ROW—1

"{

"claim" : {

"patient" : {

"medicare" : {

"memberNumber" : "XXXXXXXXX",

"memberRefNumber" : "1"

},

"healthFund" : {

"memberNumber" : "xxxxxxxx",

"memberRefNumber" : "00",

"organisation" : "BUP"

},

"identity" : {

"dateOfBirth" : "1953-00-03",

"familyName" : "xxxxx",

"givenName" : "xxxxx",

"secondInitial" : "W",

"sex" : "1"

}

},

"medicalEvent" : [ {

"service" : [ {

"dateOfService" : "xxxx-08-18",

"id" : "0100",

"chargeAmount" : "9935",

"itemNumber" : "18262",

"text" : "TPA LEFT NOT A DUPLICATE SERVICE"

} ],

"serviceProvider" : {

"providerNumber" : "xxxxxxx"

},

"id" : "01",

"ifcIssueCode" : "X",

"referralOverrideCode" : "N"

} ],

"principalProvider" : {

"providerNumber" : "xxxxxxx"

},

"accident" : {

"accidentInd" : "N"

},

"accountPaidInd" : "N",

"accountReferenceId" : "xxxxxxx",

"claimTypeCode" : "AG",

"facilityId" : "0012690L",

"fundPayeeId" : "215286",

"serviceTypeCode" : "S"

}

}"

ROW---2

"{

"claim" : {

"patient" : {

"medicare" : {

"memberNumber" : "xxxxxxx",

"memberRefNumber" : "2"

},

"healthFund" : {

"memberNumber" : "xxxxx",

"memberRefNumber" : "02",

"organisation" : "BUP"

},

"identity" : {

"dateOfBirth" : "xxxx-03-06",

"familyName" : "xxxxx",

"givenName" : "xxxx",

"secondInitial" : "L",

"sex" : "2"

}

},

"medicalEvent" : [ {

"service" : [ {

"dateOfService" : "xxxx-02-10",

"id" : "0100",

"chargeAmount" : "24005",

"itemNumber" : "55129",

"lspNumber" : "009486",

"selfDeemedCode" : "SD",

"text" : "SD"

} ],

"serviceProvider" : {

"providerNumber" : "xxxxxx"

},

"id" : "01",

"ifcIssueCode" : "X"

} ],

"principalProvider" : {

"providerNumber" : "xxxxxx"

},

"accident" : {

"accidentInd" : "N"

},

"accountPaidInd" : "N",

"accountReferenceId" : "xxxx",

"claimTypeCode" : "AG",

"facilityId" : "0060690T",

"fundPayeeId" : "2025485",

"serviceTypeCode" : "S"

}

}"

ROW—3

"{

"claim" : {

"patient" : {

"medicare" : {

"memberNumber" : "xxxxxx",

"memberRefNumber" : "2"

},

"healthFund" : {

"memberNumber" : "xxxxxxx",

"memberRefNumber" : "01",

"organisation" : "BUP"

},

"identity" : {

"dateOfBirth" : "xxxxx-07-15",

"familyName" : "xxxxx",

"givenName" : "xxxxxxx",

"sex" : "2"

}

},

"medicalEvent" : [ {

"service" : [ {

"dateOfService" : "xxxx-04-10",

"id" : "0100",

"chargeAmount" : "16190",

"itemNumber" : "00110"

} ],

"serviceProvider" : {

"providerNumber" : "xxxxxx"

},

"referral" : {

"issueDate" : "xxxx-04-06",

"periodCode" : "S",

"provider" : {

"providerNumber" : "xxxxxx"

},

"typeCode" : "S"

},

"id" : "01",

"ifcIssueCode" : "X"

} ],

"principalProvider" : {

"providerNumber" : "xxxxxx"

},

"accident" : {

"accidentInd" : "N"

},

"accountPaidInd" : "N",

"accountReferenceId" : "xxxxxx",

"claimTypeCode" : "AG",

"facilityId" : "0060680W",

"fundPayeeId" : "2025485",

"serviceTypeCode" : "S"

}

}"