MRSIS SAMPLE 837 FILE
9/21/06

1	ISA*00* *00* *ZZ*HIS199 *ZZ*HIS001 60920*2314*U*00401*000000089*0*P*:~	HIS199 = Provider's sender code assigned by MRSIS
2	GS*HC*HIS199*HIS001*20060920*2314*43*X*004010X098A1~	HIS001 = MRSIS receiver code
3	ST*837*000000001~	
4	BHT*0019*00*90*20060920*2314*CH~	
5	REF*87*004010X098A1~	
6	NM1*41*2*PROVIDER NAME*****46*HIS199~	
7	PER*IC*PROVIDER CONTACT NAME*TE*3345555555~	
8	NM1*40*2*DMHMR*****46*HIS001~	
9	HL*1**20*1~	
10	NM1*85*2*DEPT OF MENTAL HEALTH MR WAIVER*****34*63-6000619-63~	
11	N3*100 NORTH UNION STREET~	
12	N4*MONTGOMERY*AL*36130~	
13	REF*1D*008301620~	
14	HL*2*1*22*0~	
15	SBR*P*18*******MC~	
16	NM1*IL*1*ADDISON*THOMAS****MI*0001235624151~	Client Medicaid ID
17	N3*--~	
18	N4*--*AL~	
19	DMG*D8*19600101*M~	
20	REF*SY*123562415~	SSN is required
21	REF*1W*3778~	MRSIS Case Number
22	NM1*PR*2*MEDICAID*****PI*MCD~	
23	N3*ADDRESS~	
24	N4*CITY*AL*99999~	
25	CLM*57-3778*1000***99::1*Y*A*Y*Y*B~	
26	REF*G1*140649~	MRSIS Authorization Number
27	HI*BK:3180~	
28	NM1*82*2*PROVIDER NAME*****XX*630417878~	
29	REF*1D*00841919191~	
30	LX*1~	
31	SV1*HC:T2020:UC:TF*1000*UN*20***1~	
32	DTP*472*RD8*20060101-20060131~	
33	REF*6R*0CFE25DC36467299726747EDD9F471~	Provider unique identifier for claim service
34	SE*32*000000001~	
35	GE*1*43~	
36	IEA*1*000000089~	