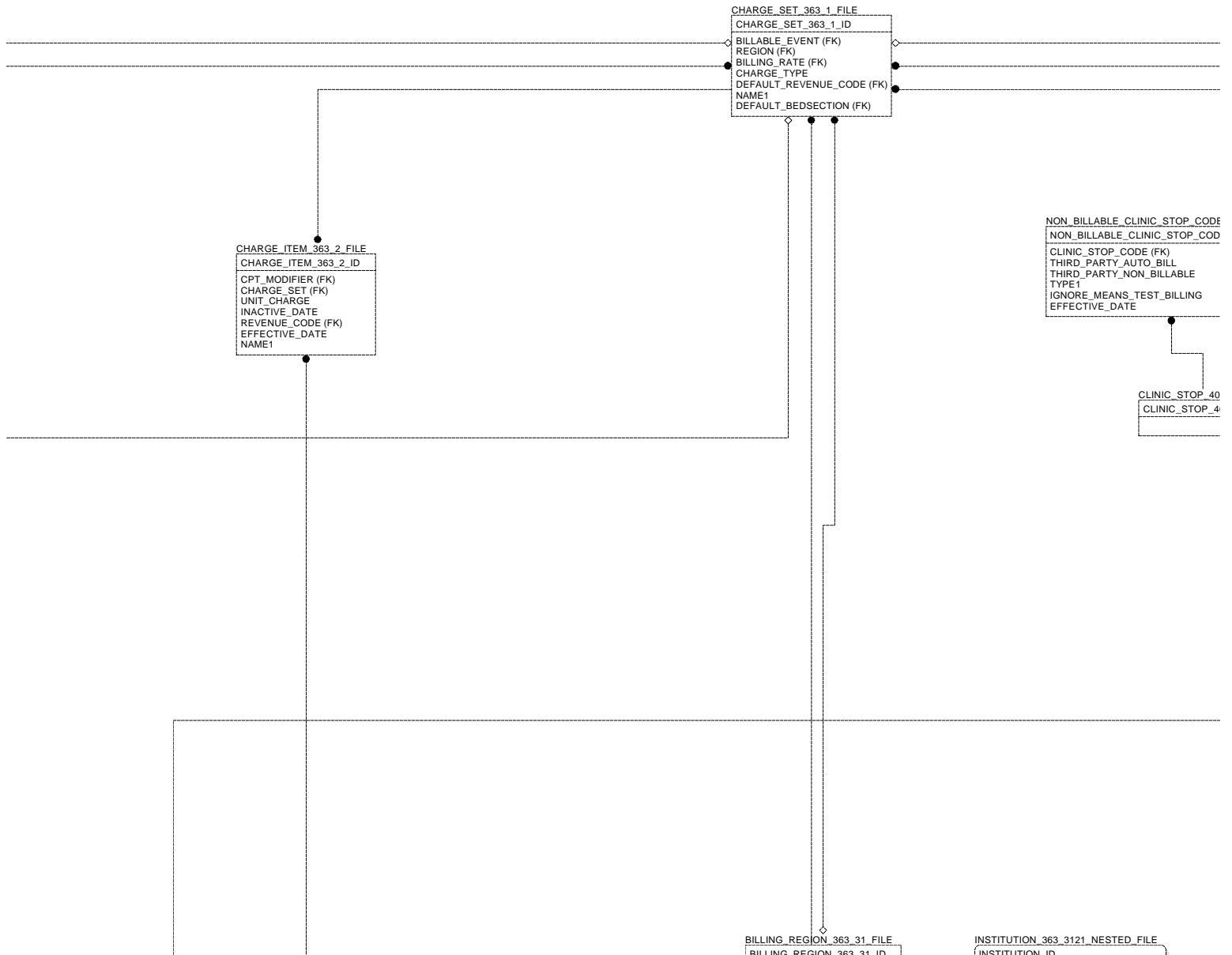
IB_MESSAGE_SCREEN_TEXT_361_3_FILE
IB_MESSAGE_SCREEN_TEXT_361_3_ID
ADDED_BY (FK)
EDITED_DATE_TIME
ADDED_DATE
DEFAULT_REVIEW_STATUS
TEXT
EDITED_BY (FK)

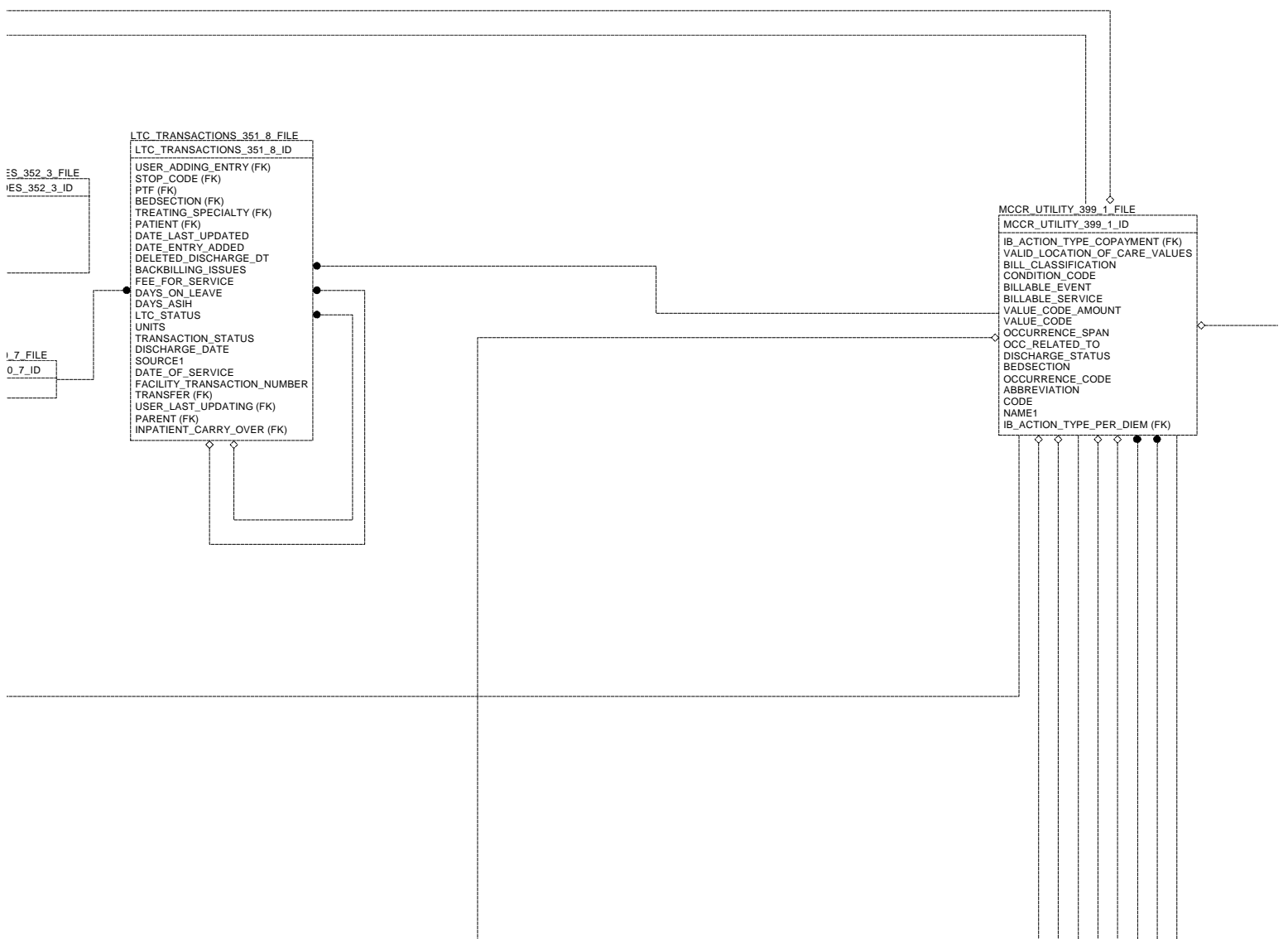
IB_COPAY_CAPS_354_75_FILE
IB_COPAY_CAPS_354_75_ID
YEAR_BASIS
TERMINATION_DATE
YEARLY_CAP_AMOUNT
MONTHLY_CAP_AMOUNT
PRIORITY_LEVEL
EFFECTIVE_DATE

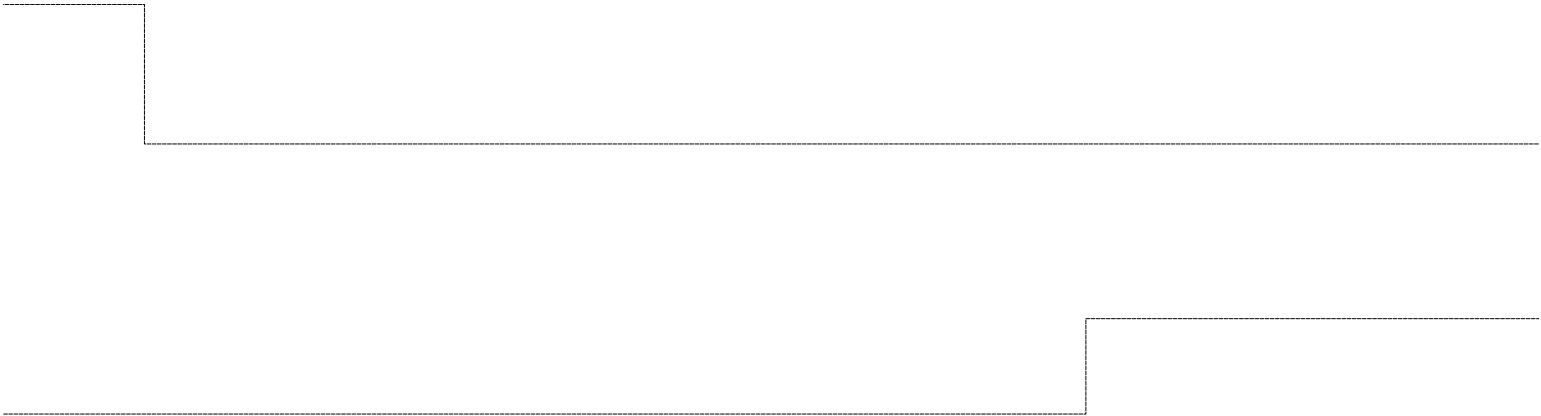
BILLING_ITEMS_363_21_FILE
BILLING_ITEMS_363_21_ID
TYPE1
NAME1

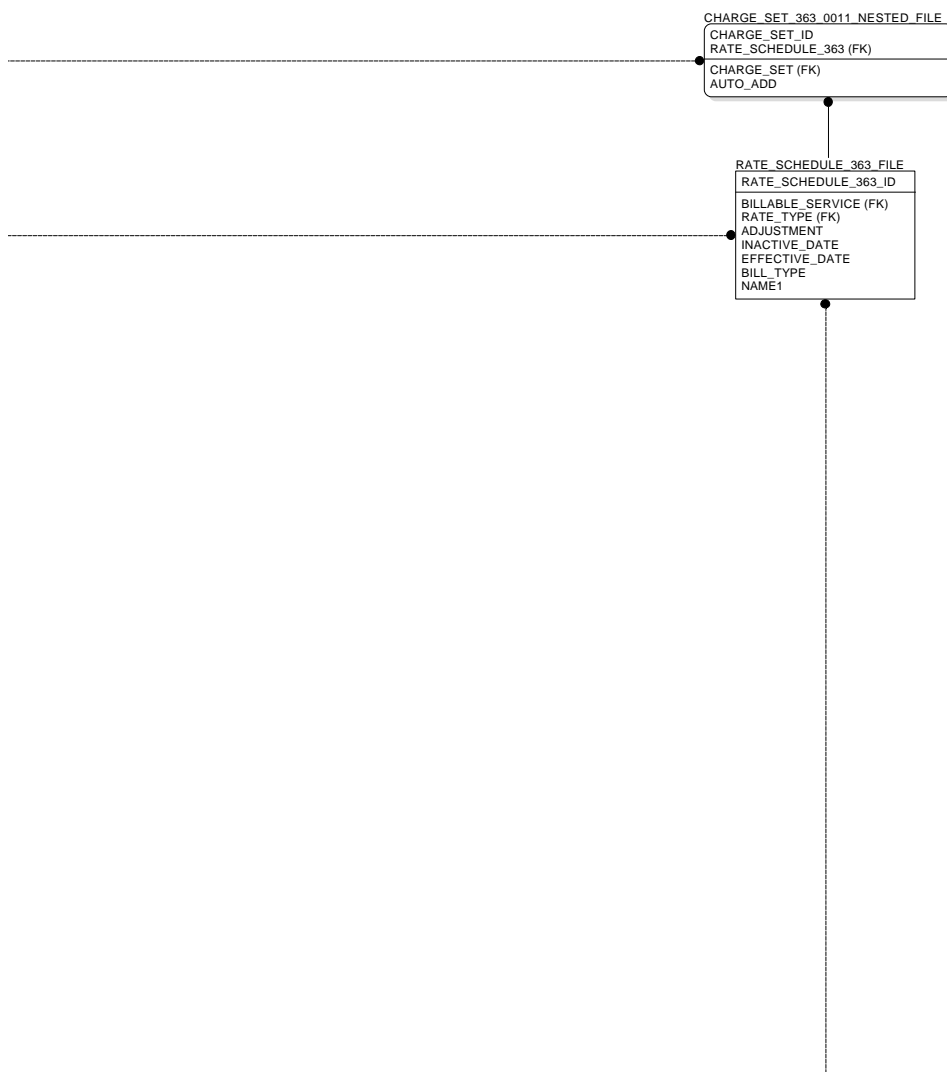
SPONSOR_PERSON_355_82_FILE
SPONSOR_PERSON_355_82_ID
SOCIAL_SECURITY_NUMBER
DATE_OF_BIRTH
NAME1



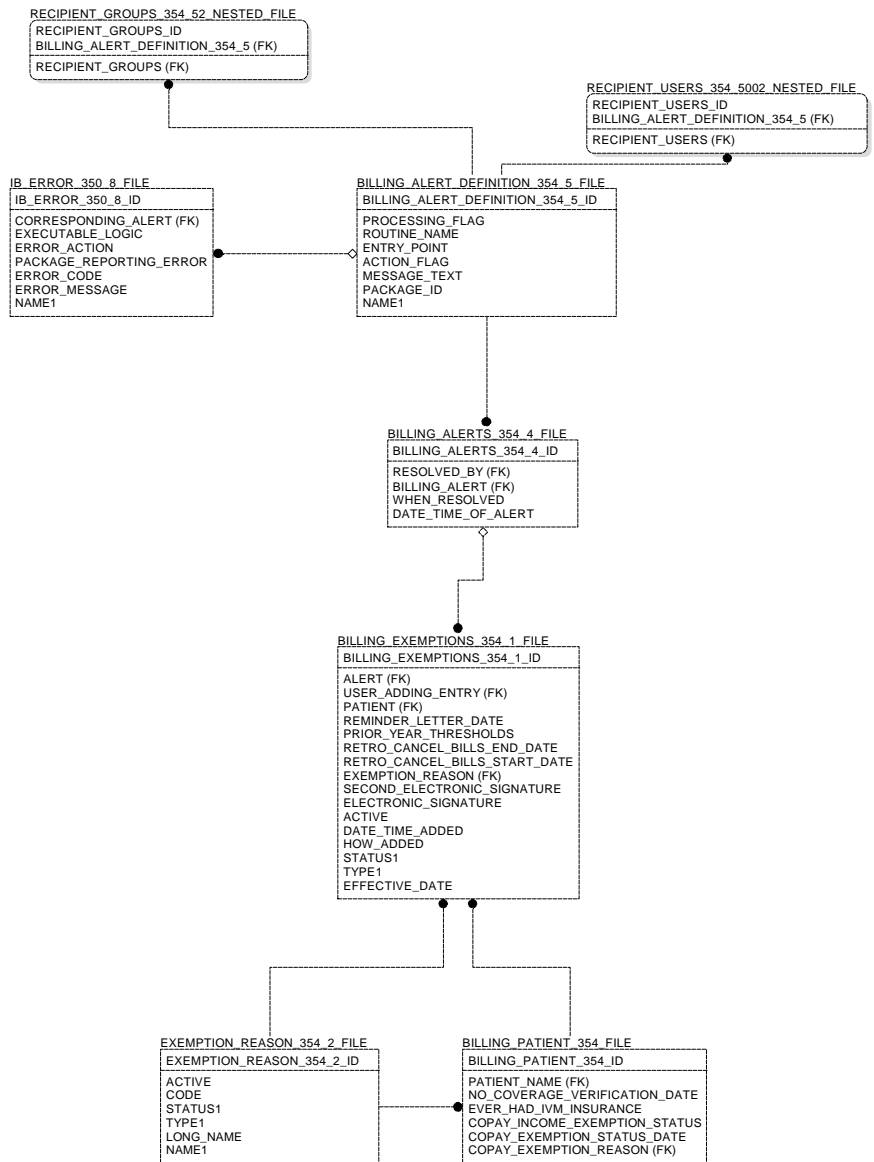


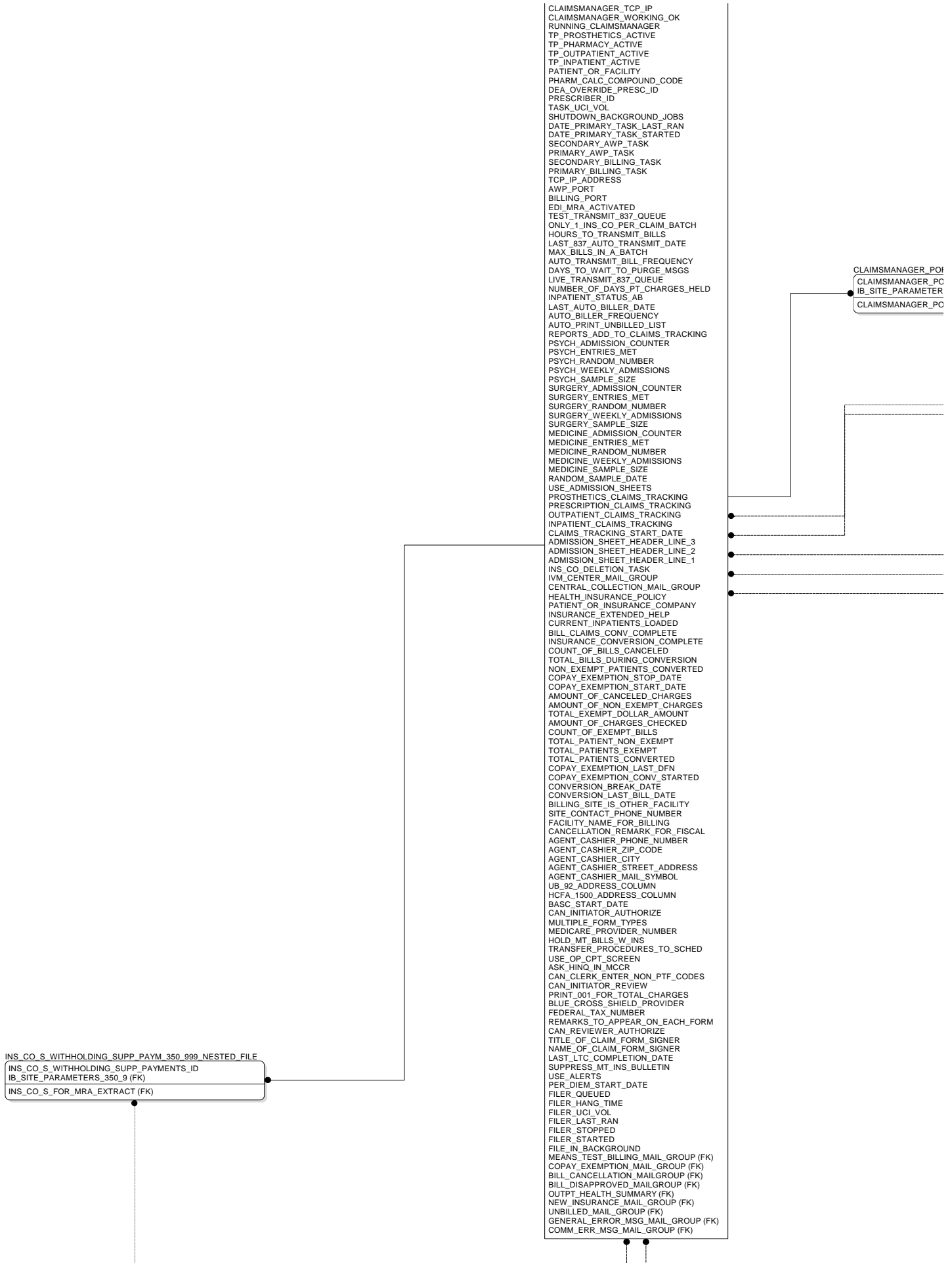












```

RTS_350_9001_NESTED_FILE
┌──────────────────────────┐
│RTS_ID                    │
│S_350_9 (FK)             │
├──────────────────────────┤
│RTS                       │
└──────────────────────────┘

```

HEALTH_SUMMARY_TYPE_142_FILE	
HEALTH_SUMMARY_TYPE_142_ID	

◇

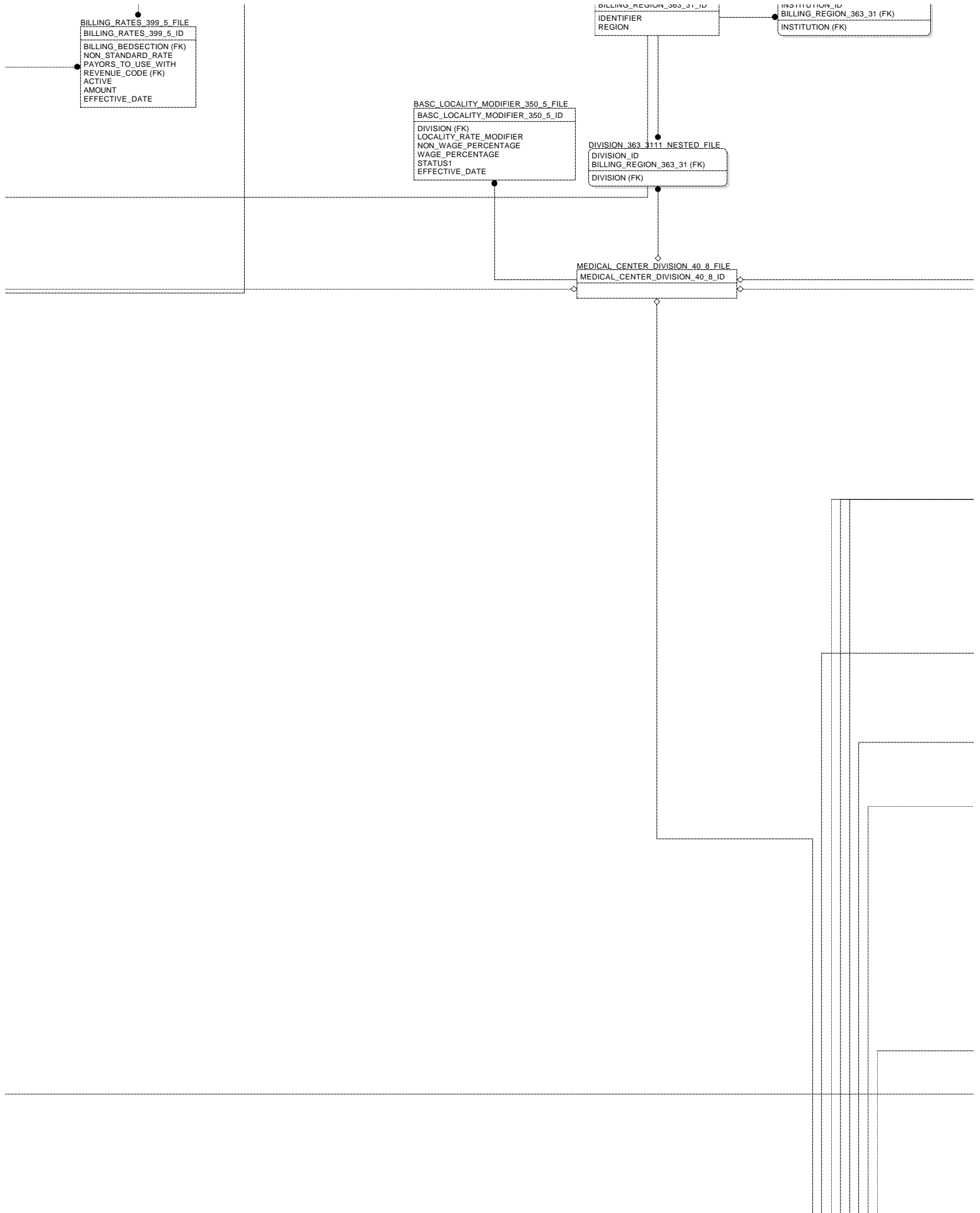
PERSON_CLASS_8932_1_FILE
PERSON_CLASS_8932_1_ID

◇ ◇

REVENUE_CODE_399_2_FILE
REVENUE_CODE_399_2_ID
ALL_INCLUSIVE
DESCRIPTION1
ACTIVATE
STANDARD_ABBREVIATION

◇ ◇

IB -- Display1 / sans Non IB files



OCCURRENCE\_CODE\_399\_041\_NESTED\_FILE

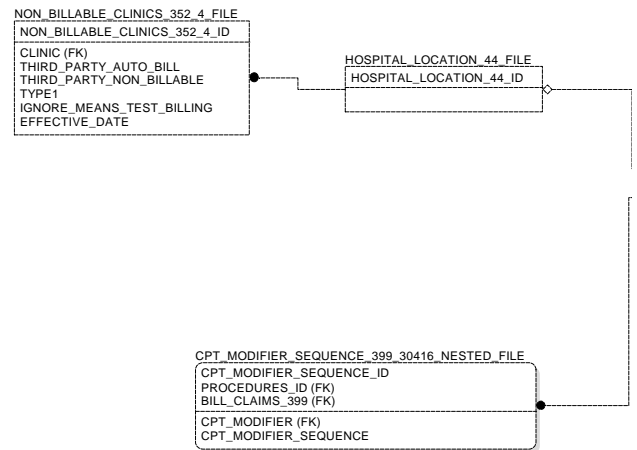
OCCURRENCE_CODE_ID
BILL_CLAIMS_399 (FK)
STATE (FK)
OCCURRENCE_CODE (FK)
END_DATE
DATE1

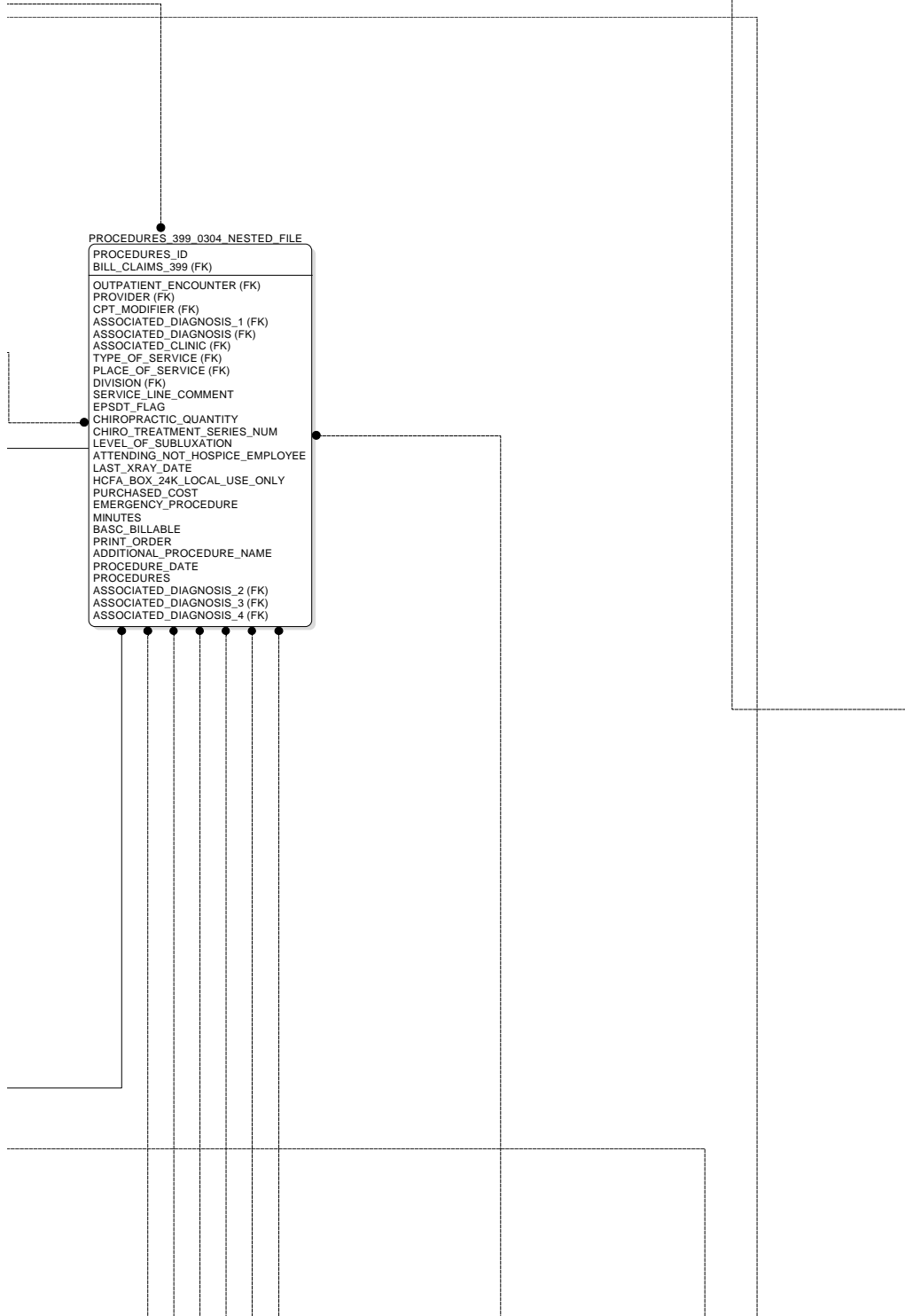
VALUE\_CODE\_399\_047\_NESTED\_FILE

VALUE_CODE_ID
BILL_CLAIMS_399 (FK)
VALUE_CODE (FK)
VALUE

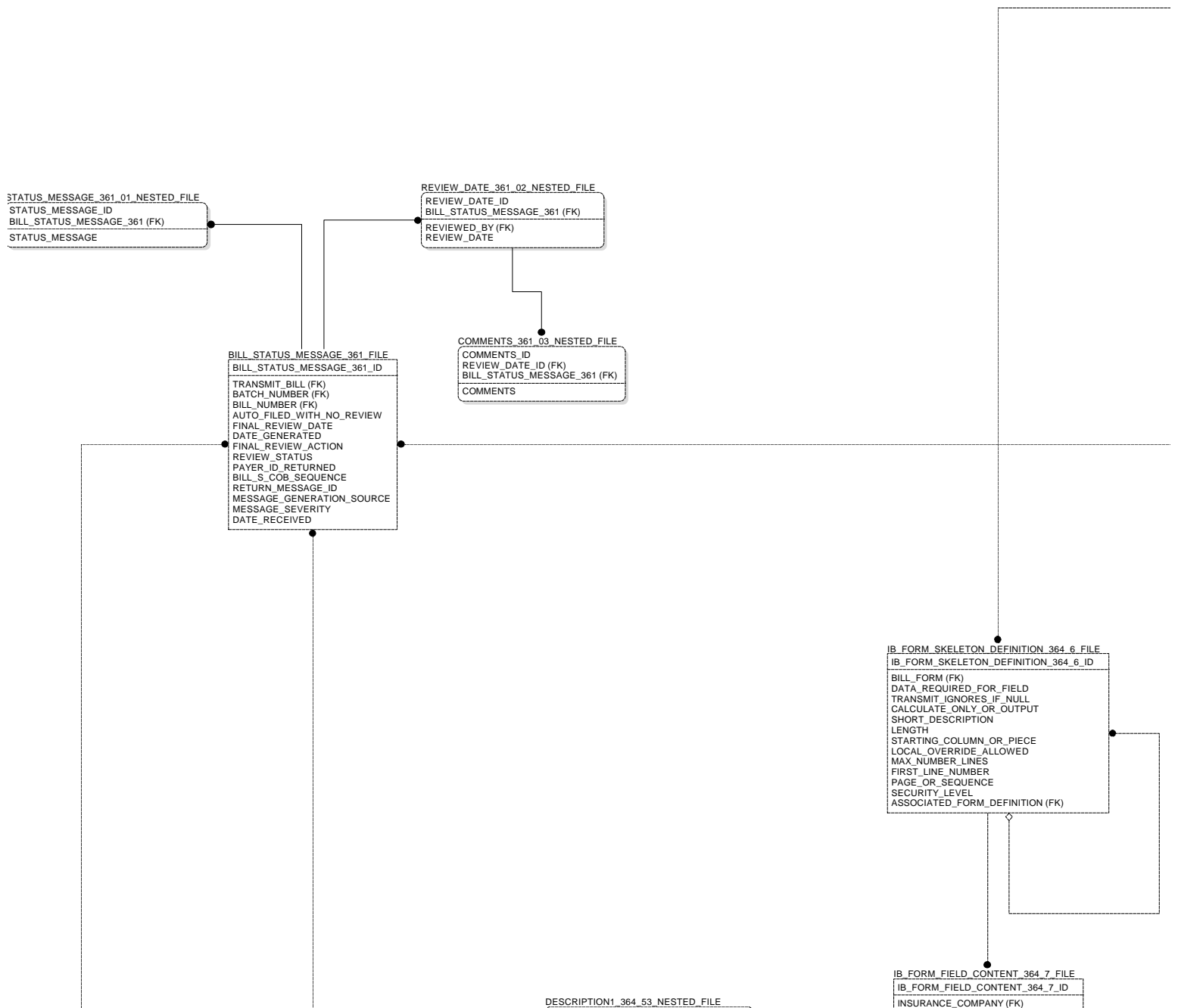
CONDITION\_CODE\_399\_04\_NESTED\_FILE

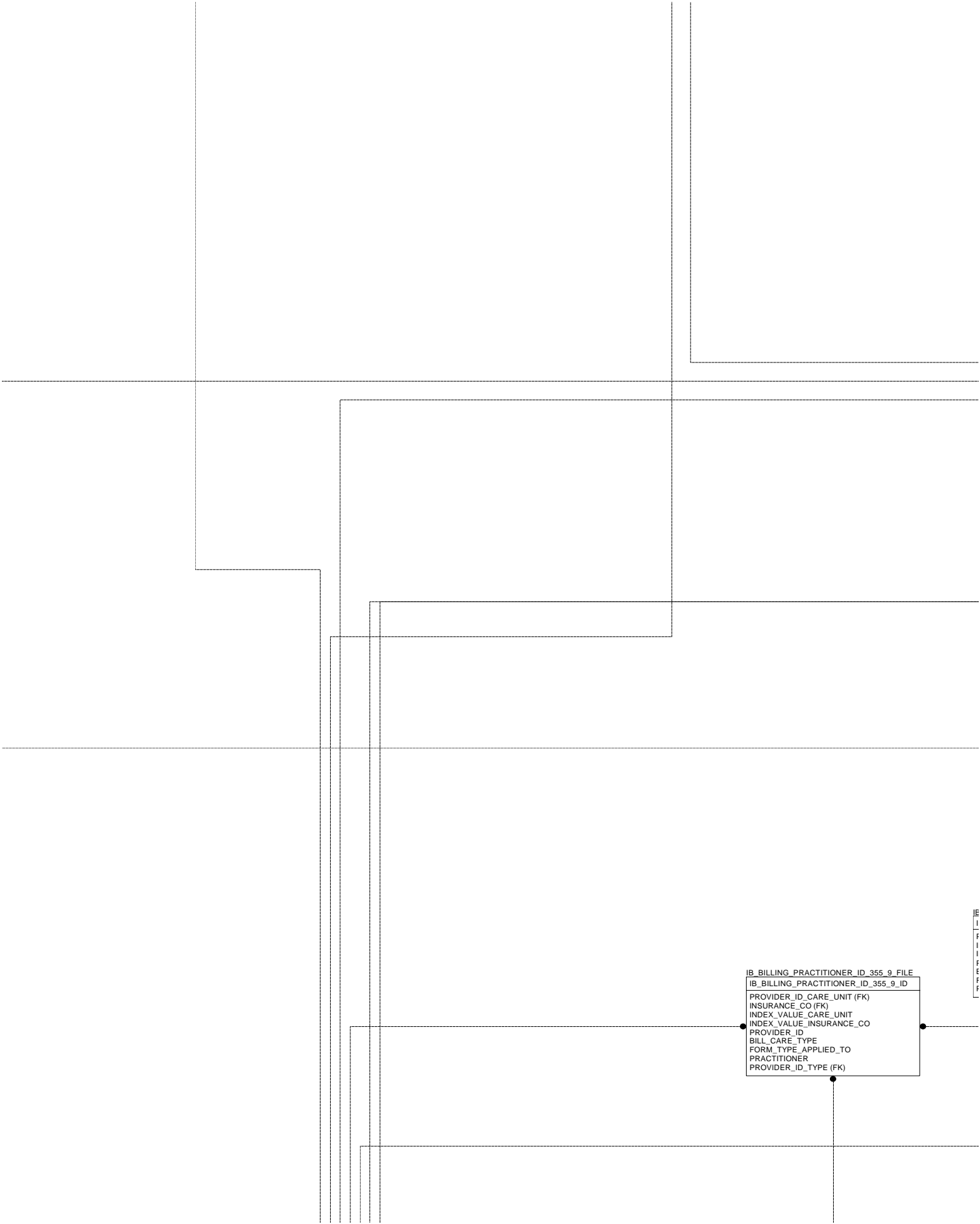
CONDITION_CODE_ID
BILL_CLAIMS_399 (FK)
CONDITION_CODE (FK)



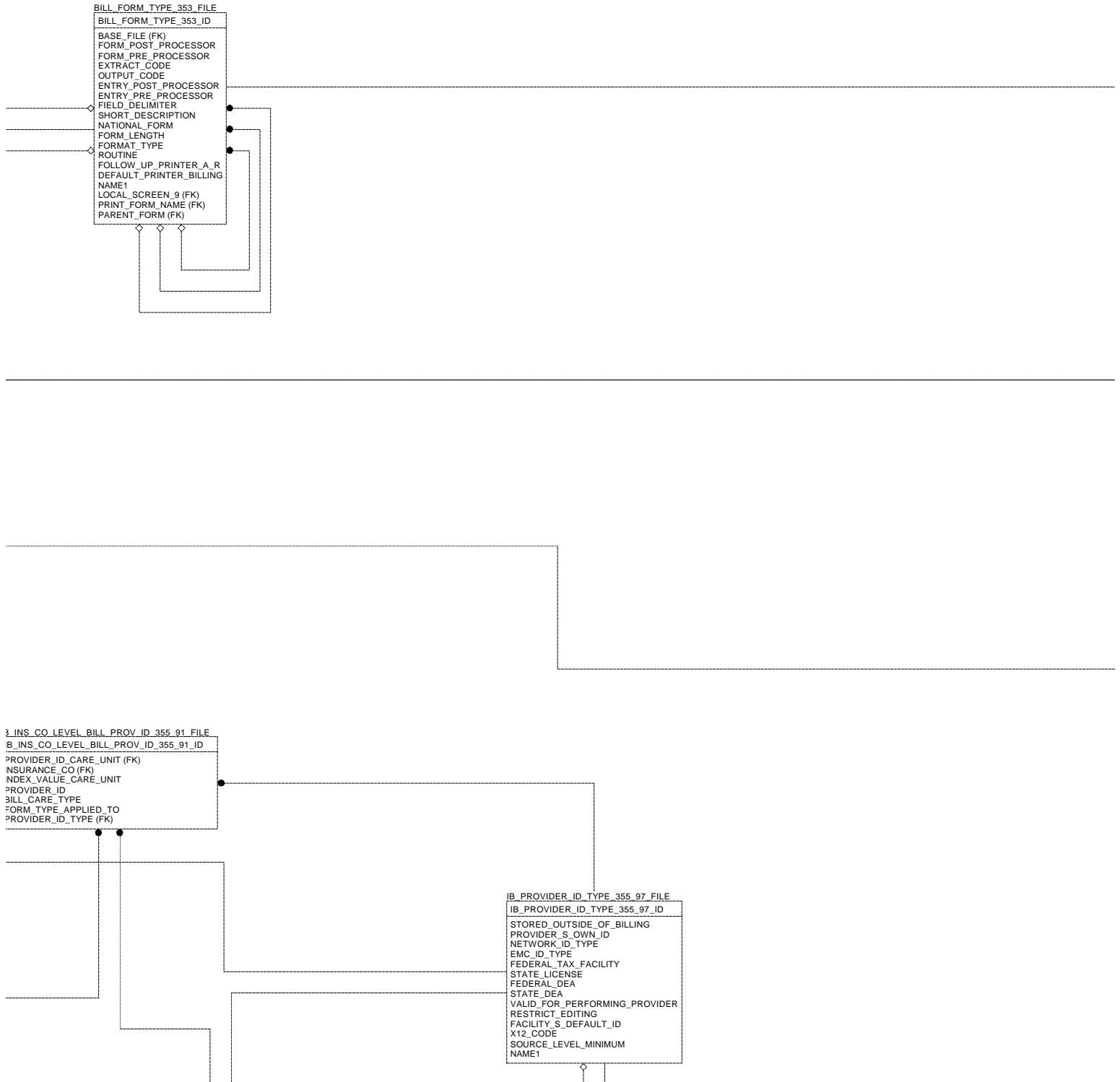


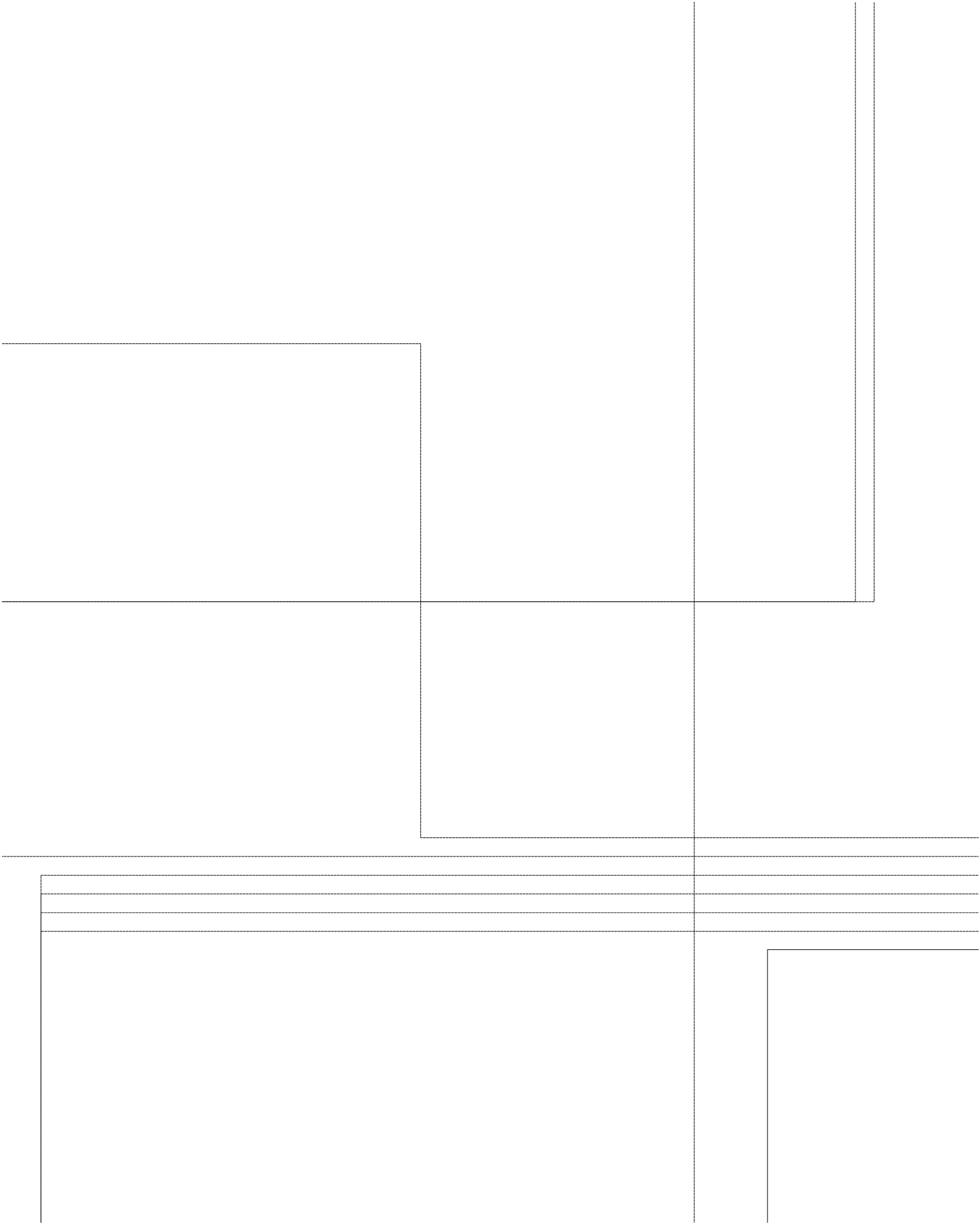


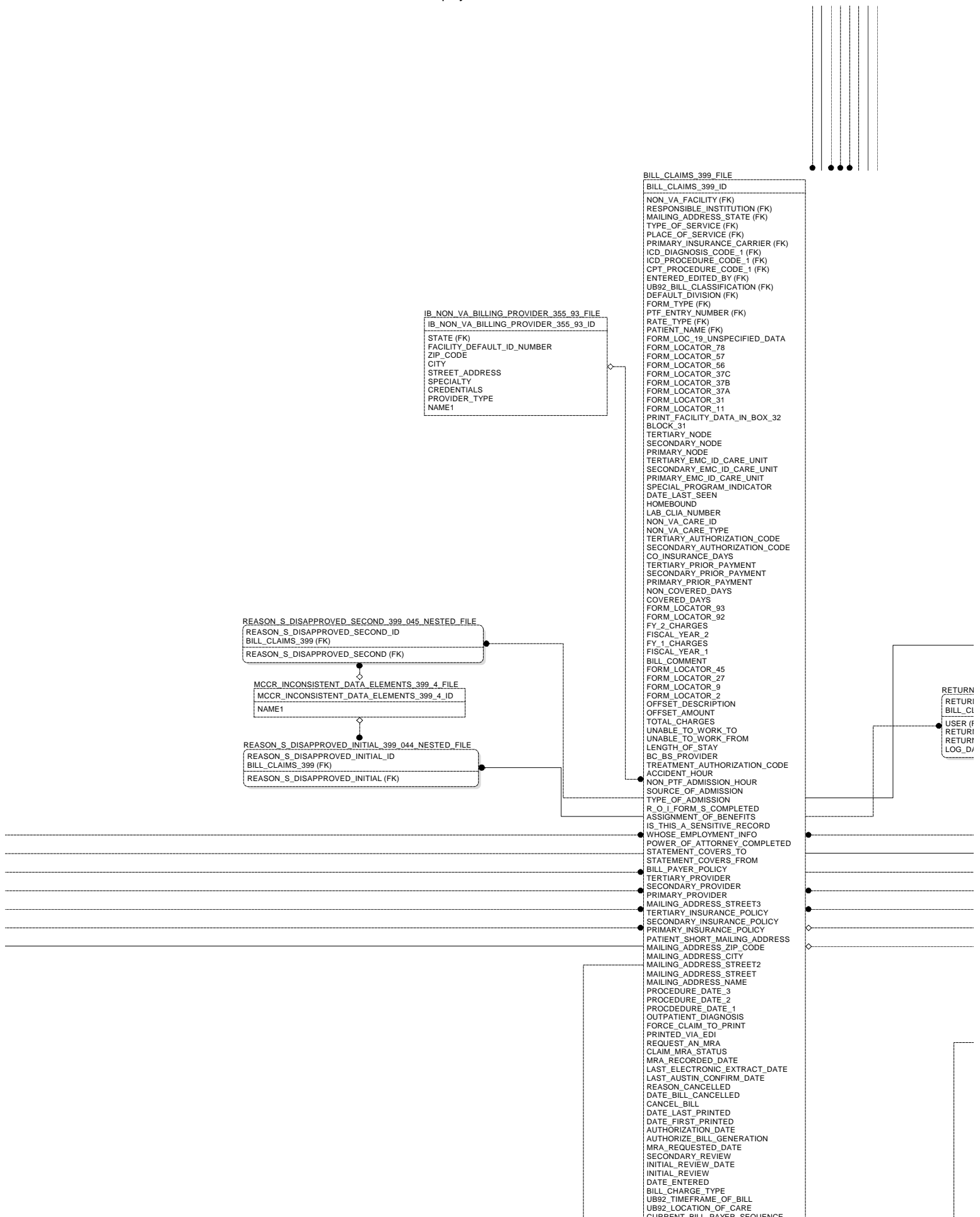




IB  
I  
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F  
F





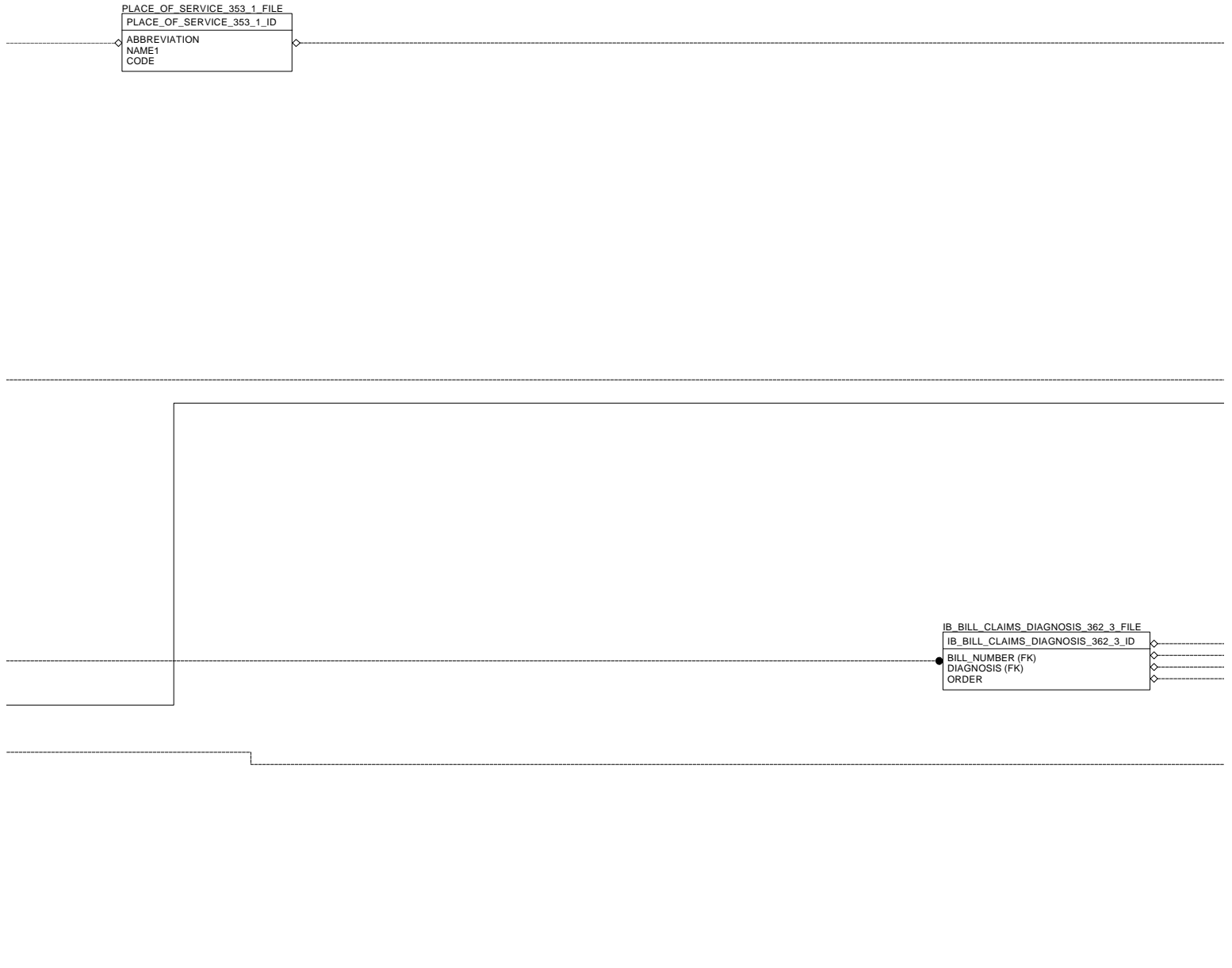


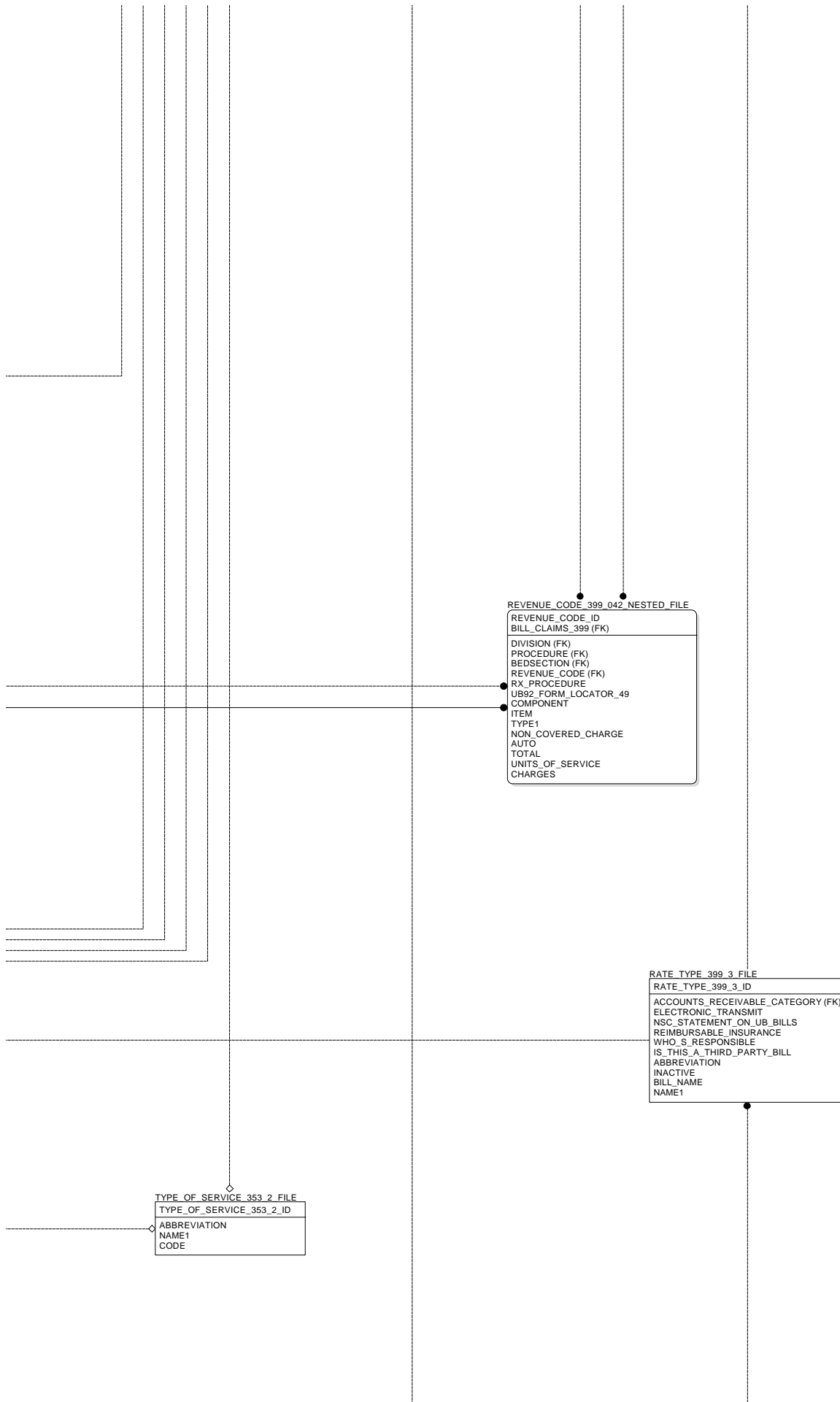
OP_VISITS_DATE_S_399_043_NESTED_FILE
OP_VISITS_DATE_S_ID
BILL_CLAIMS_399 (FK)

IED_LOG_DATE_TIME_399_046_NESTED_FILE
NED_LOG_DATE_TIME_ID
LAIMS_399 (FK)
FK)
N_TO_A_R
NED_COMMENTS
ATE_TIME

IB_AUTOMATED_BILLING_COMMENTS_362_1_FILE
IB_AUTOMATED_BILLING_COMMENTS_362_1_ID
BILL_NUMBER (FK)
CLAIMS_TRACKING_ID (FK)
DATE_ENTERED
NUMBER

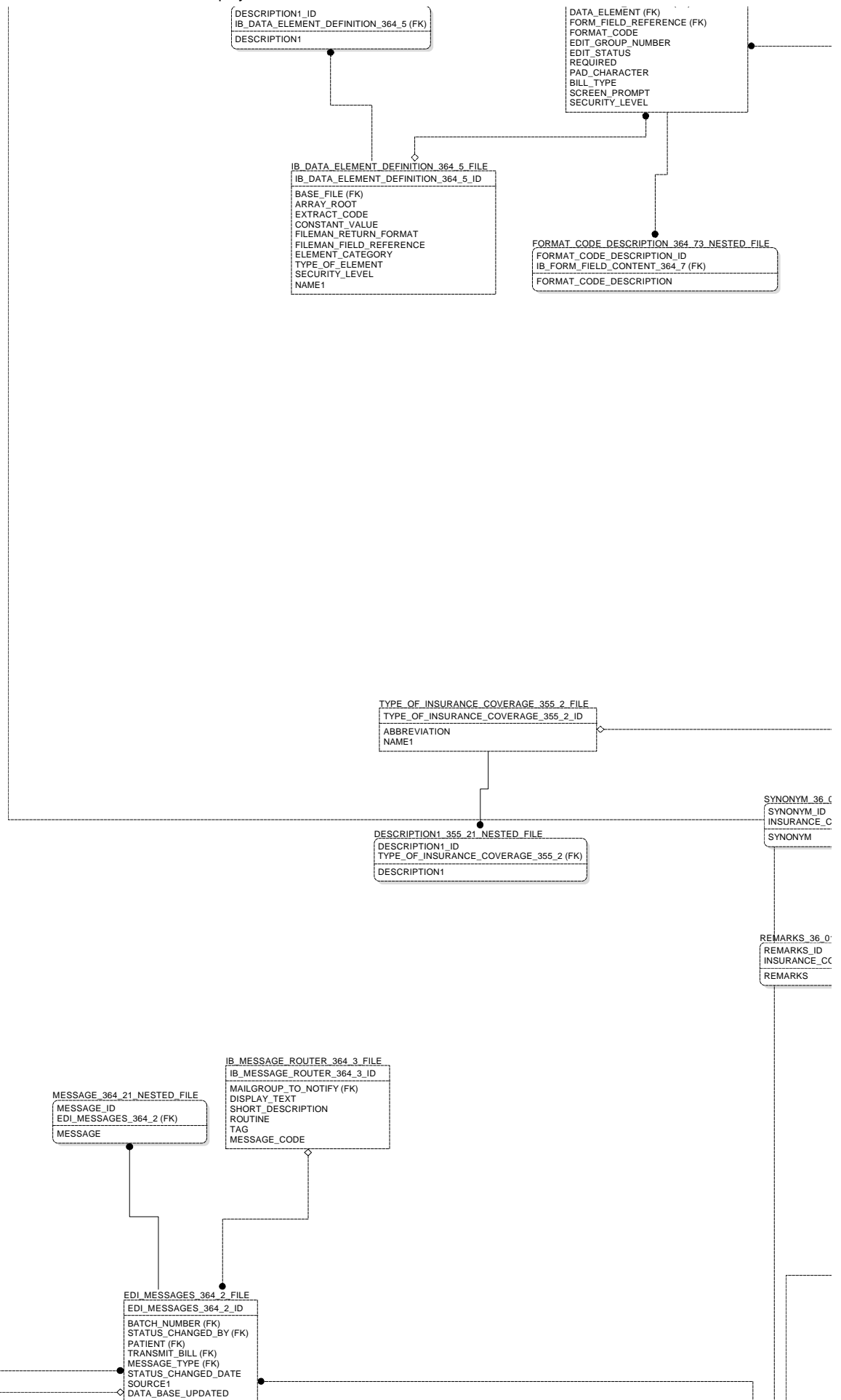
COMMENTS_362_111_NESTED_FILE
COMMENTS_ID
IB_AUTOMATED_BILLING_COMMENTS_362_1 (FK)
COMMENTS

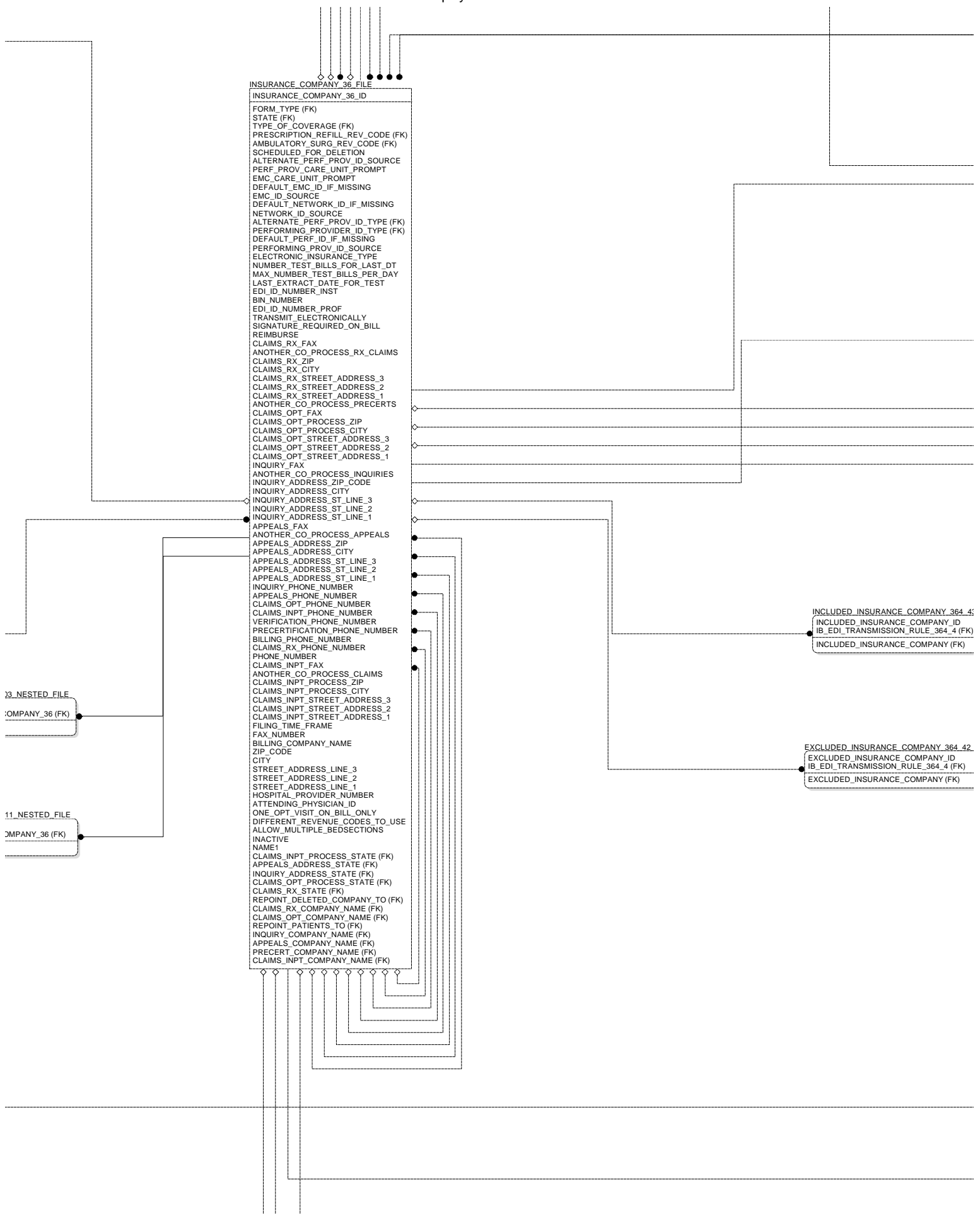


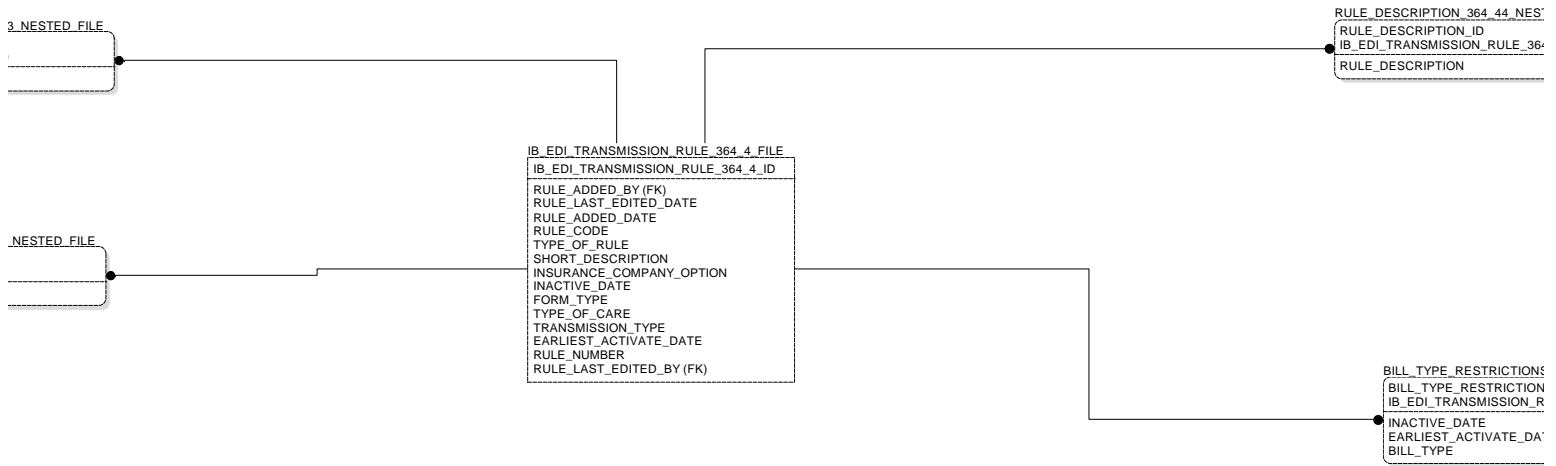
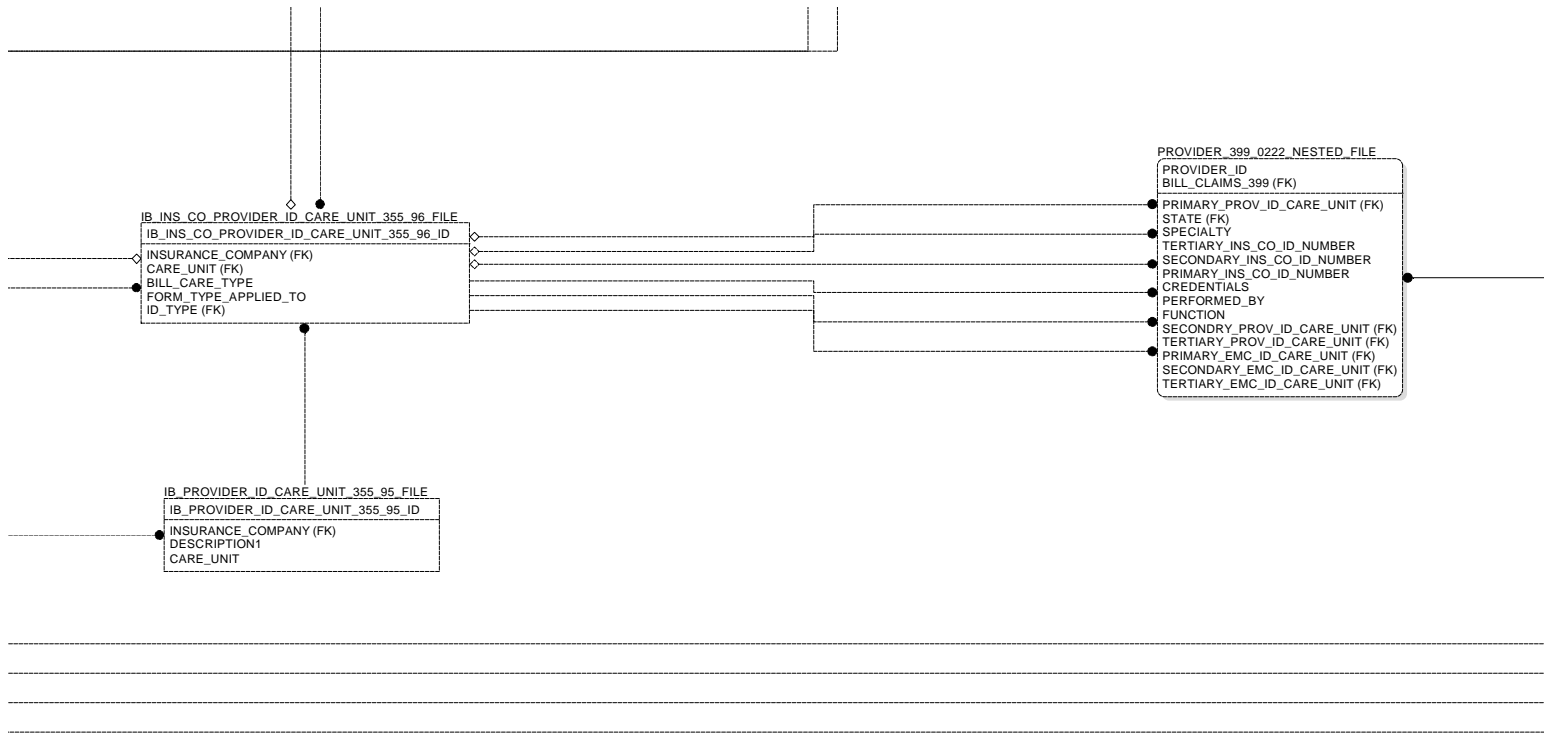


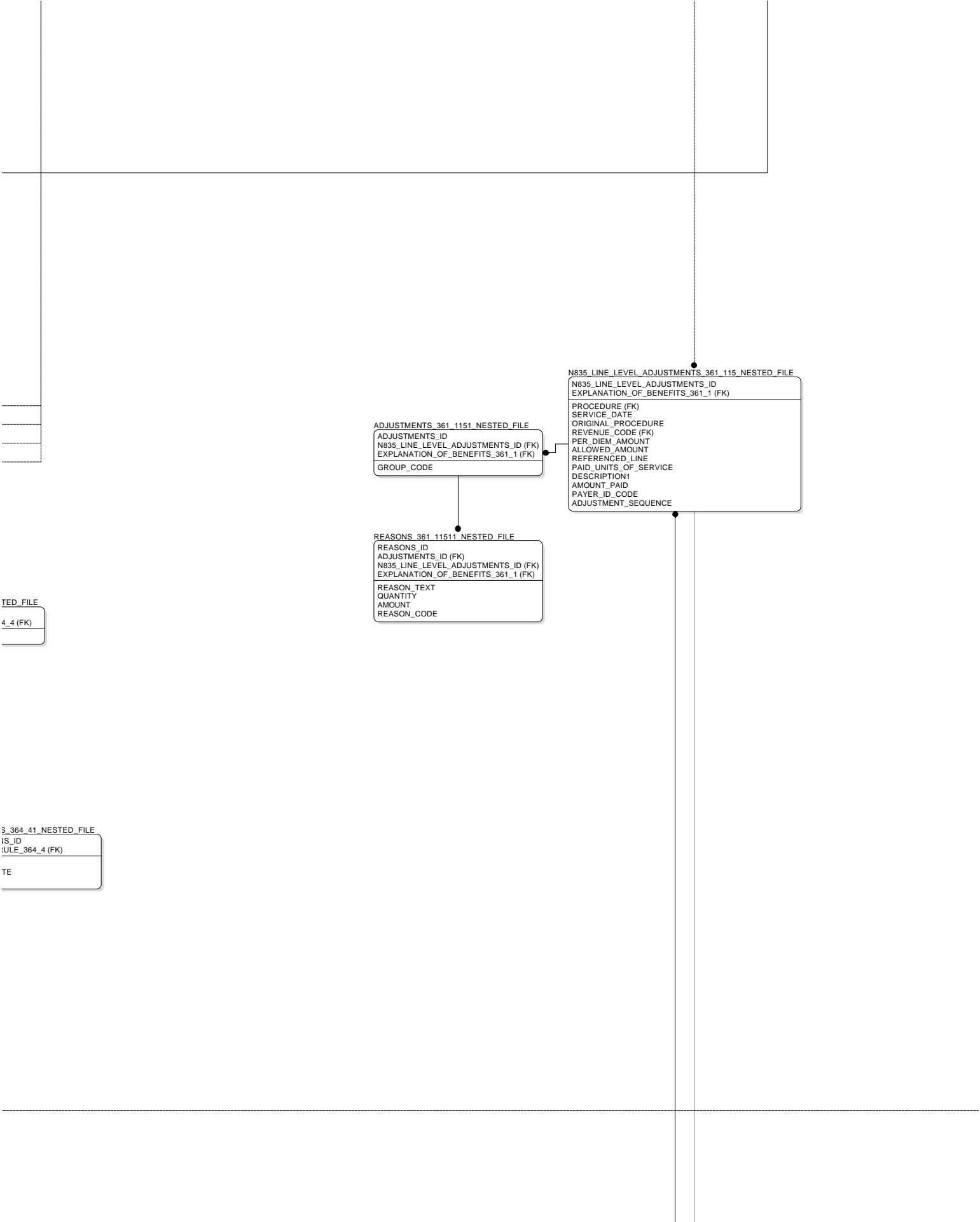


# IB -- Display1 / sans Non IB files











IB_BILL_CLAIMS_PRESCRIPTION_REFILL_362_4_FILE	
IB_BILL_CLAIMS_PRESCRIPTION_REFILL_362_4_ID	
RECORD (FK)	
DRUG (FK)	
BILL_NUMBER (FK)	
FORMAT_OF_NDC	
NDC	
QTY	
DAYS_SUPPLY	
DATE1	
RX	

PRESCRIPTION_52_FILE	
PRESCRIPTION_52_ID	

CHAMPUS_PHARMACY_REJECTS_351_52
CHAMPUS_PHARMACY_REJECTS_351_52
ORIGINAL_TRANSACTION (FK)
REJECTION_ERROR_CODES
REJECTION_DATE
PRESCRIPTION

CHAMPUS_PHARMACY_TRANSACTIONS_35
CHAMPUS_PHARMACY_TRANSACTIONS_3
REVERSED_BY (FK)
FISCAL_INTERMEDIARY_CLAIM (FK)
COPAYMENT_CHARGE (FK)
PATIENT (FK)
ADDITIONAL_MESSAGE_INFORMATION
DUR_RESPONSE_DATA
REVERSAL_ERROR_CODES
REVERSAL_AUTH_NUMBER
ERROR_CODES
AMOUNT_ATTRIB_TO_SALES_TAX
BASIS_OF_REIMB_DETERMINATION
INCENTIVE_FEE_PAID
AMT_EXCEEDING_PERIODIC_MAX_BEN
AMT_ATTRIB_TO_PROD_SEL
AMT_COPY_COINSURANCE
ATM_APPL_TO_PER_DEDUCTIBLE
REMAINING_BENEFIT_AMOUNT
REMAINING_DEDUCTIBLE_AMOUNT
ACCUMULATED_DEDUCTIBLE_AMOUNT
MESSAGE
AUTHORIZATION_NUMBER
TOTAL_AMOUNT_PAID
SALES_TAX_PAID
CONTRACT_FEE_PAID
INGREDIENT_COST_PAID
COPAY
TRANSACTION_DATE
QUANTITY
AMOUNT_TRANSMITTED
NDC
CARD_HOLDER_SSN
PRESCRIPTION

ID

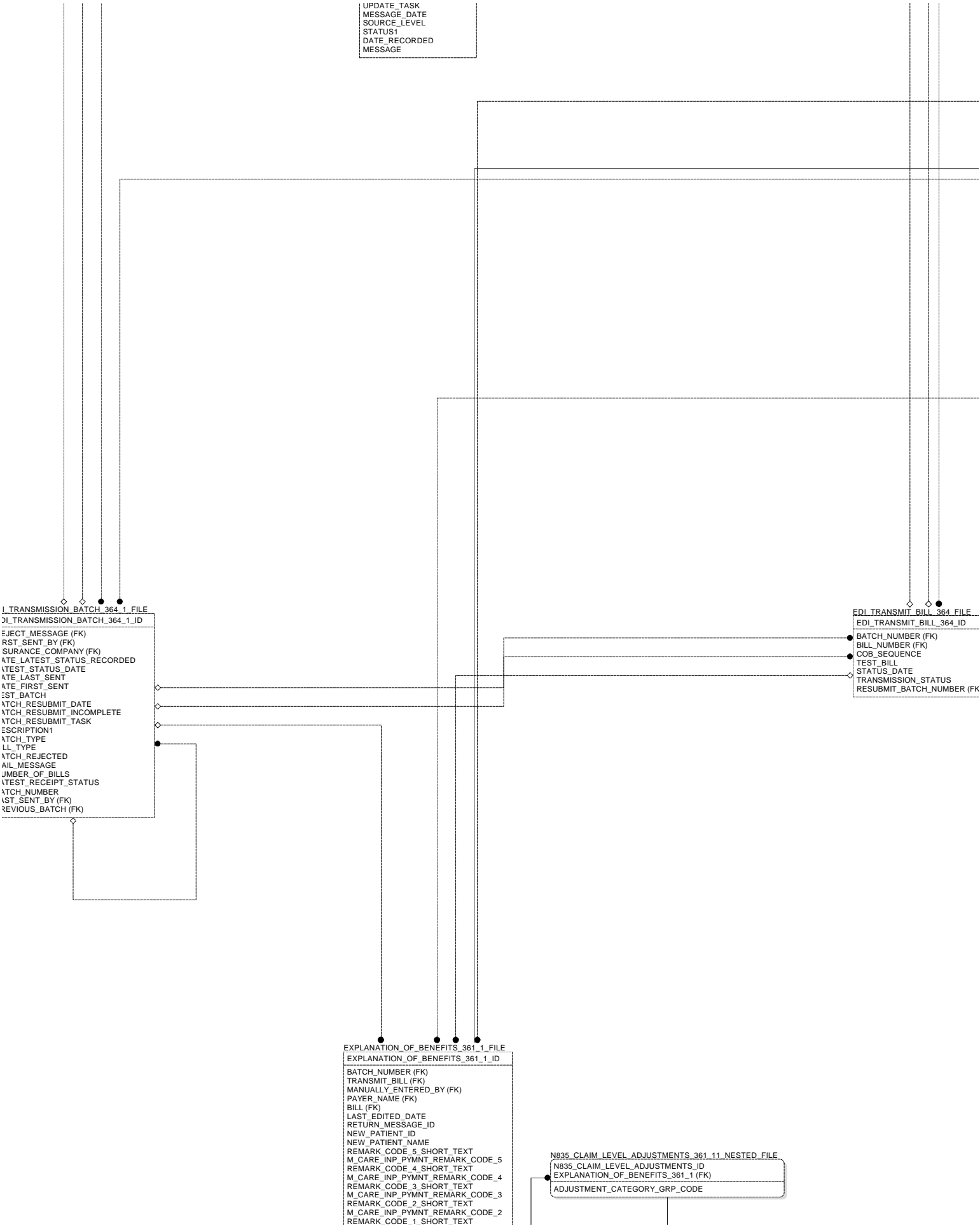
51\_5\_FILE  
51\_5\_ID

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51\_5\_ID

OUTPATIENT\_ENCOUNTER\_409\_68\_ID

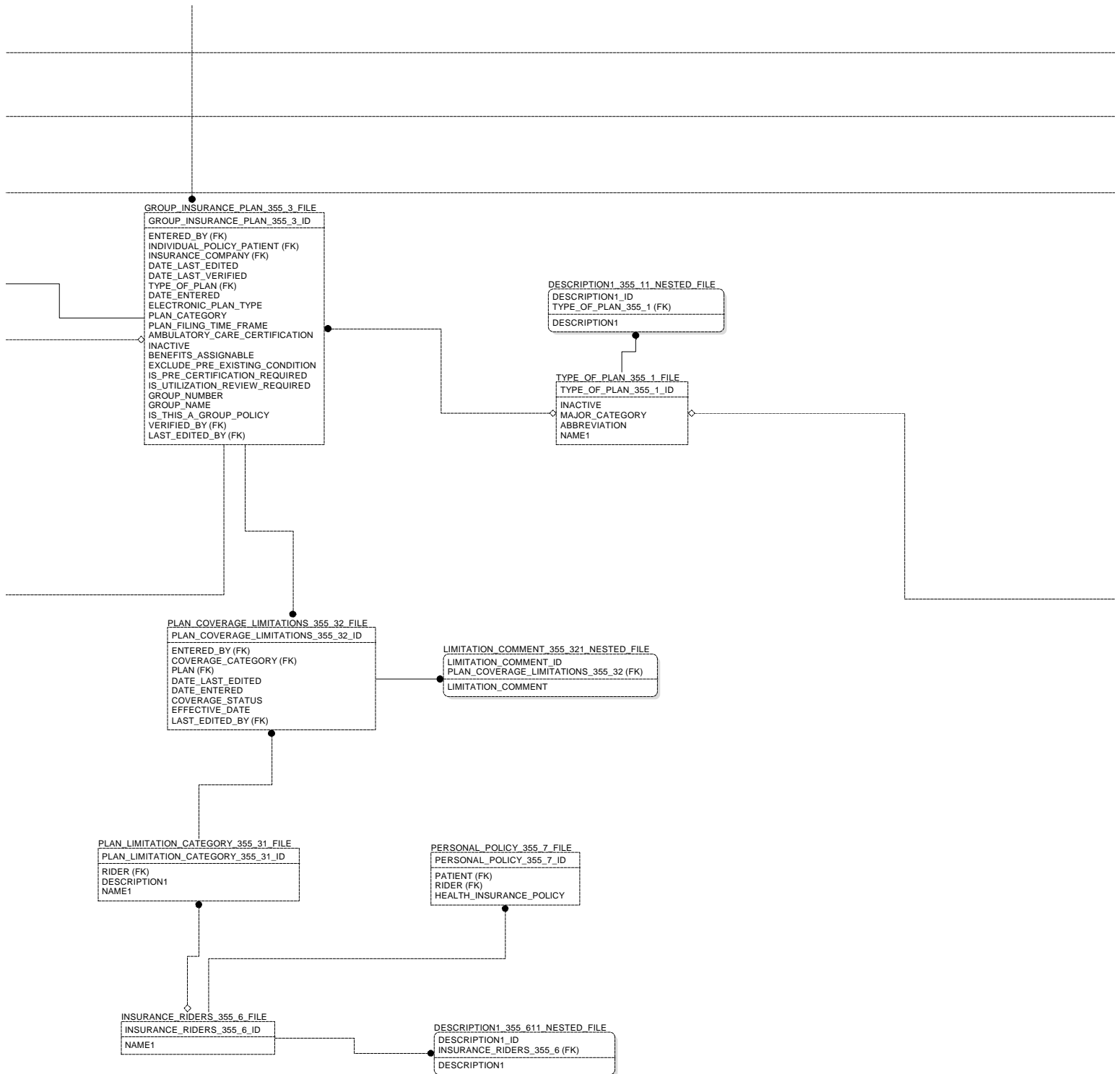




COMMENTS_355_311_NESTED_FILE
COMMENTS_ID
GROUP_INSURANCE_PLAN_355_3 (FK)
COMMENTS

ANNUAL_BENEFITS_355_4_FILE
ANNUAL_BENEFITS_355_4_ID
ENTERED_BY (FK)
HEALTH_INSURANCE_POLICY (FK)
MH_INPT_MAX_DAYS_PER_YEAR
MENTAL_HEALTH_INPATIENT
NURSING_HOME
DRUG_ALCOHOL_ANNUAL_MAX
DRUG_ALCOHOL_LIFETIME_MAX
MH_ANNUAL_INPATIENT_MAXIMUM
MH_LIFETIME_INPATIENT_MAXIMUM
INPATIENT_ANNUAL_MAXIMUM
INPATIENT_LIFETIME_MAXIMUM
PER_ADMISSION_Deductible
ANNUAL_Deductible_INPATIENT
IV_ANTIBIOTICS_INPT
IV_ANTIBIOTICS_OPT
IV_INFUSION_INPT
IV_INFUSION_OPT
OTHER_INPATIENT_CHARGES
ROOM_AND_BOARD
HOSPICE_INPT_LIFETIME_MAX
HOSPICE_INPATIENT_ANNUAL_MAX
HOSPICE_ANNUAL_Deductible
MEDICATION_COUNSELING_VISITS
SPEECH_THERAPY_VISITS
PHYSICAL_THERAPY_VISITS
OCCUPATIONAL_THERAPY_VISITS
HOME_HEALTH_Visit_DEFINITION
HOME_HEALTH_MED_EQUIPMENT
HOME_HEALTH_MAX_DAYS_PER_YEAR
HOME_HEALTH_VISITS_PER_YEAR
HOME_HEALTH_CARE_LEVEL
ADULT_DAY_HEALTH_CARE
OUTPATIENT_VISITS_PER_YEAR
MH_OPT_MAX_DAYS_PER_YEAR
OUTPATIENT_SURGERY
PRESCRIPTION
MENTAL_HEALTH_OUTPATIENT
EMERGENCY_OUTPATIENT
OUTPATIENT_Visit
DENTAL_COVERAGE_OR
DENTAL_COVERAGE_TYPE
MH_ANNUAL_OUTPATIENT_MAX
MH_LIFETIME_OUTPATIENT_MAX
OUTPATIENT_ANNUAL_MAXIMUM
OUTPATIENT_LIFETIME_MAXIMUM
PER_Visit_Deductible
ANNUAL_Deductible_OPT
CONTACT_S_PHONE_NUMBER
COMMENTS
PERSON_CONTACTED
DATE_LAST_EDITED
DATE_LAST_VERIFIED
DATE_ENTERED
AMBULANCE_COVERAGE
MAX_OUT_OF_POCKET
BENEFIT_YEAR_BEGINNING_ON
VERIFIED_BY (FK)
LAST_EDIT_BY (FK)

INSURANCE_CLAIMS_YEAR_TO_DATE_355_5_FILE
INSURANCE_CLAIMS_YEAR_TO_DATE_355_5_ID
ENTERED_BY (FK)
PATIENT (FK)
POLICY (FK)
CONTACT_S_PHONE_NUMBER
COMMENT_CLAIMS_FILED
PERSON_CONTACTED
DATE_LAST_EDITED
DATE_LAST_VERIFIED
DATE_ENTERED
AMT_MH_LIFET_MAX_USED_OPT
AMT_LIFETIME_MAX_USED_INPT
AMT_MH_LIFET_MAX_USED_INPT
PATIENT_POLICY_POINTER
COORDINATION_OF_BENEFITS_DATA
PRE_EXISTING_CONDITIONS
AMOUNT_OF_MH_OPT_DED_MET
MH_Deductible_OPT_MET
AMOUNT_OF_MH_INP_DED_MET
MH_Deductible_INP_MET
AMT_LIFETIME_MAX_USED_OPT
AMOUNT_OF_Deductible_OPT_MET
Deductible_OPT_MET
AMOUNT_OF_Deductible_INP_MET
Deductible_INPT_MET
AMOUNT_OF_Deductible_MET
Deductible_MET
BENEFIT_YEAR_BEGINNING_ON
VERIFIED_BY (FK)
EDITED_BY (FK)



INSURANCE\_BUFFER\_355\_33\_FILE  
 INSURANCE\_BUFFER\_355\_33\_ID  
 PATIENT\_NAME (FK)  
 STATE (FK)  
 ENTERED\_BY (FK)  
 EMPLOYER\_CLAIMS\_PHONE\_NUMBER  
 TYPE\_OF\_PLAN (FK)  
 EMPLOYER\_CLAIMS\_ZIP\_CODE  
 EMPLOYER\_CLAIMS\_CITY  
 EMPLOYER\_CLAIMS\_STREET\_LINE\_3  
 EMPLOYER\_CLAIMS\_STREET\_LINE\_2  
 EMPLOYER\_CLAIMS\_STREET\_LINE\_1  
 SEND\_BILL\_TO\_EMPLOYER  
 RETIREMENT\_DATE  
 EMPLOYMENT\_STATUS  
 SPONSORING\_EMPLOYER\_NAME  
 ESGHP  
 COORDINATION\_OF\_BENEFITS  
 PRIMARY\_PROVIDER\_PHONE  
 PRIMARY\_CARE\_PROVIDER  
 INSURED\_S\_SSN  
 INSURED\_S\_DOB  
 NAME\_OF\_INSURED  
 PT\_RELATIONSHIP\_TO\_INSURED  
 WHOSE\_INSURANCE  
 SUBSCRIBER\_ID  
 EXPIRATION\_DATE  
 EFFECTIVE\_DATE  
 BENEFITS\_ASSIGNING  
 EXCLUDE\_PREEXISTING\_CONDITION  
 AMBULATORY\_CARE\_CERTIFICATION  
 PRECERTIFICATION\_REQUIRED  
 UTILIZATION\_REVIEW\_REQUIRED  
 GROUP\_NUMBER  
 GROUP\_NAME  
 IS\_THIS\_A\_GROUP\_POLICY  
 ZIP\_CODE  
 CITY  
 STREET\_ADDRESS\_LINE\_3  
 STREET\_ADDRESS\_LINE\_2  
 STREET\_ADDRESS\_LINE\_1  
 REIMBURSE  
 PRECERTIFICATION\_PHONE\_NUMBER  
 BILLING\_PHONE\_NUMBER  
 PHONE\_NUMBER  
 INSURANCE\_COMPANY\_NAME  
 DATE\_VERIFIED  
 NEW\_POLICY  
 NEW\_GROUP\_PLAN  
 NEW\_COMPANY  
 DATE\_PROCESSED  
 STATUS1  
 SOURCE\_OF\_INFORMATION  
 DATE\_ENTERED  
 PROCESSED\_BY (FK)  
 VERIFIED\_BY (FK)  
 EMPLOYER\_CLAIMS\_STATE (FK)

INSURANCE\_REVIEW\_356\_2\_FILE  
 INSURANCE\_REVIEW\_356\_2\_ID  
 ENTERED\_BY (FK)  
 DIAGNOSIS\_AUTHORIZED (FK)  
 INSURANCE\_COMPANY\_CONTACTED (FK)  
 ACTION (FK)  
 PATIENT (FK)  
 RELATED\_REVIEW (FK)  
 TRACKING\_ID (FK)  
 TYPE\_OF\_CONTACT (FK)  
 AUTHORIZE\_ENTIRE\_ADMISSION  
 DENY\_ENTIRE\_ADMISSION  
 HEALTH\_INSURANCE\_POLICY  
 DATE\_LAST\_EDITED  
 DATE\_ENTERED  
 FINAL\_OUTCOME\_OF\_APPEAL  
 AUTHORIZATION\_NUMBER  
 TREATMENT\_AUTHORIZED  
 OUTPATIENT\_TREATMENT  
 NUMBER\_OF\_DAYS\_PENDING\_APPEAL  
 NEXT\_REVIEW\_DATE  
 TYPE\_OF\_APPEAL  
 FOLLOW\_UP\_WITH\_APPEAL  
 NO\_COVERAGE  
 CASE\_PENDING  
 REVIEW\_STATUS  
 METHOD\_OF\_CONTACT  
 DATES\_OF\_DENIAL\_TO  
 DATES\_OF\_DENIAL\_FROM  
 CARE\_AUTHORIZED\_TO  
 CARE\_AUTHORIZED\_FROM  
 APPEAL\_STATUS  
 CALL\_REFERENCE\_NUMBER  
 CONTACT\_PHONE  
 PERSON\_CONTACTED  
 REVIEW\_DATE  
 LAST\_EDITED\_BY (FK)  
 PARENT\_REVIEW (FK)

CLAIMS\_TRACKING\_ACTION\_356\_7\_FILE  
 CLAIMS\_TRACKING\_ACTION\_356\_7\_ID  
 CODE  
 NAME1

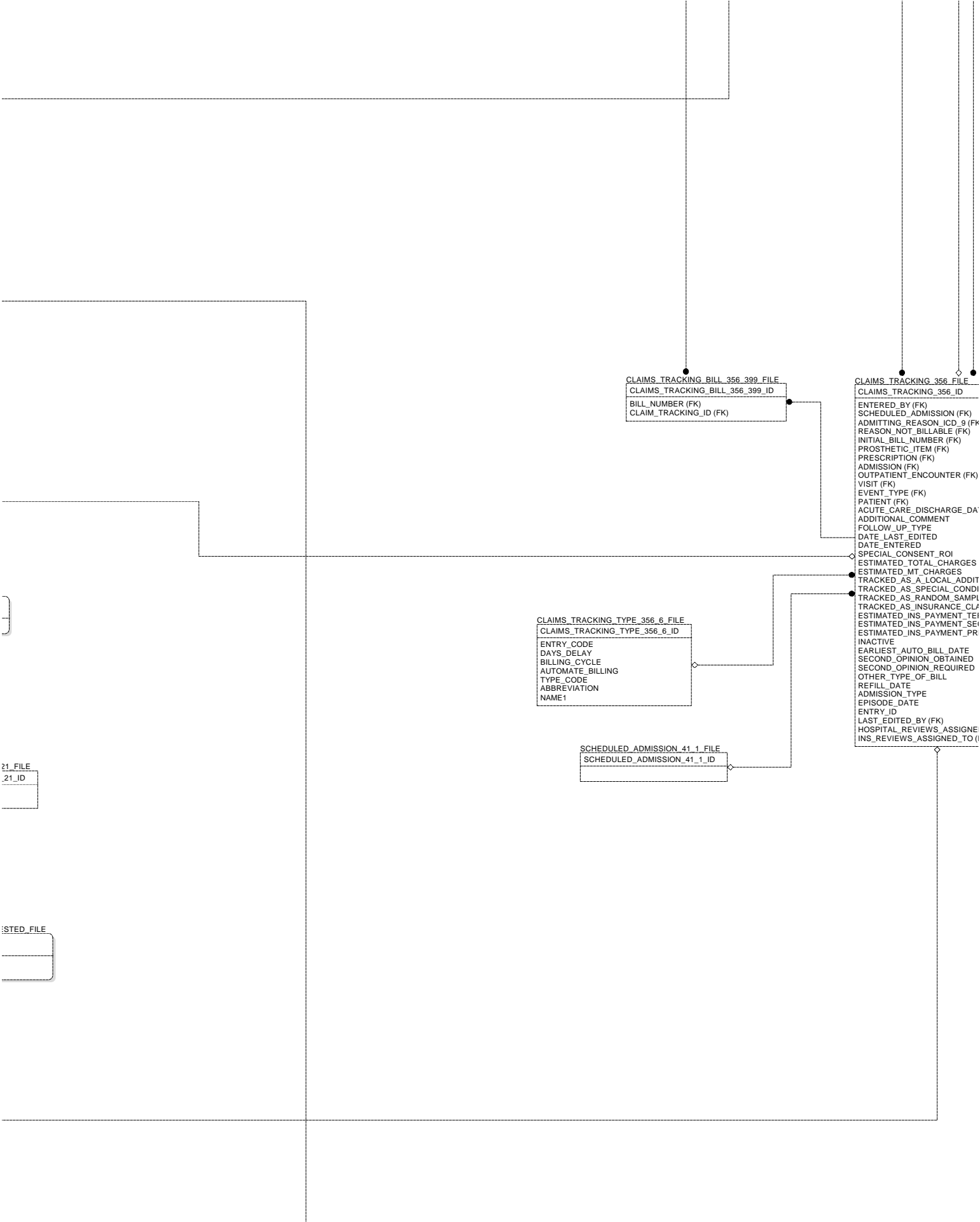
COMMENTS\_356\_211\_NESTED\_FILE  
 COMMENTS\_ID  
 INSURANCE\_REVIEW\_356\_2 (FK)  
 COMMENTS

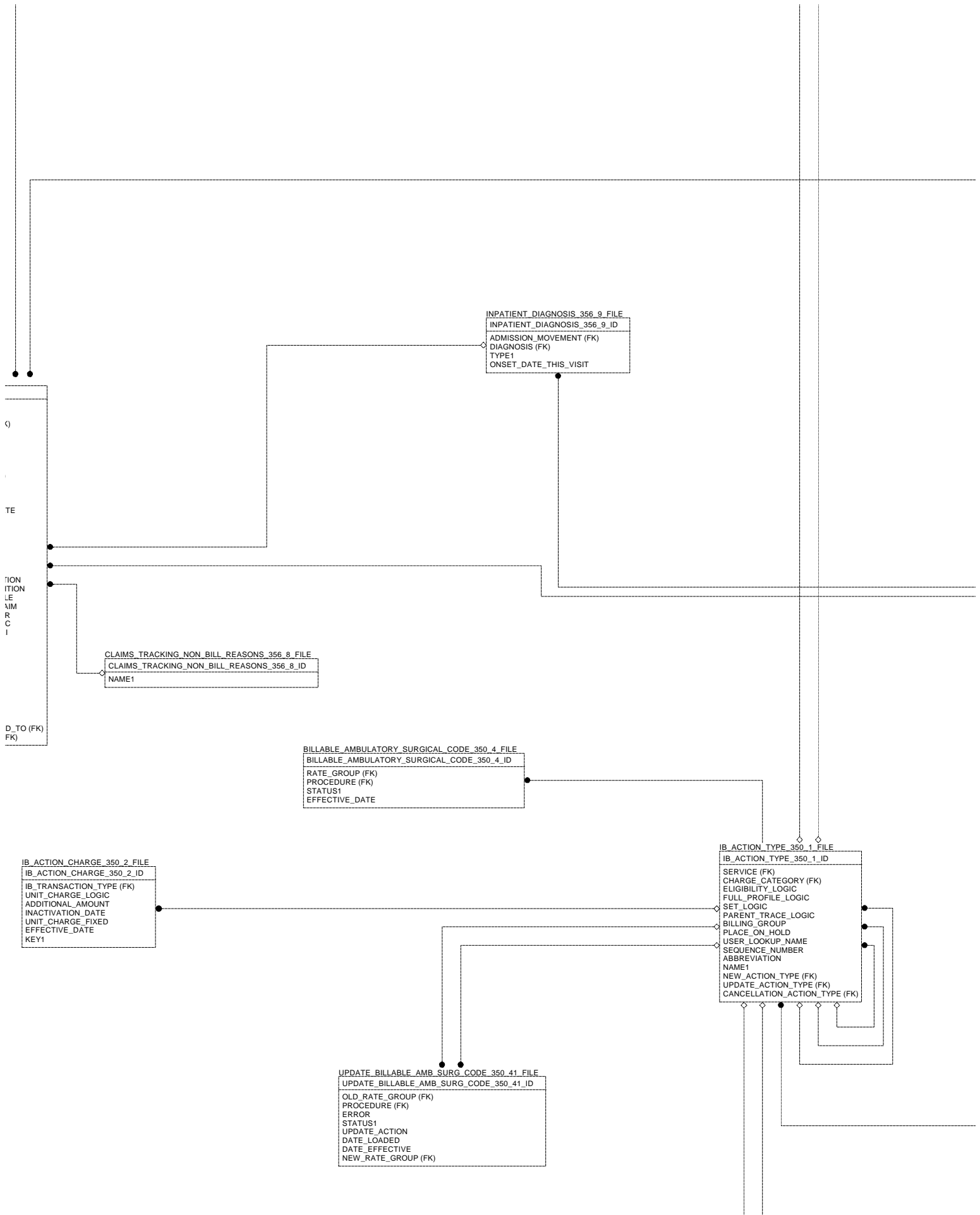
REASONS\_FOR\_DENIAL\_356\_212\_NESTED\_FILE  
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 INSURANCE\_REVIEW\_356\_2 (FK)  
 REASONS\_FOR\_DENIAL (FK)

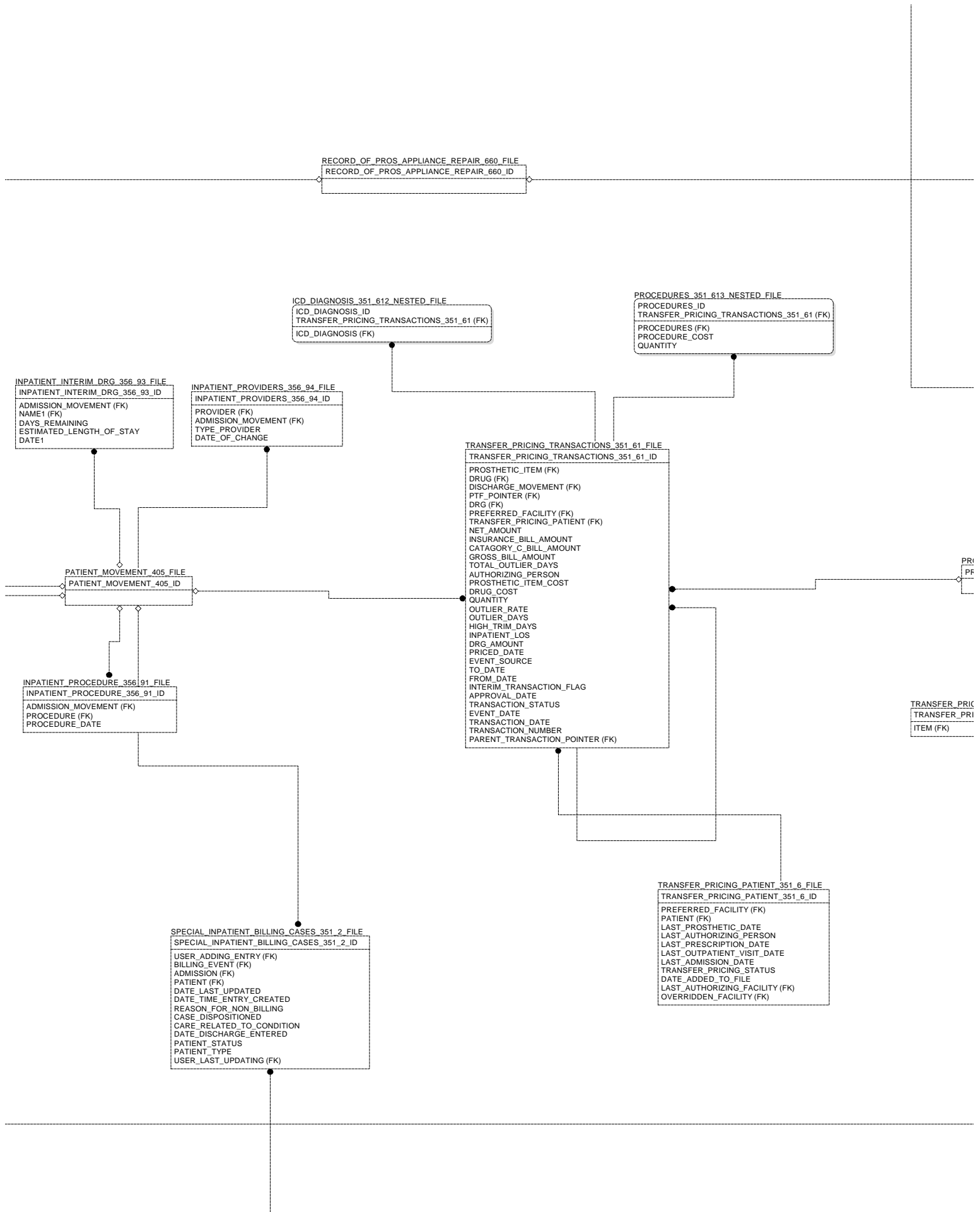
PENALTY\_356\_213\_NESTED\_FILE  
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 AMOUNT\_OF\_PENALTY  
 PENALTY

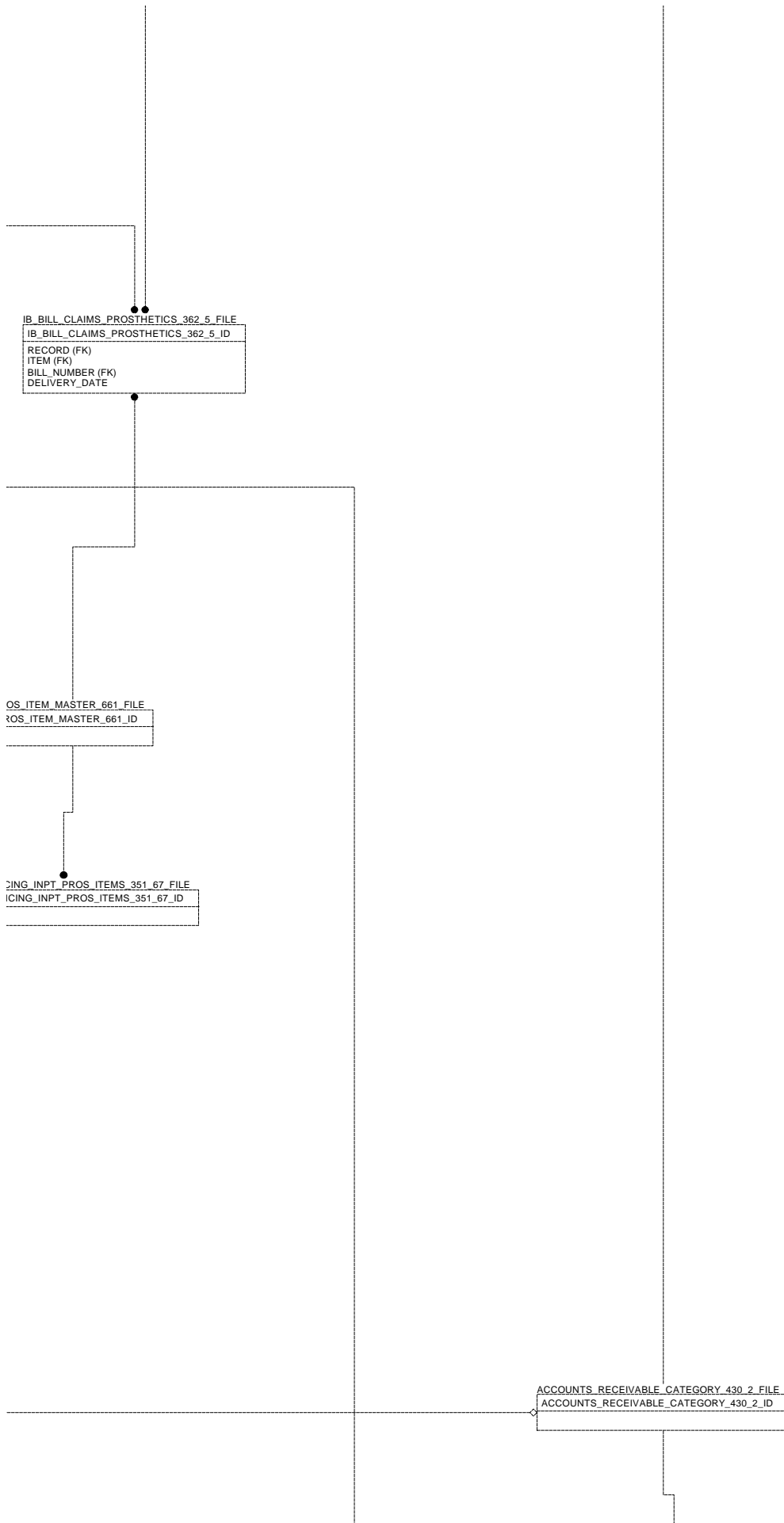
CLAIMS\_TRACKING\_DENIAL\_REASONS\_356\_2  
 CLAIMS\_TRACKING\_DENIAL\_REASONS\_356\_2\_ID  
 ABBREVIATION  
 NAME1

APPROVE\_ON\_APPEAL\_FROM\_356\_214\_NESTED\_FILE  
 APPROVE\_ON\_APPEAL\_FROM\_ID  
 INSURANCE\_REVIEW\_356\_2 (FK)  
 APPROVE\_ON\_APPEAL\_TO  
 APPROVE\_ON\_APPEAL\_FROM











# IB -- Display1 / sans Non IB files

M\_CARE\_INP\_PYMNT\_REMARK\_CODE\_1  
MEDICARE\_NON\_COVERED\_DAYS  
M\_CARE\_INP\_NON\_PAY\_PROF\_COMP  
M\_CARE\_INP\_INDIRECT\_TEACH\_AMT  
M\_CARE\_INP\_PPS\_CAP\_OUTLIER\_AMT  
M\_CARE\_INP\_PPS\_OP\_FED\_DRG\_AMT  
M\_CARE\_INP\_COST\_REPORT\_DAY\_CT  
M\_CARE\_INP\_PPS\_OP\_HOS\_DRG\_AMT  
M\_CARE\_INP\_PPS\_CAPITAL\_IME\_AMT  
M\_CARE\_INP\_OLD\_CAPITAL\_AMT  
M\_CARE\_INP\_PPS\_CAP\_DSH\_DRG\_AMT  
M\_CARE\_INP\_PPS\_CAP\_HSP\_DRG\_AMT  
M\_CARE\_INP\_PPS\_CAP\_FSP\_DRG\_AMT  
M\_CARE\_INP\_PPS\_CAPITAL\_AMT  
M\_CARE\_INP\_MSP\_PASS\_THRU\_AMT  
M\_CARE\_INP\_DISPROP\_SHARE\_AMT  
M\_CARE\_INP\_CAP\_EXCEPTION\_AMT  
M\_CARE\_INP\_CLAIM\_DRG\_AMT  
M\_CARE\_INP\_LIFETM\_PSYCH\_DY\_CT  
M\_CARE\_INP\_COV\_DAYS\_VISIT\_CT  
M\_CARE\_NON\_PAYABLE\_PROF\_COMP  
M\_CARE\_ESRD\_PAID\_AMT  
M\_CARE\_OUTP\_REMARKS\_CODE\_5  
M\_CARE\_OUTP\_REMARKS\_CODE\_4  
M\_CARE\_OUTP\_REMARKS\_CODE\_3  
M\_CARE\_OUTP\_REMARKS\_CODE\_2  
M\_CARE\_OUTP\_REMARKS\_CODE\_1  
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M\_CARE\_OUTP\_REIMBURS\_RATE  
NEGATIVE\_REIMBURSEMENT\_AMT  
TOTAL\_SUBMITTED\_CHARGES  
TOTAL\_ALLOWED\_AMT  
TOTAL\_BEFORE\_TAXES\_AMT  
TAX\_AMT  
INTEREST\_AMT  
PER\_DAY\_LIMIT\_AMT  
DISCOUNT\_AMT  
COVERED\_AMT  
PATIENT\_RESPONSIBILITY\_AMT  
PAYER\_PAID\_AMT  
FINAL\_REVIEW\_ACTION  
MANUAL\_ENTRY  
REVIEW\_STATUS  
INSURANCE\_SEQUENCE  
ICN  
CLAIM\_STATUS  
DISCHARGE\_FRACTION  
DRG\_WEIGHT\_USED  
DRG\_CODE\_USED  
CROSSED\_OVER\_ID  
CROSSED\_OVER\_NAME  
TRACE\_NUMBER  
EOB\_DATE\_TIME  
ENTRY\_DATE\_TIME  
EOB\_TYPE  
PAYER\_ID  
LAST\_EDITED\_BY (FK)

REASONS\_361\_111\_NESTED\_FILE  
REASONS\_ID  
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EXPLANATION\_OF\_BENEFITS\_361\_1 (FK)  
REASON\_TEXT  
QUANTITY  
AMOUNT  
REASON\_CODE

REVIEW\_DATE\_TIME\_361\_121\_NESTED\_FILE  
REVIEW\_DATE\_TIME\_ID  
EXPLANATION\_OF\_BENEFITS\_361\_1 (FK)  
REVIEWED\_BY (FK)  
REVIEW\_DATE\_TIME

COMMENTS\_361\_1211\_NESTED\_FILE  
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COMMENTS

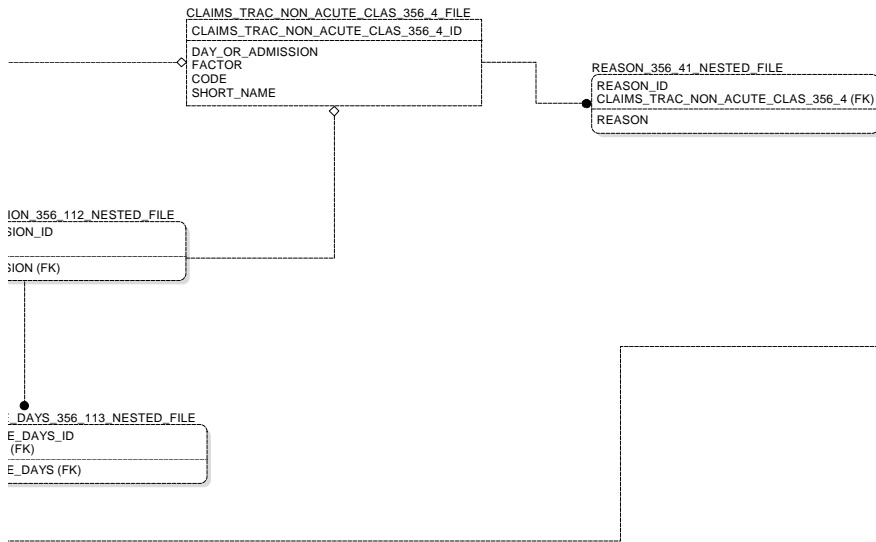
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UTILIZATION\_REVIEW\_COMMENTS

MESSAGE\_STORAGE\_ERRORS\_361\_12\_NESTED\_FILE  
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MESSAGE\_STORAGE\_ERRORS

ORIGINAL\_MODIFIERS\_361\_13\_NESTED\_FILE  
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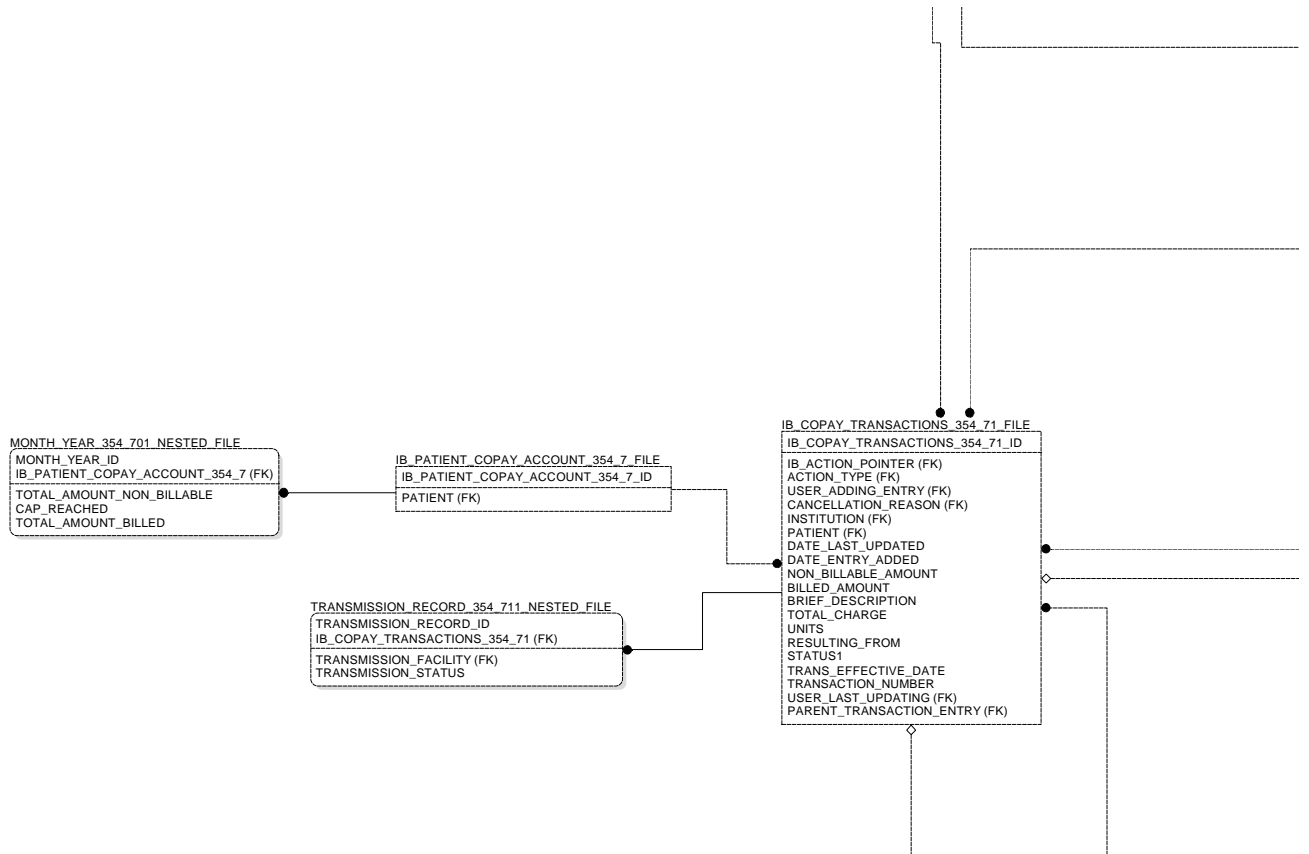


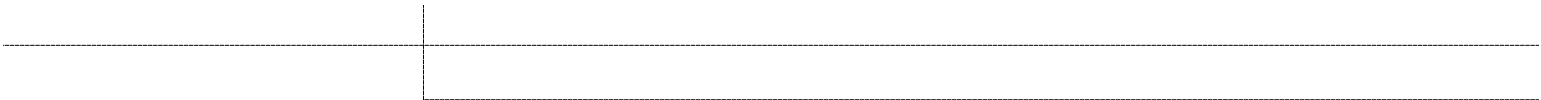
IB -- Display1 / sans Non IB files

CLAIMS_TRACKING_REVIEW_TYPE_356_11_FILE
CLAIMS_TRACKING_REVIEW_TYPE_356_11_ID
ABBREVIATION
CODE
NAME1

PROCEDURE_MODIFIERS_71_2_FILE
PROCEDURE_MODIFIERS_71_2_ID







IB_CHARGE_REMOVE_REASONS_350_3_FILE	
IB_CHARGE_REMOVE_REASONS_350_3_ID	
◇	LIMIT
ABBREVIATION	
NAME1	



IB_CLINIC_STOP_CODE_BILLABLE_TYPES_352_5_F	
IB_CLINIC_STOP_CODE_BILLABLE_TYPES_352_5_ID	
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EFFECTIVE_DATE	
CLINIC_STOP_CODE	



IB_ACTION_STATUS_350_21_FILE	
IB_ACTION_STATUS_350_21_ID	
ON_HOLD	
CANCELLED	
PASSED_TO_AR	
ABBREVIATION	
PRINT_NAME	
STATUS1	



IB -- Display1 / sans Non IB files

