



SAMPLE

Customer's Name
METS Group Number / Coverage Key for 'Submitter's Name'

		Position 012	Position 804	Position 810	<i>AH Use Only</i>	<i>AH Use Only</i>	<i>AH Use Only</i>
Product Description	Product	EIN *	Coverage Code	Carrier Code	MHS Group	MHS Account	Benefit Package
Medical Infant Care, Medical	HMO	12345	AH10	001	999999	999999	9999
Medical Infant Care, Vision	Vision	12345	VS02	865	999999	999999	9999
Medical Infant Care, Medical	POS	12347	AP10	001	999999	999999	9999
Medical Infant Care, Vision	Vision	12347	VS02	865	999999	999999	9999