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"

}

}"