

u277\_sample\_transaction\_amerihealth.txt

ISA\*00\*           \*00\*           \*ZZ\*SENDERID                   \*33\*NAIC

\*030430\*1130\*U\*00401\*000000230\*1\*T\*:!  
GS\*HN\*95044\*CLMSIP41A\*20031007\*203631\*145\*X\*004010XIBC~  
ST\*277\*145001~  
BHT\*0010\*06\*1\*20031007\*00160503\*TH~  
NM1\*41\*2\*PAYER NAME\*\*\*\*\*NI\*PAYER ID~  
HL\*1\*\*20\*1~  
NM1\*PR\*2\*LINE OF BUSINESS\*\*\*\*\*NI\*NAIC~  
PER\*IC\*PAYER CONTACT\*TE\*PAYER NUMBER~  
HL\*2\*1\*21\*1~  
NM1\*40\*2\*PROVIDER\*\*\*\*\*46\*PROVIDER NUMBER~  
HL\*3\*2\*19\*1~  
NM1\*1P\*2\*PROVIDER\*\*\*\*\*FI\*FEDERAL TAX ID~  
NM1\*1P\*2\*PROVIDER\*\*\*\*\*XX\*NPI~  
NM1\*1P\*2\*PROVIDER\*\*\*\*\*G2\*PROVIDER ID~  
HL\*4\*3\*22\*0~  
NM1\*QC\*1\*SUBSCRIBER\*NAME\*INITIAL\*\*\*MI\*SUBSCRIBER ID~  
TRN\*2\*69357754\*\*CI~  
STC\*A3>33>QC\*20031007\*15\*932.00\*\*\*\*\*P3 :Claim submitted with an invalid Prefix~  
REF\*1K\*9999999~  
REF\*BLT\*131~  
REF\*EA\*419081~  
DTP\*472\*RD8\*20030923-20030923~  
SE\*21\*145001~  
GE\*1\*145~  
IEA\*1\*000000230~