1613 Facility Master Report - shows the master file information for each facility, including an alternative Pay-to Provider address and payer IDs.

July 11, CCYY 12:54:40AM

PAGE NO. 1
CLIENT 9999
USERID bhyde

FACILITY MASTER REPORT

NAME:	MEMORIAL HOSPITAL	**CLS ID:**	1123-99
DESCRIPTION	MEMORIAL HOSPITAL	**ID TYPE**	E
ADDRESS:	707 MAPLE STREET	**NPI:**	1234567890
ADDRESS 2:	STE 5	**TAXONOMY:**	251E00000X
CITY:	TUCSON	**FACILITY TYPE:**	H
STATE:	ARIZONA	**ENROLL TYPE:**	G
ZIP:	85000	**TAX ID:**	892189844
COUNTRY:		**TAX SUB ID:**	001
TELEPHONE:	5205545554	**COPY TO CLAIM:**	Y
FAX:	5206676454	**PAPER OPTION:**	Claims printed by client
SERVICE STATE:	ARIZONA	**SORT SERVICE LINES:**	N
SERVICE ZIP:	85000		
PAY-TO NAME:	MEMORIAL HOSPITAL	**STATE SPECIFIC FIELDS**	
PAY-TO ADDR 1:	P O BOX 4573	**TX, SC, NY, IL, PA**	
PAY-TO ADDR 2:		**BILLING NUMBER :**	
PAY-TO CITY:	TUCSON	**PHYSICIAN ACCT NO :**	
PAY-TO STATE:	AZ		
PAY-TO ZIP:	85000	**GA, NC, LA, PA**	
COPY TO CLAIM:	Y	**SUBMITTER CODE :**	

ALT PAPER EDIT MASTERS
UB-92: HE9GEN
HCFA-1500:

LOB	PROV NO	PAYER NAME	NPI	TAXONOMY	DESCRIPTION	PLAN CODE	GRP	ACCT STAT	*SUPPR CCI*	*MN*
Medicare *	500044	ARIZONA MEDICARE	123456700	AX24000078			G	L	*N*	*N*
ESRD	501234	ESRD					G	L		
MEDICAID*	1234567	ARIZONA MEDICAID					G	L		
BC/BS*	654	BC/BS OF ARIZONA					G	L		
CHAMPUS*	892189844	CHAMPUS					G	L		
WORK COMP	4563211	WORKERS COMP					G	L		
OTHER 1	6666666	OTHER #1					G	L		
OTHER 2	7777777	OTHER #2					G	L		

(*indicates Default Payer)