

<b>H1N1 Vaccine Administration Roster Bill</b>		<b>PROVIDER INFORMATION</b>		Provider Name: _____		<b>TEST PHARMACY NAME</b>	
Header Information - information which is consistent for this entire listing.		Address: 1000 TEST ST		Tax ID #: 99-9999999		Date Submitted: 10/05/2009	
<b>This Roster Bill <u>Must</u> Contain Information for only <u>One</u> Health Insurance Plan/Payor (listed below)</b>		City: MIDDLETOWN		State: CT		Zip: 06457	
		<b>REMIT INFORMATION</b>					
Payor Name: AETNA		Address: 1234 PAY US FAST WAY		City: MIDDLETOWN		State: CT Zip: 06457	
Vaccine Code: 90663		Contact Name: TEST BILLER		Contact Phone#: 860-636-2000			
Administration Code: 90470							
Diagnosis Code: V04.81							

#	Patient Name							Insurance Information			Pharmacy Information			
	Last	First	Address	City	State	Zip	Date of Birth (MMDDYYYY)	Health Plan Member ID #	Group ID #	Patient Relationship 01-Subscriber 02 - Spouse 03 - Dependant	NPI (xxxxxxxx)	Claim Submitter's ID	Date of Service (MMDDYYYY)	Billed Charge
1	TestPatientA	JOHN	987 TEST AVE	TESTCITY	CT	06457	12031971	W987654321	999999	01	1234567890	05-TEST01	10042009	\$10.00
2	TestPatientB	SALLY	987 TEST AVE	TESTCITY	CT	06457	08131971	W987654321	999999	02	1234567890	05-TEST02	10042009	\$10.00
3	TestPatientC	SUE	765 CIRCLE TEST	TESTCITY	CT	06457	12021967	99999999A	999999-99-999	01	1234567890	05-TEST03	10012009	\$10.00
4	TestPatientD	MIKE	765 CIRCLE TEST	TESTCITY	CT	06457	11241965	988776655	999999-99-999	02	1234567890	05-TEST04	10012009	\$10.00
5	TestPatientE	JAMES	432 ANYWHERE TEST	TESTCITY	CT	06457	03241970	W012345678	999999	01	1234567890	05-TEST05	10032009	\$10.00
6	TestPatientF	LYNN	432 ANYWHERE TEST	TESTCITY	CT	06457	05161968	W012345678	999999	02	1234567890	05-TEST06	10032009	\$10.00
7	TestPatientG	MICHELE	211 IAM A TEST DR	TESTCITY	CT	06457	01101965	W876543219	999999-99	01	1234567890	05-TEST07	10052009	\$10.00
8	TestPatientH	TONI	909 TEST HWY 2	TESTCITY	CT	06457	09082001	777-66-7777	999999	03	1234567890	05-TEST08	10052009	\$10.00
9	TestPatientI	NANCY	555 HAPPY TEST ST	TESTCITY	CT	06457	04131979	BBB234A	999999-99-999	01	1234567890	05-TEST09	10042009	\$10.00
10	TestPatientJ	DONNA	456 TEST LANE	TESTCITY	CT	06457	06151988	W123456789	999999-99-999	01	9876543201	05-TEST10	10042009	\$10.00
11	TestPatientK	SCOTT	345 TEST MASTER DR	TESTCITY	CT	06457	09081986	888888888A	999999	03	9876543201	05-TEST11	10042009	\$10.00
12	TestPatientL	DANIEL	870 TEST ASST WAY	TESTCITY	CT	06457	03221989	444-44-4444	999999-99-999	01	1234567890	05-TEST12	10022009	\$10.00
13	TestPatientM	JIM	678 GO TEST TRAIL	TESTCITY	CT	06457	03241970	BBX78010	999999-99	02	1234567890	05-TEST13	10022009	\$10.00
14	TestPatientN	ADAM	RT 789 TEST SOMEORE	TESTCITY	CT	06457	05161968	BBC23010	999999-99	02	1234567890	05-TEST14	10022009	\$10.00
15	TestPatientO	DAMON	PO BOX 321 RR TEST1	TESTCITY	CT	06457	01101965	222-22-2222	999999-99-999	01	9876543201	05-TEST15	10042009	\$10.00
16	TestPatientP	KIM	345 TEST MY WAY	TESTCITY	CT	06457	09082001	W345678901	999999	03	1234567890	05-TEST16	10042009	\$10.00
17	TestPatientQ	MARY	789 TEST AGAIN ST	TESTCITY	CT	06457	04131979	111-11-1111-01	999999-99-999	02	9876543201	05-TEST17	10042009	\$10.00
18	TestPatientR	DESIREE	109 CHECK TEST	TESTCITY	CT	06457	06151988	555555-01	999999	01	1234567890	05-TEST18	10052009	\$10.00
19	TestPatientS	WILLIAM	212 MAKE A TEST AVE	TESTCITY	CT	06457	09081986	432432432	999999-99-999	02	1234567890	05-TEST19	10052009	\$10.00
20	TestPatientT	GEORGE	889 WORK THE TEST DR	TESTCITY	CT	06457	03221989	W009009009	999999	01	1234567890	05-TEST20	10052009	\$10.00

Other Instructions: \_\_\_\_\_

10/14/2009