FILENAME: A.WP
INTERMEDIARY NAME/ADDRESS/CITY/STATE/ZIP/PHONE NUMBER

FACILITY PROVIDER NUMBER/NAME PART A PAID DATE: MM/DD/YY REMIT#: 1234567890 PAGE: 1

PATIENT NAME HIC NUMBER FROM DT THRU DT CLM STATUS	PATIENT CNTRL NUMBER ICN NUMBER NACHG HICHG COST COVDY	TOB NCOVDY	RC RC RC RC	REM REM REM REM	DRG# OUTCD CAPCD PROF COMP DRG OPR AMT	DRG OUT AMT DRG CAP AMT MSP PAYMT DEDUCTIBLES	COINSURANCE COVD CHGS NCOVD CHGS DENIED CHGS	PAT REFUND ESRD NET ADJ INTEREST	CONTRACT ADJ PER DIEM RTE HCPCS AMOUNT NET REIMB
1234567890123456781 1	1234567890123456789 0		123	1234	123	1234567.89	1234567.89	1234567.89	1234567.89
1234567890123456789	1234567890123456789 0		123	1234	1 1	1234567.89	1234567.89	1234567.89	1234567.89
12345678 12345678	12 1	123	123	1234	1234567.89	1234567.89	1234567.89	1234567.89	1234567.89
12	1234 1234	1234	123	1234	1234567.89	1234567.89	1234567.89		1234567.89
SUBTOTAL FISCAL YEAR						12345678.90	12345678.90	12345678.90	12345678.90
						12345678.90	12345678.90	12345678.90	12345678.90
					12345678.90	12345678.90	12345678.90	12345678.90	12345678.90
	12345 12345	12345			12345678.90	12345678.90	12345678.90		12345678.90
SUBTOTAL PART A						123456789.01	123456789.01	123456789.01	123456789.01
						123456789.01	123456789.01	123456789.01	123456789.01
					123456789.01	123456789.01	123456789.01	123456789.01	123456789.01
	123456 123456	123456			123456789.01	123456789.01	123456789.01		123456789.01