EMS Fast Cash Collection Data File Format (Version 10)

*Filenames: LETTER1.DAT, LETTER2.DAT, LETTER3.DAT, LETTER4.DAT,
LETTER5.DAT, BADADDR.DAT, COLLECT1.DAT*

- *Fields are separated with commas*
- *Fields are enclosed in quotes*
- *Optionally, fields are fixed width (selectable on page 4 of COMPANY setup file)*

Version	Cell	Format	Description	Field Name
1	A	C-10	Invoice code: XXX-XXXXXX	INVOICE
1	B	C-8	Patient code	PAT_CODE
1	C	D-10	Date of service: mm/dd/yyyy	SER_DATE
1	D	C-15	Patient's first name	PAT_FNAME
1	E	C-15	Patient's middle initial	PAT_MNAME
1	F	C-25	Patient's last name	PAT_LNAME
1	G	C-15	Responsible party's first name	RP_FNAME
1	H	C-15	Responsible party's middle initial	RP_MNAME
1	I	C-25	Responsible party's last name	RP_LNAME
1	J	C-30	Street address #1	ADDR1
1	K	C-30	Street address #2	ADDR2
1	L	C-20	City	CITY
1	M	C-2	State	STATE
1	N	C-10	Zip code	ZIP
1	O	C-5	Area code: (999)	A_CODE
1	P	C-8	Phone number: 999-9999	PHONE
1	Q	C-11	Social security number	SSN
1	R	N-10.2	Total invoice charges	AMT_INIT
1	S	N-10.2	Total invoice payments	AMT_PAID
1	T	N-10.2	Invoice balance	AMT_DUE
2	U	C-1	Patient's signature on file: Y/N	SIGNATURE
3	V	C-28	Employer's name	EMP_NAME
3	W	C-30	Employer's street address #1	EMP_ADDR
3	X	C-30	Employer's street address #2	EMP_ADDR2
3	Y	C-20	Employer's city	EMP_CITY
3	Z	C-2	Employer's state	EMP_STATE
3	AA	C-10	Employer's zip code	EMP_ZIP
3	AB	C-5	Employer's area code: (999)	EMP_A_CODE
3	AC	C-8	Employer's phone number: 999-9999	EMP_PHONE
3	AD	C-1	Insurance paid/rejected: P-paid, R-rejected, or SPACE	INS_PAID_REJ
4	AE	D-10	Patient's date of birth: mm/dd/yyyy	PAT_DOB
5	AF	C-1	Patient deceased: Y/N	DECEASED
6	AG	C-11	Responsible party's social security number	SSN_RES

8	AH	C-42	Origin description	FM_DES
7	AI	C-30	Origin street address	FM_ADDR
7	AJ	C-20	Origin city	FM_CITY
7	AK	C-2	Origin state	FM_STATE
7	AL	C-10	Origin zip	FM_ZIP
8	AM	C-42	Destination description	TO_DES
7	AN	C-30	Destination street address	TO_ADDR
7	AO	C-20	Destination city	TO_CITY
7	AP	C-2	Destination state	TO_STATE
7	AQ	C-10	Destination zip	TO_ZIP
7	AR	C-30	Name or primary insurance	NAME_INS1
7	AS	C-20	Policy number of primary insurance	POLICY_INS1
7	AT	C-30	Name of secondary insurance	NAME_INS2
7	AU	C-20	Policy number of secondary insurance	POLICY_INS2
9	AV	C-N	Memos	MEMOS
10	AW	D-10	Date of last payment	DATE_PAYX
10	AX	N-10.2	Amount of last payment	AMT_PAYX
10	AY	N-1	Paycode of last payment	PAY_CDX