REPORT - AFRSc to HIPAA

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
AFRS-screen-E	AGENCY	PIC X(4).	820	150	N 104	Premium Payer Identifier	AN80	S
	AGENCY	PIC X(4).	820	150	RMR02	Contract, Invoice, Account, Group, or Policy Number	AN30	R
	ALLCCODE	PIC X(4).						
	AMT	PIC 9(11)V99.	820	150	RMR04	Detail Premium Payment Amount	R18	R
	AMT	PIC 9(11)V99.	820	150	RMR05	Billed Premium Amount	R18	S
	AMT	PIC 9(11)V99.	820	150	RMR04	Detail Premium Payment Amount	R18	R
	AMT	PIC 9(11)V99.	820	150	RMR05	Billed Premium Amount	R18	S
	AMT	PIC 9(11)V99.	835	010	CLP03	Total Claim Charge Amount	R18	R
	AMT	PIC 9(11)V99.	835	010	CLP04	Claim Payment Amount	R18	R
	APPINX	PIC X(3).						
	BDGUNIT	PIC X(3).						
	BFUND	PIC X(3).						
	CASMSG	PIC X(8).						
	CNTY	PIC X(3).						
	CURRDOC	PIC X(8).						
	CURRSUFF	PIC X(2).						
	CYTWN	PIC X(4).						

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
AFRS-screen-E	DOC-MMDDYY .	PIC X(6).	835	050	DTM02	Claim Date	DT8	R
	FILLER	PIC X(12).						
	FUNCTION	PIC X.						
	FUND	PIC X(3).						
	GENLED	PIC X(4).						
	HDR-BDATE-MMDDYY	PIC X(6).						
	HDR-BDUP	PIC X.						
	HDR-BIENN	PIC X(2).						
	HDR-BNUM	PIC X(3).						
	HDR-DUEDATE-MMDDYY	PIC X(6).						
	HDR-FISMO	PIC X(2).						
	HDR-ORG	PIC X(4).						
	HDR-TYPE	PIC X(2).						
	INVNO	PIC X(12).	820	150	RMR02	Insurance Remittance Reference Number	AN30	R
	INX	PIC X(4).						
	MESSAGE	PIC X(78).						
	MJRGP	PIC X(2).						
	MJRSOU	PIC X(2).						
	MNTH	PIC X(2).						
	MNTHSERV-YYMM .	PIC 9(4).						

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
AFRS-screen-E	MOD	PIC X.						
	MSTRINDX	PIC X(8).						
	ORG2	PIC X(4).						
	PCA	PIC X(5).						
	PRJPHS	PIC X(2).						
	PROJ	PIC X(4).						
	REFDOC	PIC X(8).						
	REFSUFF	PIC X(2).						
	REV	PIC X.						
	SSOBJ	PIC X(4).						
	SUBOBJ	PIC X(2).						
	SUBPRJ	PIC X(2).						
	SUBSID1	PIC X(6).						
	SUBSID2	PIC X(6).						
	SUBSOU	PIC X(6).						
	SWNAME	PIC X(32).						
	SWNAMLBL	PIC X(9).						
	SWSFX	PIC X(2).						
	SWSFXLBL	PIC X(4).						
	SWVEN	PIC X(10).						

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
AFRS-screen-E	SWVENLBL	PIC X(10).						
	TC	PIC X(3).						
	TRANSFER	PIC X(6).						
	VENDFUNC	PIC X.						
	VENDNAME	PIC X(32).	820	070	N 102	Information Receiver Last or Organization Name	AN60	S
	VENNO	PIC X(10).	820	070	N 104	Receiver Identifier	AN80	S
	VENNO	PIC X(10).	835	180	REF02	Additional Payee Identifier	AN30	R
	VENSUFF	PIC X(2).	820	070	N 104	Receiver Identifier	AN80	S
	VENSUFF	PIC X(2).	835	180	REF02	Additional Payee Identifier	AN30	R
	WRKCLS	PIC X(3).						

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Column Heading Legend:

"DT" = Data Type