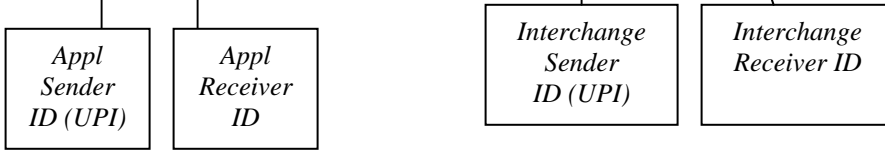
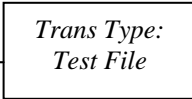


ISA*00* *00* *ZZ*00000000012345*ZZ*25B *030707*0812*U*00401*000000257*0*T*:
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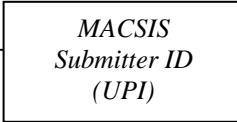
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ST*837*000000001
 BHT*0019*00*258*20030715*0812*CH
 REF*87*004010X098DA1



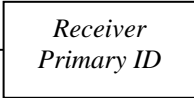
LOOP 1000A SUBMITTER NAME

NM1*41*2*DO GOOD THINGS*****46*12345
 PER*IC*PETE MARAVICH*TE*614222222



LOOP 1000B RECEIVER NAME

NM1*40*2*FRANKLIN ADAMH*****46*25B



LOOP 2000A BILLING/PAY-TO-PROVIDER HL

HL*1**20*1

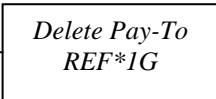
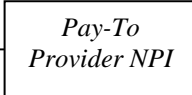
LOOP 2010AA BILLING PROVIDER NAME

NM1*85*2*DO GOOD THINGS*****XX*100000003
 N3*405 WEST SOUTH AVENUE
 N4*COLUMBUS*OH*43231
 REF*1G*000000012345
~~REF*EI*31-12345678~~
 PER*IC*AGENCY ADMINIS DESK*TE*6145772104



LOOP 2010AB PAY-TO-PROVIDER NAME

NM1*87*2*XYZ CORPORATION*****XX*1000000014
 N3*400 EAST WEST STREET
 N4*COLUMBUS*OH*43313
~~REF*1G*00000000022345~~

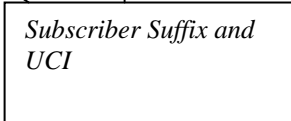


LOOP 2000B SUBSCRIBER HL

HL*2*1*22*0
 SBR*P*18*****ZZ

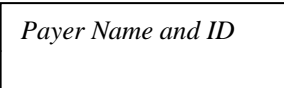
LOOP 2010BA SUBSCRIBER NAME

NM1*IL*1*KRACOTO*KILE*A**JR*MI*3445555
 N3*1928 EAST 56TH ST
 N4*LORAIN*OH*44254
 DMG*D8*19510127*M
 REF*SY*268445400



LOOP 2010BB PAYER NAME

NM1*PR*2*MACSIS*****PI*MACSIS



N3*SUITE 1001*30 E. BROAD STREET

LOOP 2010BB PAYER NAME (CONTINUED)

N4*COLUMBUS*OH*43266-0414

LOOP 2300

CLM*1156478910*40.00***11::1*Y*A*Y*Y*C

HI*BK:3050

Patient Control
Number
Claim Level

Facility Code
Claim Level

LOOP 2320 OTHER SUBSCRIBER INFORMATION

SBR*S*18***C1***ZZ

AMT*D*30.00

DMG*D8*19520804*F

OI***Y***Y

Other Payer Paid
Amount

LOOP 2330A OTHER SUBSCRIBER NAME

NM1*IL*1*KRACOTO*MITZY****MI*555656666

REF*IG*S

ODJFS COB Indicator
(S = Non-Covered
Service)

LOOP 2330B OTHER PAYER NAME

NM1*PR*2*AETNA HMO*****PI*AETNA HMO

LOOP 2400 SERVICE LINE

LX*1

SV1*HC:H0004:HE:HR::HX*40.00*UN*1*53**1**N

Product/Service
Qualifier and
Procedure Code

Modifiers

Line Item Charge
Amt and Place of
Service

DTP*472*D8*20030702

REF*6R*BB973AF65341F8B5AA862CEB23B0B1

Line Item Control Number

TRAILER SEGMENTS

SE*40*000000001

GE*1*1

IEA*1*000000257