



File Layouts for SQL & ODBC Users

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THIS DOCUMENT ASSUMES SOME DEGREE OF FAMILIARITY WITH SQL, ODBC AND TYPICAL DBMS'S AND IS IDEALLY INTENDED FOR INDIVIDUALS WITH DEGREES IN THE COMPUTER SCIENCES. IT IS NOT PART OF ANY SUPPORT CONTRACT THAT COVERS YOUR ECLIPSE SOFTWARE. THE ACCURACY OF ANY RESULTS YOU OBTAIN IS ENTIRELY YOUR RESPONSIBILITY.

AS THE TITLE STATES, THIS DOCUMENT SUPPLIES FILE LAYOUT INFORMATION. IT IS NOT AN ODBC PRIMER OR MANUAL. IN THE EVENT YOU'RE UNFAMILIAR WITH ODBC, WE SUGGEST YOU USE A SEARCH ENGINE OR AN APPROPRIATE TEXT BOOK TO RESEARCH THE TOPIC. INFORMATION ON THE SUBJECT IS READILY AVAILABLE FROM A VARIETY OF SOURCES.

IT'S EXPECTED THAT YOU ARE EITHER DEVELOPING SOFTWARE TO INTERFACE DIRECTLY WITH THE ECLIPSE DATABASE THROUGH FAIRCOM'S ODBC DRIVER OR USING EXISTING THIRD PARTY SOFTWARE (E.G. MICROSOFT ACCESS) TO DO THE SAME.

FINALLY, NOTE THAT THIS DOCUMENT HAS BEEN IN WIDESPREAD USE SINCE 1999, AND HAS BEEN USED TO IMPLEMENT A WIDE RANGE OF PROGRAMS - FROM MINOR REPORTS TO SOPHISTICATED PROJECTS - THAT PERFORM EXTENSIVE AUTOMATED TASKS. IN THE EVENT THAT THE ABOVE IS NOT SELF EXPLANATORY, PLEASE RECONSIDER YOUR INTENT.

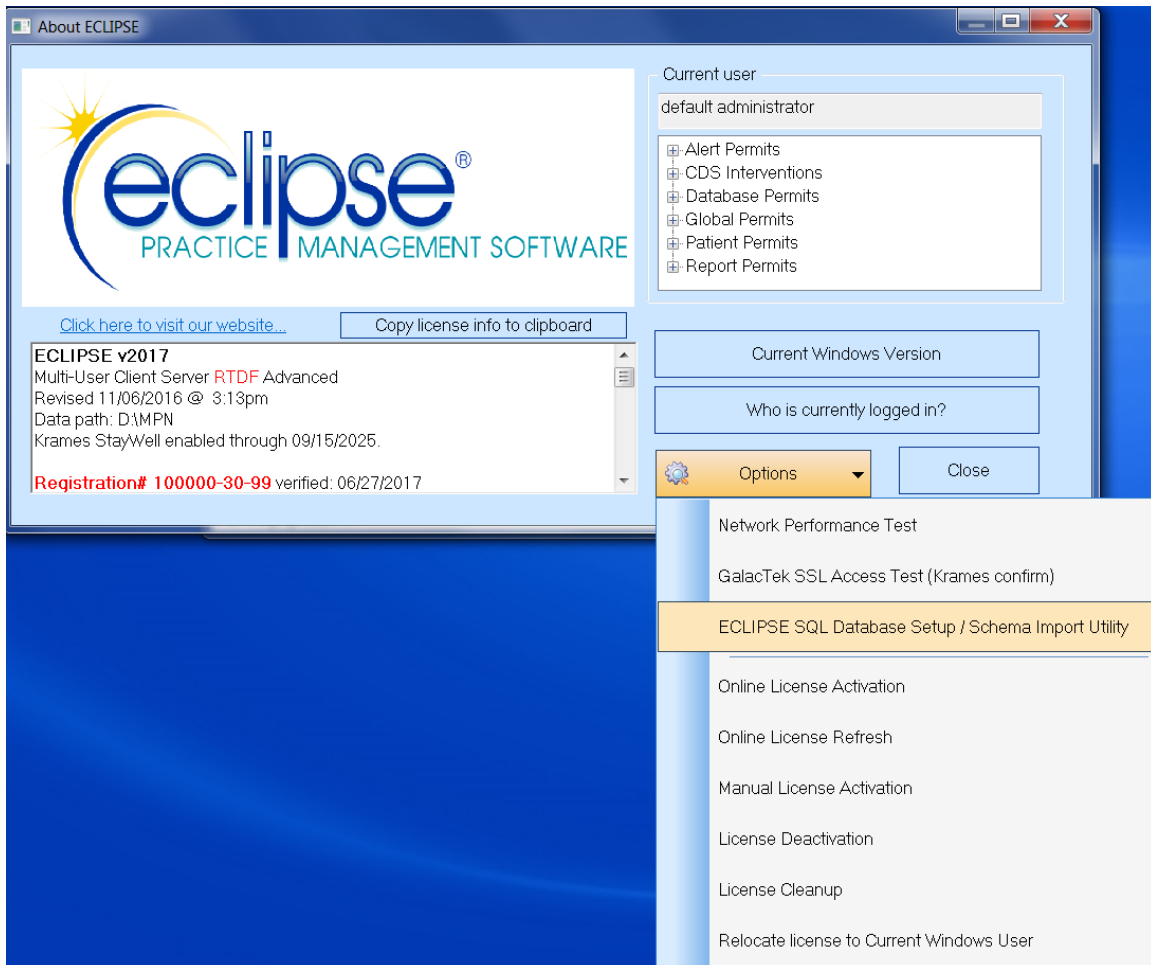
TECHNICAL QUESTIONS WITH REGARD TO ODBC IMPLEMENTATION AND TROUBLESHOOTING ARE CONSIDERED BILLABLE AT OUR STANDARD HOURLY RATE.

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ECLIPSE comes in two flavors:

- Client/Server
- Standalone multi-user

ECLIPSE Client software interacts with a FairCom database server. New servers (v11 & newer) have a direct SQL interface. Older servers and standalone programs require an ODBC driver. (The SQL interface is faster.) The end user needs to acquire the driver through EES. We recommend & prefer SQL interfaces. Either ECLIPSE version has the capability to run current import utilities to create a SQL import table to enable the SQL interfaces. This interface exists on the ECLIPSE About dialog & requires an administrator password from the local end user.



ECLIPSE Files (Tables) as Defined for ODBC		
Typical ODBC Name	Actual File Name	Content
ACCOUNTS	Account.dat	Services & credits
ACCOUNTARCHIVE	AccountArchive.dat	Archived services & credits
APPOINTMENTS	Appointment.dat	Appointments
APPOINTMENTARCHIVE	AppointmentArchive.dat	Archived appointments
ATTORNEYS	Attorney.dat	Attorney names & addresses
AUDIT	Audit.dat	Tracks patient access & other history info
AUTHORIZATIONS	Authorization.dat	Patient treatment authorizations
BILLS	Bill.dat	Billing records
BILLARCHIVE	BillArchive.dat	Archived bills
CONDITIONS	Condition.dat	Condition info (e.g. diagnoses, dates)
CPTCODES	CPT.DAT	CPT codes, fee structures, etc.
DOCTORS	Doctor.dat	Physician names & addresses, etc.
DOCTORIDS	DoctorID.dat	Payer/Profile specific ID#'s
EDOCUMENT	EDocument.dat	EDocument location
ENCOUNTER	Encounter.dat	Encounter data as XML
EMPLOYERS	Employer.dat	Employer names & addresses
FACILITIES	Facility.dat	Hospital/Facility names & addresses
GUARANTORS	Guarantor.dat	Insured information
ICDCODES	ICD.DAT	ICD-9 codes
PATIENTS	Patient.dat	Patient names & addresses
PATIENTCASES	PatientCase.dat	Svcs/crdts/garnttrs/cndtns for one case
PAYERS	Payer.dat	Insurance company info
PERSONALINJURY	PersonalInjury.dat	PI info
PROFILES	Profile.dat	Billing profiles
REFERRALS	Referral.dat	Referral source names & addresses
SOAP	SOAP.DAT	S.O.A.P. notes
STATEFORMS	StateForm.dat	State-specific billing info
SUBMITTERS	Submitter.dat	NSF Submitter info
WORKCOMP	WorkComp.dat	Comp info

In order to take advantage of the file layouts and field identifiers explained in this document, you must have the FairCom ODBC Driver loaded on your computer. This inexpensive driver (which is licensed per user by FairCom) can be purchased directly through EES.

What this document is not

This document *does not* explain how to use ODBC or your report generator (e.g. Crystal Reports), load the FairCom drivers, or set up Microsoft ODBC Administration on your computer.

What this document is

Our objective is to explain the relationships among the ECLIPSE database files and define database fields so you can intelligently access the ECLIPSE database directly without using the ECLIPSE program.

Before you can access the ECLIPSE database through an ODBC compliant application, you must first purchase and install the Faircom ODBC Driver as noted above.

Definitions

Table	A file that contains a specific type of data (e.g. ICD codes).
Index	A file that provides access to a table in a pre-defined order (e.g. alphabetized by last name).
Database	Complete set of data tables used by ECLIPSE.
Member	Individual record in a table (e.g. one attorney in ATTORNEYS).
Field	Individual data in a member record such as first name, last name, etc.

Primary Keys & Inter-Table Relationships

Before we discuss the table hierarchy, it's important that we review the relationships formed when data in one table is assigned to or associated with data in a second table. For example a service may be assigned to a specific doctor in the DOCTORS table and a specific facility in the FACILITIES table. In order to achieve this relationship, the record in the ACCOUNTS table stores the **primary key** information for the assigned doctor and facility.

Primary keys are unique identifiers which are unique to a specific record in a given data table. ECLIPSE generally uses numeric keys that can be assigned to various records. Thus, a payer such as AETNA may be assigned ID #23 (primary key in PAYERS). Dr. Steve Smith may be assigned ID #17 (primary key in DOCTORS). The Golden Years Nursing Home may be assigned ID #191 (primary key in FACILITIES).

So, to continue with the above example, a service which is assigned to *Dr. Smith* when he visited a patient at the *Golden Years Nursing Home* will reflect the primary key information for the DOCTORS and FACILITIES table within this service record in the ACCOUNTS table.

Primary key relationships among the various files are the only way that data in one table can be associated with unique data in another.

Table Hierarchy

Secondary tables such as ATTORNEYS, CPTCODES, DOCTORS, EMPLOYERS, FACILITIES, GUARANTORS, ICDCODES, etc. are generally indexed in both name and ID# order.

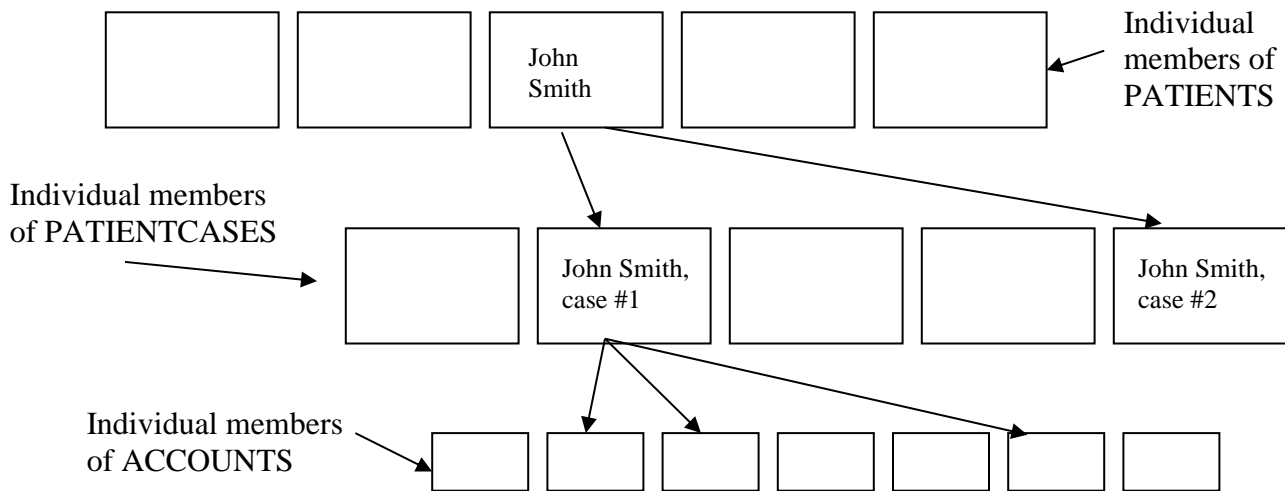


Figure 1

The primary patient file is PATIENTS. Each record in this file contains a patient name, address, phone #'s, social security #, etc., and represents a unique patient with a unique numeric identification #. For each patient, multiple patient cases may exist in PATIENTCASES. In turn each patient case may be associated with a member of DOCTORS, EMPLOYERS, PROFILES, etc. as well as multiple members of ACCOUNTS, BILLS, and REFERRALS. Graphically, the relationship looks something like **Figure 1**.

Each arrow is a reference to a specific member in another data table. Note that these references are not physical. Thus, the *John Smith* member of PATIENTS does not carry a map that contains the location of related members in other tables. Rather, it contains the primary key information required to look up the requested member in an index associated with the table. This index is no different than an index you might have used at the local library to determine the location of a book you wanted to read.

Important Notes

- All patient related records (e.g. PATIENTCASES, ACCOUNTS, BILLS, etc.) have a primary index that includes a combination of the patient primary key (ECLIPSE assigned ID #) and case ID #. In the following sections, members that are also full or partial index keys are noted as **KEY** in red if the member is a key for the data in which it appears. A **KEY** to data in another table will appear in

blue. If the member is a **KEY** for both the member and another table it will appear in green.

- Not all fields in the database are made public through ODBC. These fields are generally for internal use only.

The remaining sections of this guide discuss the members of each table alphabetically by table name. The following descriptors will be used within brackets ([*descriptor*]):

- C-xx Character based string (e.g. a last name) where xx = the number of characters in the field.
- I Numeric field that only handles integer values (e.g. 1, 2, 3, 77, 1292, etc.).
- F Numeric field that handles floating point (fractional) numbers such as dollar amounts (e.g. 24.25, 70, 1000.08, etc.).
- B Boolean value (true or false).
- D Date.
- T Time.
- ** You can update this field. In general, most fields are read-only to avoid potential database corruption. Fields marked with ** can be updated through ODBC. **The ECLIPSE database can be enabled to provide complete Read/Write access to all fields (explained elsewhere in this document).**

Data Relationship Examples

Alphabetical patient report with balances

Use **PATIENTS** with the **PatientLNameKey** index. The members you might include in the report include *PatientID*, *LastName*, *FirstName*, and *Balance*.

All services in date order by patient in alphabetical order

Use **PATIENTS** with the **PatientLNameKey** index. For each patient, use the *PatientID* field to search the **PatientCaseKey** index to retrieve each related patient case in **PATIENTCASES**. For each case, retrieve, related entries in **ACCOUNTS** using *PatientID* and *PatientCaseID* to search the **AccountPatIDKey** index and use members where the *EntryType* = 2 — indicating a service.

All credits assigned by payer alphabetically by payer.

Create a temporary index on **ACCOUNTS** using field *PayerID*. Traverse **PAYERS** using **PayerNameKey** or **PayerIDKey**. Use the *PayerID* field of the **PAYERS** member to search the temporary index and sum the credits for each payer.

ODBC Driver Settings

FairCom ODBC driver settings should be as follows:

- **Max columns** 256
- **Data buffer size** 64
- **Index buffer size** 64

- **Sector size** 128
- **Column order** By Table Position
- **Key padding** NULLs
- **Alignment** default
- **Data padding** NULLs
- **Driver type** **Multi-User (non-Server)** or **TCP/IP** (FairCom Server)
- **Case insensitive string comparison** should be checked.

Creating Read/Write Data Tables

Under no condition will MPN Software Systems bear responsibility for data errors incurred as a result of information left out of this document due to oversight, misinterpretation of this document, or any other problems that might arise in the process of writing to ECLIPSE data tables. The entire responsibility for data integrity is yours.

All tables are Read/Write by default. You must adhere to the rules below — at a minimum — to ensure the integrity of the database. Our hourly fees to repair data (when we can) are very high.

If you expect to write data to the ECLIPSE database, please make sure you update the driver settings to change the driver's mode to *Read/Write* from *Read Only*.

Minimum Rules

- Patient identifiers must be unique and strictly numeric. These identifiers must be propagated throughout related data tables (e.g. accounts, bills, appointments, conditions, etc.).
- Patient & case identifiers (which begin at 1) must be assigned to any account, case, condition, appointment or other records that require them.
- Each patient record must have a corresponding record in the patient case file created with an associated case ID of 1. Subsequent cases created for a given patient ID should be numbered sequentially.
- You should not directly create bills in the BILLS table. "Billed" services & credits must have corresponding bills created for them by ECLIPSE after you assign appropriate bill #'s to the ACCOUNTS::Bill# field. The BILLS table can then be created "on the fly" a licensed copy of ECLIPSE is in use, an appropriate password for the current date and time is obtained from technical support personnel, and **Re-create missing/damaged bills records** is selected from the **File | File Maintenance | Repair** menu.
- All data records should be properly "zero-filled" prior to making field assignments.
- Expected initializations:

- PATIENTS:
 - Gender: F
 - Start Date: Today's date
- CONDITIONS:
 - Primary/Secondary/Tertiary Guarantor: -1

ACCOUNTS

Description

This file contains all services and credits for each patient case.

Data Fields

SerialID.	[I KEY] A numeric integer value unique to each member of the table. This value is used to determine links for line item payments. Example: If a payment has been credited to this service, the <i>LinkedTo</i> member will contain the <i>SerialID</i> of this member record.
PatientID	[I KEY] The patient ID associated with this transaction.
Date	[D KEY] The date this service took place (set by the user).
ToDate	[D] The through date set by the user.
PatientCaseID	[I KEY] The patient case associated with this transaction.
EntryType	[I] Determines the type of entry. Possible values are as follows: 1 Service 2 Sales tax 3 Interest 4 Late charge 55 Payer payment 56 Cash payment 57 Check payment 58 Credit card payment 59-108 User defined payments 109 Payer write-off 110 Patient write-off 111-160 User defined write-offs (adjustments)
SubEntryType	<i>Not currently used.</i>
OfficeCode	[C-15 KEY] <i>If this is a service:</i> corresponds to a member in the CPTCODES table.
CPT Code	[C-15] <i>If this is a service</i>
Modifiers	[C-15] <i>If this is a service</i>
PlaceOfService	[C-3] <i>If this is a service</i>
TypeOfService	[C-3] <i>If this is a service</i>
ICD1	[C-10 KEY] <i>If this is a service</i>
ICD2	[C-10 KEY] <i>If this is a service</i>
ICD3	[C-10 KEY] <i>If this is a service</i>
ICD4	[C-10 KEY] <i>If this is a service</i>
ESPDT	[C-1] <i>If this is a service</i>
Emergency	[B] <i>If this is a service:</i>
COB	[B] <i>If this is a service:</i>
CheckNumber	[C-27] <i>If this is a service</i>
Units	[F] <i>If this is a service</i>
Amount	[F] Dollar amount of this transaction.
SalesTax	[F] <i>If this is a service</i>
DeductibleApplied	[F] <i>If this is a service</i>
PatientOwes	[F] <i>If this is a service</i>
PatientPaid	[F] <i>If this is a service</i>

PayerPaid	[F] <i>If this is a service</i>
BalanceForward	[F] <i>Used only during RAM-based operations.</i>
GuarantorID	[I KEY] <i>If this is a credit:</i> Assigned guarantor in GUARANTORS.
PayerID	[I KEY] <i>If this is a credit:</i> Assigned payer in PAYERS.
DoctorID	[I KEY] Assigned physician (part 1) in DOCTORS.
OfficeID	[I KEY] Assigned physician (part 2) in DOCTORS.
FacilityID	[I KEY] Assigned facility in FACILITIES.
ReferralID	[I KEY] <i>If this is a service:</i> Assigned billing referral in REFERRALS.
LinkedTo	[I] <i>If this is a credit:</i> contains the SerialID of the service to which it is linked.
FirstUnbilled	<i>Not currently used.</i>
BillingCode	[I] <i>If this is a service:</i> Filter based on member of the same name in CPTCODES. This filter determines — based on category — whether this service will be included on non-patient bills.
Condition	[I KEY] <i>If this is a service:</i> assigned condition in CONDITIONS based on this patient case.
Bill#	[I**] The bill number to which this member is currently assigned. "0" (zero) represents unbilled transactions. This information is exposed for updating due to conditional index support. Do not update this field.
Comments	[C-31]

Available Indexes

AccountPatIDKey: PatientID / PatientCaseID / Date / SerialID. This index is used to quickly obtain all entries for a given patient case.

AccountDateKey: Date / : PatientID / PatientCaseID. This index is used to traverse the table in date order.

AccountUnBilledByID: PatientID / PatientCaseID / Date. This conditional index is used to quickly obtain all unbilled entries for a given patient case.

Important Notes

Text descriptions for user-defined credits cannot be accessed via ODBC. User-defined payments as assigned from the **File | File Maintenance | Transaction Types | User Defined Payment Types** sub-menu correspond to **EntryType** integer values 59 – 108. User-defined adjustments as assigned from the **File | File Maintenance | Transaction Types | User Defined Adjustment Types** sub-menu correspond to **EntryType** integer values 111 – 160.

In both cases above only the first 16 description fields are currently available to users.

Appointments

Data Fields

PatientID	[I KEY] The patient ID associated with this appointment.
DoctorID	[I KEY] Assigned physician (part 1) in DOCTORS.
OfficeID	[I KEY] Assigned physician (part 2) in DOCTORS.
Date	[D KEY] The date of this appointment.

DateScheduled	[D KEY] Date the user added this appointment.
Time	[T KEY] Time this appointment begins
BlockEndTime	[T] End time when DefineBlock is TRUE.
TextColor	[I] RGB value for color mix. Default to 0 (black).
DurationInMinutes	[I] Duration of this appointment in minutes from StartTime .
Room	[I] Room number if applicable.
PatientCaseID	[I KEY] The patient case associated with this transaction.
Width	[I] Simultaneous time slots occupied. Default to 1.
NewPatient	[B] TRUE if this is a new patient appointment.
Cancelled	[B] TRUE if this appointment was cancelled.
Rescheduled	[B] TRUE if this appointment was rescheduled.
Visit	[B] TRUE if this appointment has been completed.
DefineBlock	[B] TRUE if this member defines a blocked time range for a specific date.
DefineReminder	[B] TRUE if this member stores reminders / comments.
Arrived	[B] TRUE if patient has arrived/not completed the appointment.
NewPatientLast	[C-26] Last name if patient is not in PATIENTS.
NewPatientFirst	[C-15] First name if patient is not in PATIENTS.
NewPatientMI	[C-1] Middle initial if patient is not in PATIENTS.
Comments	[C-50**] Comments

Available Indexes

AppointmentKey. Date / Time

PatAppointmentKey. PatientID / PatientCaseID / Date / Time

DateScheduledKey. DateScheduled

Attorneys

Description

Attorney information

Data Fields

AttorneyID	[I KEY] Primary key for this member for use during assignments.
FirmName	[C-30]
FirstName	[C-15 KEY]
LastName	[C-25 KEY]
Attention	[C-35**]
Address	[C-35**]
Address2	[C-35**]
City	[C-20**]
State	[C-2**],
Zip	[C-10-**]
Phone	[C-12**]
Extension,	[C-4**]
Fax	[C-12**]
Email	[C-30]

Available Indexes

AttorneyIDKey. AttorneyID

AttorneyNameKey. LastName / FirstName / AttorneyID

Audit

Description

Tracks a variety of information by date including patient folder access, form letter generation & certain types of deletions (some deletions and all modification specifics are maintained in a separate database that is inaccessible via ODBC).

Data Fields

PatientID	[I KEY]
Date	[D KEY]
Type	[I] Conditional index assignment. Defined as
	DT_REPORT_AGEDRECEIVABLES 5
	DT_REPORT_DAYSHEET 10
	DT_FORMLETTER 15
	DT_BILL_COPY 20
	DT_BILL_COPYPATIENT 25
	DT_BILL_SECONDARY 30
	DT_INSURANCETRACER 35
	DT_STATEMENT_BYBILL 40
	DT_STATEMENT_ITEMIZED 45
	DT_STATEMENT_PREPRINTED 50
	DT_STATEMENT_ATTORNEY 55
	DT_MAX 56
	DT_PHI_ACCESS 1000
	DT_PHI_DELETE 1001
	DT_PHI_DELETE_LEDGER 1002
	DT_PHI_DELETE_BILL 1003
	DT_PHI_DELETE_APPOINTMENT 1004
	DT_PHI_DELETE_AUTHORIZATION 1005
	DT_PHI_DELETE_CASE 1006
	DT_PHI_DELETE_CONDITION 1007
	DT_PHI_DELETE_EDOCUMENT 1008
	DT_PHI_ACCESS_EDOCUMENT 1050
	DT_PHI_EDIT_EDOCUMENT 1075
	DT_PHI_ARCHIVE_APPOINTMENT 1100
	DT_PHI_ARCHIVE_BILL 1101
PatientCaseID	[I KEY]
DeletedRecCreatedByUserID	[D] If deleted record: user ID record added
DeletedRecCreatedByDate	[D] If deleted record: date originally created
DeletedRecCreatedByTime	[T] If deleted record: time originally created
DeletedRecObjectDate	[D] If deleted record: date assigned to bill/service, etc.
BillID	[I] Bill ID if applicable

PatientFolderAccess	[I] Access is determined by a combination (OR'd) of the values below:
	DT_FOLDER_APPOINTMENT 1
	DT_FOLDER_CASE 2
	DT_FOLDER_CONDITION 4
	DT_FOLDER_EHR 8
	DT_FOLDER_GUARANTOR 16
	DT_FOLDER_HISTORY 32
	DT_FOLDER_LEDGER 64
	DT_FOLDER_NOTES 128
	DT_FOLDER_PERSONAL 256
	DT_FOLDER_PICOMP 512
	DT_FOLDER_SOAP 1024
PatientFolderEdit	[I] Same as above for edits.
Comments	[C-26] Additional data

Available Indexes

Some indexes below are conditional indexes for performance reasons.

AuditDateKey. Date.

AuditIDKey. PatientID, PatientCaseID, Date.

AuditReportKey. PatientID, PatientCaseID, Date. [Conditional: Type < 1000]

AuditPHIAccessKey. PatientID, PatientCaseID, Date. [Conditional: Type = 1000]

AuditPHIDeleteKey. PatientID, PatientCaseID, Date. [Conditional: Type > 1000]

Authorizations

Description

Authorization information for each Condition in the Condition table.

Data Fields

SerialID	[I KEY] A unique ID generated by the DBMS.
PatientID	[I KEY] Patient ID associated with this authorization
StartDate	[D**] Start date if applicable
StopDate	[D**] Stop date if applicable
PayerID	[I KEY] Associated insurance co. if applicable
ReferralID	[I KEY] Associated referral if applicable
ProviderID	[I KEY] Associated provider if applicable
OfficeID	[I KEY] Associated provider if applicable
MaxDollarAmount	[F] Maximum amount to be charged on this authorization
PatientCaseID	[I KEY] The patient case associated with this transaction
ConditionID	[I KEY] Associated condition in CONDITIONS.
ProviderDegree	[I**] See the DOCTORS::Degree field for values
VisitsAllowed	[I**] Total # of service dates (based on CPTCODES members that are considered to be office visits) which are allowed by the payer.
Active	[B**] TRUE if this record is currently considered to be "in use"
Authorization	[C-31] Authorization# assigned by the payer
Comment	[C-51] Free form comments

Available Indexes

AuthorizationIDKey. PatientID, PatientCaseID, ConditionID, StartDate, SerialID.

Bills

Description

Each member contains a summation of charges and credits, responsibility, and amounts owed for a specific bill # attached to a patient's case. Members of this database are created automatically during bill generation as unbilled services are billed.

Data Fields

PatientID	[I KEY] The patient ID associated with this transaction.
PatientCase	[I KEY] The patient case associated with this transaction.
BillNumber	[I KEY] The bill # that was generated automatically at the time this bill was generated.
DoctorID	[I KEY] Assigned physician (part 1) in DOCTORS.
OfficeID	[I KEY] Assigned physician (part 2) in DOCTORS.
Date	[D KEY] Date this bill was originally generated
FromDate	[D] First date of service on this bill
ToDate	[D] Last date of service on this bill
LastTracer	[D**] Last date an insurance tracer was sent.
LastCopy	[D**] Last date a copy of this bill was prepared.
LastStatement	[D**] Last date a statement was generated.
Condition	[I KEY] Condition associated with this bill in CONDITIONS.
TotalVisits	[I] Total # of visits (i.e. distinct dates of service) on this bill.
FirstVisit	[I] First visit visits (i.e. date of service) on this bill.
Settled	[B] Indicates that the balance on this bill is \$0.00
ECSFlag	[B] If <i>TRUE</i> , this bill was originally generated for electronic claim submission.
Destination	<i>Not currently used.</i>
Remarks	[C-74**] Comments
Fees	[F] Total charges on this bill.
Interest	[F] Total interest charges added to this bill.
LateCharge	[F] Total late charges added to this bill.
SalesTax	[F] Total sales tax added to bill.
PatientPayments	[F] Total patient payments.
PayerPayments	[F] Total insurance payments.
PatientAdjustments	[F] Total patient adjustments.
PayerAdjustments	[F] Total payer adjustments.
PatientOwes	[F] Total patient responsibility.
PayerOwes	[F] Total payer responsibility.

Available Indexes

BillPatientIDKey. PatientID / PatientCase / BillNumber / Date

Conditions

Description

Conditions contain extended diagnostic information and are assigned to members of PATIENTCASES. Members of BILLS keep track of the CONDITIONS member that was in use at the time the bill was generated.

Data Fields

PatientID	[I KEY] The patient ID associated with this transaction.
ConditionDate	[D**] Date this condition becomes effective. When a new condition is added, this date is used to determine which condition unbilled services belong to.
ConditionStopDate	[D**] Stop date for billing purposes
FirsConsulted	[D**] Date patient originally consulted the doctor for this condition.
FirstOccurrence	[D**] Date injury/illness occurred.
PreviousSymptomsDate	[D**] Date of any previous symptoms.
HospitalizedFrom	[D**]
HospitalizedTo	[D**]
DisabilityFrom	[D**]
DisabilityTo	[D**]
PartialDisabilityFrom	[D**]
PartialDisabilityTo	[D**]
ReturnToWork	[D**]
LastXrayDate	[D**] Medicare/chiropractic requirements.
NatureOfIllnessDate	[D**]
DateLastSeen	[D**] Secondary payer authorization thru date.
AccidentTime	[T**]
SupervisingReferralID	[I** KEY]
LabCharges	[F**]
PatientCase	[I KEY] The patient case associated with this transaction.
PatientConditionID	[I KEY] Unique identifier for this condition as determined by patient case.
TotalVisits	[I] Accumulated visits on this condition.
MedicareVisitOverride	[I**] Medicare/chiropractic requirements. This member allows user to compensate for prior visits that are not included in the ECLIPSE database.
PrimaryGuarantor	[I KEY**] Assigned guarantor from PATIENTCASES: Not assigned = -1, GuarantorID1 = 0, GuarantorID2 = 1, GuarantorID3 = 2, GuarantorID4 = 3.
SecondaryGuarantor	[I KEY**] Assigned guarantor from PATIENTCASES: Not assigned = -1, GuarantorID1 = 0, GuarantorID2 = 1, GuarantorID3 = 2, GuarantorID4 = 3.
TertiaryGuarantor	[I KEY**] Assigned guarantor from PATIENTCASES: Not assigned = -1, GuarantorID1 = 0, GuarantorID2 = 1, GuarantorID3 = 2, GuarantorID4 = 3.
NatureOfIllness	[I] Medicare/chiropractic. ACUTE = 0, CHRONIC = 1, EXACERBATION = 2, PERMANENT = 3.

AccidentType	[I] NONE = 0, AUTO = 1, OTHER = 2.
EmploymentStatus	[I] NONE = 0, FT_STUDENT = 1, PT_STUDENT = 2, NOT_STUDENT = 3, FT_EMPLOYED = 4, PT_EMPLOYED = 5, NOT_EMPLOYED = 6, RETIRED = 7, SELF_EMPLOYED = 8, ACTIVE_MILITARY = 9.
ICD1	[C-10**]
ICD2	[C-10**]
ICD3	[C-10**]
ICDDescription1	[C-55**]
ICDDescription2	[C-55**]
ICDDescription3	[C-55**]
ICDDescription4	[C-55**]
SubluxationLevel	[C-15**] Medicare / chiropractic.
AccidentState	[C-2**]
AcceptAssignment	[B**]
LabWorkDone	[B**]
WorkRelated	[B**]
PreviousSymptoms	[B**]
ComplicatedCondition	[B**]

Available Indexes

ConditionIDKey. PatientID / PatientCase / PatientConditionID

CPTCodes

Description

All services added to ACCOUNTS must exist in CPTCODES. This table holds a great deal more than services. It contains overrides for responsibility, inventory control, etc. To retrieve a CPTCODES member for a specific patient, the OfficeCode must be combined with the ProfileID of the PATIENTCASE member. If none exists for the OfficeCode, there must be an equivalent index entry with a ProfileID of 0.

Data Fields

OfficeCode	[C-15 KEY] This member is the primary key used to identify this field in ACCOUNTS when services are added.
Description	[C-41 KEY] Description of this service
CPTType	[I] If this member is a service, then the value of this field is 0 (zero). If the value is 1 (one), this member is a MACRO that contains multiple OfficeCodes as defined in Macro1 through Macro10.
Macro1	[C-15 KEY] If CPTType = 1, an Office code.
Macro2	[C-15 KEY] If CPTType = 1, an Office code.
Macro3	[C-15 KEY] If CPTType = 1, an Office code.
Macro4	[C-15 KEY] If CPTType = 1, an Office code.
Macro5	[C-15 KEY] If CPTType = 1, an Office code.
Macro6	[C-15 KEY] If CPTType = 1, an Office code.
Macro7	[C-15 KEY] If CPTType = 1, an Office code.
Macro8	[C-15 KEY] If CPTType = 1, an Office code.

Macro9	[C-15 KEY] If CPTType = 1, an Office code.
Macro10	[C-15 KEY] If CPTType = 1, an Office code.
CPT	[C-15] CPT-4 code.
Modifiers	[C-15]
PlaceOfService	[C-3]
NDCPOS	[C-3] POS for NDC direct electronic billing.
TypeOfService	[C-3].
NDCTOS	[C-3] TOS for NDC direct electronic billing.
RDX	[C-20] Prescription info
CLIA	[C-20] HCFA Laboratory ID
OrderedFrom	[C-53] Inventory source.
Revenue Code	[C-4] UB-92 info
HCPCS	[C-10] UB-92 info. <i>Not currently used.</i>
Fee	[F]
NonCoveredCharge	[F] UB-92 info. <i>Not currently used.</i>
AutoWriteOff	[F] Dollar amount to written off automatically when this service is used.
SalesTaxRate	[F] Override config sales tax rate. <i>Not currently used.</i>
Units	[F]
UnitPrice	[F] Inventory per item price.
CoveredAmount	[F] Patient copayment
LastOrdered	[D] Last date this inventory item was ordered.
ProfileID	[I KEY] ID in PROFILES for this version of OfficeCode.
BarCode	[I] Quicknotes identifier for charge import.
CurrentInventory	[I] Quantity on hand
MinimumInventory	[I] Level at which notification should occur.
BillingCode	[I] Filter to determine if this item can be billed to primary payer based on BillingCodeFilter (<i>not available via ODBC</i>) in PAYERS. Possible values are:
	BC_NONE 0
	BC_DIAGNOSTIC_TEST 1
	BC_THERAPY 2
	BC_VITAMINS 4
	BC_SALES_TAX 8
	BC_LATE_CHARGES 16
	BC_CONSULTATION 32
	BC_LABORATORY 64
CoverageType	[I] Possible values are: PCT_USE_PATIENT = 0, PCT_MANUAL_OVERRIDE = 1, PCT_COPAY_PATIENT = 2
TimeIncrement	[I] Anesthesia minutes for use with Units.
FeeOverride	[B] Override fee during service entry?
Visit	[B] Count as a office visit for statistics?
Taxable	[B] Apply sales tax.
AssignAWO2Payer	[B] Assign auto write-off to payer.

Available Indexes

- CPTOfficeCodeKey.** OfficeCode / ProfileID
- CPTKey.** CPTCode / ProfileID
- CPTNameKey.** Description

Doctors

Description

Doctor information.

Data Fields

DoctorID	[I KEY] Numeric primary key for the DOCTORS table.
OfficeID	[I KEY] Numeric primary key for the DOCTORS table.
Clinic	[C-34] Business name.
FirstName	[C-15 KEY]
LastName	[C-25 KEY]
Suffix	[C-10]
Degree	[I] Possible values are: DEGREE_NONE 0 DEGREE_DC 1 DEGREE_DDS 2 DEGREE_DO 3 DEGREE_DPM 4 DEGREE_MASSAGE 5 DEGREE_MD 6 DEGREE_PT 7 DEGREE_PHD 8
Address	[C-35**]
City	[C-20**]
State	[C-2**]
Zip	[C-10**]
Phone	[C-12**]
Extension	[C-4**]
Fax	[C-12**]
Email	[C-30**]
PINxxx	[C-30**] Each of 8 PIN's must correspond to the type below.
PINTypexxx	[I**] Possible type values are: ID_NONE 0 ID_BCBS 1 ID_BLUECROSS 2 ID_BLUESHIELD 3 ID_CHAMPUS 4 ID_COMMERCIAL 5 ID_EDIPIN 6 ID_EMPLOYER 7 ID_GROUP 8 ID_LOSPIN 9 ID_MEDICAID 10 ID_MEDICARE 11 ID_NPI 12 ID_OTHER 13 ID_PIN 14 ID_SOCIALSECURITY 15

ID_SPECIAL	16
ID_SPECIALTY	17
ID_STATELICENSE	18
ID_UPIN	19
ID_CLIA	20
ID_MAMMOGRAPHY	21
ID_NETWORKPLAN	22
ID_LOCATIONNUMBER	23

Comments [C-31**]

Available Indexes

DoctorIDKey. OfficeID / DoctorID

DoctorNameKey. LastName / FirstName / OfficeID / DoctorID

DoctorIDs

Description

This table allows relationships to be created between DOCTORS and *either* PROFILES or PAYERS for the purposes of adding unique id #'s for the myriad of organizations that assign them.

Data Fields

DoctorID [I KEY]

OfficeID [I KEY]

PayerID [I KEY]

ProfileID [I KEY]

ReferralID [I KEY]

PINxxx [C-30**] Each of 8 PIN's must correspond to a type below.

PINTypexxx [I**] Possible type values are:

ID_NONE	0
ID_BCBS	1
ID_BLUECROSS	2
ID_BLUESHIELD	3
ID_CHAMPUS	4
ID_COMMERCIAL	5
ID_EDIPIN	6
ID_EMPLOYER	7
ID_GROUP	8
ID_LOSPIN	9
ID_MEDICAID	10
ID_MEDICARE	11
ID_NPI	12
ID_OTHER	13
ID_PIN	14
ID_SOCIALSECURITY	15
ID_SPECIAL	16
ID_SPECIALTY	17
ID_STATELICENSE	18

ID_UPIN	19
ID_CLIA	20
ID_MAMMOGRAPHY	21
ID_NETWORKPLAN	22
ID_LOCATIONNUMBER	23

Available Indexes

DoctorIDKey1. OfficeID / DoctorID / PayerID / ProfileID

DoctorIDKey2. OfficeID / DoctorID / ProfileID / PayerID

DoctorIDKey3. PayerID / OfficeID / DoctorID

DoctorIDKey4. ProfileID / OfficeID / DoctorID

DoctorIDKey5. ReferralID / PayerID / ProfileID

DoctorIDKey6. ReferralID / ProfileID / PayerID

EDocuments

Description

This database contains all the information necessary to locate assigned documents. The actual documents are not contained in this file. Instead, file & relative path information point to a copy of the original document.

Data Fields

EDocumentID	[I KEY] Auto generated unique ID#.
PatientID	[I KEY] The patient ID associated with this document.
FileType	[I] Possible values are: 0: Native including jpg, gif, tif, and other common image types. 1: TIF including most scans. 2: PDF Adobe acrobat 3: DOC Microsoft WORD 4: XML XML 5: RTF Rich Text Format (usually a note). 6: MPG Video 7: AVI Video 8: SOAP Internal SOAP document.
SubDirectoryID	[I] Integer value representing a sub-directory of the relative path*
ServiceDate	[D] Associated service date (optional)
PatientCaseID	[I KEY] Patient case ID associated with this document
BillID	[I] Associated bill# (optional)
PermissionLevel	[I] 0 = standard, 1 = access by me, 2 = edit by me
PendingReview	[B]
DocumentType	[C-20]
Description	[C-75]
FileName	[C-127] Local file name (no path info)
AnnoFileName	[C-127] Secondary file name (no path info)
Keywords	[C-69] Keywords for use during searches
CreationDate	[D] System date added automatically

Available Indexes

EDocumentIDKey. EDocumentID

EDocumentPatientIDKey. PatientID / PatientCaseID / CreationDate

EDocumentDateKey. CreationDate (and time - not exposed)

EDocumentPendingKey. Next user (not exposed)

Documents are automatically stored in the **EDocuments** sub-folder that exists in the main ECLIPSE folder (usually mpn) where all your other data is stored (even if you use a multi-directory version of ECLIPSE). Assuming a typical B&W scanned document requires 50KB (kilobytes), approximately 20 images can be stored per MB (megabyte). Thus, approximately 20,000 images can be stored per GB (gigabyte).

For high volume applications, it might be preferable to offload images to another location -- such as a high speed server on the network. The **eclipse.ini** file in each ECLIPSE data directory can be used to specify an alternate path to store documents. This file is a standard ASCII file & can be edited with any ASCII editor (such as Notepad). Simply remember to press the **Enter** key after entering the requisite information (one line of text) as described below.

This path can be changed at any time, as long as all document files are moved to the new location.

The **DB_EDOCUMENT_PATH** variable allows you to set a new path. For example:
DB_EDOCUMENT_PATH=c:\Documents.

If the path you set using the **DB_EDOCUMENT_PATH** is invalid, a messagebox will appear directly after the database is opened.

Documents exist along the relative path as noted above on an extended path as determined by the **SubDirectoryID**. Thus, a typical path might be
c:\mpn\edocuments\1\docname.tif

Employers

Description

Employer information.

Data Fields

EmployerID	[I KEY]
Company	[C-30 KEY]
Address	[C-35**]
Address2	[C-35**]
City	[C-20**]
State	[C-2**]
Zip	[C_10**]
Phone	[C-12**]
Extension	[C-4**]
Fax	[C-12**]
Email	[C-30**]

Available Indexes

EmployerIDKey. EmployerID

EmployerIDKey. Company / EmployerID

Facilities

Description

This table generally serves as a repository for nursing homes, hospitals, or other treatment centers at which services were rendered.

Data Fields

FacilityID	[I KEY]
Facility	[C-30 KEY] Name of facility
Address	[C-356**]
City	[C-20**]
State	[C-2**]
Zip	[C-10**]
Phone	[C-12**]
BillingID	[C-15**] Identification # for claim forms.
POS	[C-3**] Alternate Place of Service code for claims
PINxxx	[C-30**] Each of 5 PIN's must correspond to a type below.
PINTypexxx	[I**] Possible type values are:
	ID_NONE 0
	ID_BCBS 1
	ID_BLUECROSS 2
	ID_BLUESHIELD 3
	ID_CHAMPUS 4
	ID_COMMERCIAL 5
	ID_EDIPIN 6
	ID_EMPLOYER 7
	ID_GROUP 8
	ID_LOSPIN 9
	ID_MEDICAID 10
	ID_MEDICARE 11
	ID_NPI 12
	ID_OTHER 13
	ID_PIN 14
	ID_SOCIALSECURITY 15
	ID_SPECIAL 16
	ID_SPECIALTY 17
	ID_STATELICENSE 18
	ID_UPIN 19
	ID_CLIA 20
	ID_MAMMOGRAPHY 21
	ID_NETWORKPLAN 22
	ID_LOCATIONNUMBER 23

Available Indexes

FacilityIDKey. FacilityID

FacilityNameKey. Facility / FacilityID

Guarantors

Description

The individual or entity who is ultimately responsible for payment. This may be an insured individual who has third party insurance (such as the patient, a parent, a spouse), or any other responsible party.

Data Fields

GuarantorID	[I KEY]
Deductible	[F**] This deductible can be overridden at the patient case level.
DeductibleRemaining	[F**] How much of the deductible is left for the current period (usually annual).
PayerPercentage	[F**] Percentage coverage by payer (see <i>CoverageType</i>).
Copayment	[F**] Dollar amount of copayment (see <i>CoverageType</i>).
PayerID	[I KEY]
EmployerID	[I KEY]
CoveragePlan	[I] <i>Not currently used.</i>
DateOfBirth	[D**]
EffectiveDate	[D**]
TerminationDate	[D**]
SocialSecurity	[I**]
HoldToDate	[D**]
LastName	[C-25 KEY]
FirstName	[C-15 KEY]
MiddleInitial	[C-1 KEY]
Address	[C-35**]
Address2	[C-35**]
City	[C-20**]
State	[C-2**]
Zip	[C-10**]
HomePhone	[C-12**]
WorkPhone	[C-12**]
WorkPhoneEx	[C-4**]
Fax	[C-12**]
Email	[C-30**]
GroupName	[C-20**]
GroupID	[C-30**]
PolicyID	[C-30**]
PayerContact	[C-20**]
Gender	[C-1] M = Male, F = Female
CoverageType	[C-1] Possible values are: 0 Cash patient (default) 1 Use percentage as patient coverage

	2	Distribute copayment all services this date
	3	Assign copayment by service
	4	Assign a max to payer payment by visit
PaperOnlyFlag	[B**]	Do not send this guarantor's bills electronically.
HoldStatements	[B**]	
HoldBilling	[B**]	
HoldAging	[B**]	
HoldTracers	[B**]	
UseDeductible	[B**]	<i>Not currently used.</i>

Available Indexes

GuarantorKey. GuarantorID

GuarantorNameKey. LastName / FirstName / MiddleInitial / GuarantorID

ICDCodes

Description

ICD-9 database.

Data Fields

ICDCode	[C-10 KEY **]
Category	[C-25 KEY **]
Description	[C-55 KEY **]

Available Indexes

ICDIDKey. ICDCode

ICDDescriptionKey. Description

ICDCategoryKey. Category / ICDCode

Patients

Description

Basic patient information.

Data Fields

PatientID	[I KEY]
LastName	[C-25 KEY]
FirstName	[C-15 KEY]
MiddleInitial	[C-1 KEY]
Nickname	[C-15**]
Address	[C-35**]
Address2	[C-35**]
City	[C-20**]
State	[C-2**]
Zip	[C-10**]
BillToOverride	[B**]
BillTo	[C-30**]

BillToAddress	[C-30**]
BillToAddress2	[C-30]
HomePhone	[C-12**]
WorkPhone	[C-12**]
WorkPhoneExt	[C-5**]
CellPhone	[C12**]
Beeper	[C-12**]
BeeperPIN	[C-12**]
Fax	[C-12**]
Email	[C-46**]
EmailWork	[C-46**]
Spouse	[C-30**]
EmergencyContact	[C-35**]
UserDefinedKey	[C-10 KEY]
Balance	[F**] This field has only been exposed for conditional index support. DO NOT UPDATE.
Birthdate	[D KEY **]
SocialSecurity	[I KEY **]
StartDate	[D**]
LastVisit	[D]
PrevVisit	[D]
ReferralByPatID	[I KEY]
GeneralReferralKey	[I KEY]
DefaultCase	[I]
ReferralSource	[I]
MailingLabelType	[I] Possible values 0 LBL_FIRSTLAST 1 LBL_TITLEFIRSTLAST 2 LBL_DRFIRSTLAST 3 LBL_THELASTFAMILY 4 LBL_MRANDMRSFAMILY 5 LBL_ONLYIFFILTERED 6 LBL_DONOTPRINT
MaritalStatus	[I] Possible values: 0 MS_SINGLE 1 MS_MARRIED 2 MS_WIDOWED 3 MS_DIVORCED 4 MS_SEPARATED 5 MS_UNKNOWN
Gender	[C-1] M = Male, F = Female
ReleasedFromCare	[B**]
Deceased	[B**]
Alerts	[B**]
Inactive	[B**]
PrimaryPhone	[C-1] Possible values: 0 Unassigned 1 PHONE_HOME 2 PHONE_WORK

	3	PHONE_CELL
	4	PHONE_BEEPER
SecondaryPhone	[C-1]	Possible values:
	0	Unassigned
	1	PHONE_HOME
	2	PHONE_WORK
	3	PHONE_CELL
	4	PHONE_BEEPER

Available Indexes

PatientIDKey. PatientID

PatientLNameKey. LastName / FirstName / MiddleInitial

PatientDOBKey. Birthdate

PatientSocSecKey. SocialSecurity

PatientUserDefKey. UserDefinedKey

PatientFNameKey. FirstName / MiddleInitial / LastName

PatientActiveKey. LastName / FirstName / MiddleInitial. Conditional index based on balance & Inactive field.

PatientCases

Description

Each member of this table contains the crucial links for a given set of patient account entries, bill, guarantors, etc.

Data Fields

PatientID	[I KEY]
DoctorID	[I KEY]
OfficeID	[I KEY]
FacilityID	[I KEY]
EmployerID	[I KEY]
AttorneyID	[I KEY]
ProfileID	[I KEY]
BillingReferralKey	[I KEY]
Deductible1	[F]
DeductibleLeft1	[F]
GuarantorID1	[I KEY]
RelToGuarantor1	[I] Possible values are:
	0 REL_NONE
	1 REL_SELF
	2 REL_SPOUSE
	3 REL_NAT_CHILD_R
	4 REL_NAT_CHILD_NR
	5 REL_STEP_CHILD
	6 REL_FOSTER_CHILD

7	REL_WARD_OF_COURT
8	REL_EMPLOYEE
9	REL_UNKNOWN
10	REL_HANDICAPPED
11	REL_ORGAN_DONOR
12	REL_CAD_ORGAN_DONOR

UseCaseDeductible1	[B]
Deductible2	[F]
DeductibleLeft2	[F]
GuarantorID2	[I KEY]
RelToGuarantor2	[I] Possible values: <i>see RelToGuarantor1.</i>
UseCaseDeductible2	[B]
Deductible3	[F]
DeductibleLeft3	[F]
GuarantorID3	[I KEY]
RelToGuarantor3	[I] Possible values: <i>see RelToGuarantor1.</i>
UseCaseDeductible3	[B]
Deductible4	[F]
DeductibleLeft4	[F]
GuarantorID4	[I KEY]
RelToGuarantor4	[I] Possible values: <i>see RelToGuarantor1.</i>
UseCaseDeductible4	[B]
CaseBalance	[F]
UnbilledCharges	[F]
PatientCredits	[F]
PatientOwes	[F]
PayerOwes	[F]
CommentColor	[I]
PatientCaseID	[I KEY]
HCFAComment	[C-40**]
StatementComment	[C-70**]
AddServicesComment	[C-40]
Occupation	[C-35]
CaseDescription	[C-25]

Available Indexes

PatientCaseKey. PatientID / PatientCaseID

CaseGuarantorKey. GuarantorID1 / PatientID / PatientCaseID

Payers

Description

Generally, this table contains third party insurance carriers of all types. Most Boolean values below are specific to the CMS 1500 form.

Data Fields

PayerID	[I KEY]
PayerName	[C-35 KEY]

Address	[C-35**]
Address2	[C-35**]
City	[C-20**]
State	[C-2**]
Zip	[C-10**]
Phone	[C-12**]
Fax	[C-12**]
Comments	[C-49**]
ECSPayerID	[C-5**]
ECSPeyorSubID	[C-4**]
NDCRecordCode	[C-2**]
OverrideICDStr	[C-10**] Override actual ICD data on CMS-1500 when OverrideICD is true.
POS	[C-4**] Place of Service override
SubmitterID	[I**] Attached to submitter table for batch EDI
CPTCodeFilter	[I**] <i>Must be set to 0xFFFF when adding payer records</i>
HMO_PPOStatus	[I**] Payer type 0=none;1=HMO;2=PPO;3=CHAMPUS
PaymentSource	[C-1**] Possible values are: INS_SELFPAY 'A' INS_WORKCOMP 'B' INS_MEDICARE 'C' INS_MEDICAID 'D' INS_OTHERFEDERAL 'E' INS_COMMERCIAL 'F' INS_BCBS 'G' INS_CHAMPUS 'H' INS_HMO 'I' INS_FEP 'J' INS_CENTRALCERT 'K' INS_SELFADMIN 'L' INS_FAMILYFRIENDS 'M' INS_MANAGEDCARE 'N' INS_BLUECROSS 'P' INS_TITLEV 'T' INS_VETERANADMIN 'V' INS_MEDIGAP 'X' INS_OTHER 'Z'
ReferralIDType	[C-1**]
AutoDownload	[B**] Automatic electronic billing
SendDirect	[B**] Automatic electronic billing
Destination	[C-1**] Claim destination
AcceptAssignment	[B**] Default accept assignment
Print1CPTPerLine	[B**]
PrintICD1Description	[B**] Print 1 st ICD description
PrintPrimaryICD	[B**] Print ICD instead of “1,2,3,4”
OverrideICD	[B**] Use OverrideICDStr when TRUE
PrintXraysAvailable	[B**] Print x-rays available in box 24
PrintLineItemPIN	[B**] Print provider PIN for each service
PrintPatientPayment	[B**] Print patient payment totals
PrintBalanceDue	[B**]
PrintDocAsFacility	[B**] Provider’s name & address as facility
PrintDocAsReferral	[B**]

SqueezeSvcLineDate	[B**]
SqueezeNonSvcDates	[B**] mmddccyy
PrintNoChargeSvcs	[B**] Print services that are \$0.00
PrintServiceComments	[B**]
PrintSignatureBox13	[B**]

Available Indexes

PayerIDKey. PayerID
PayerNameKey. PayerName / PayerID

PersonallInjury

Description

Data Fields

PatientID	[I KEY]
CaseID	[I KEY]
Condition	[I KEY]
FormDate	[D**]
Adjustor	[C-30**]
FileNum	[C-20**]
History	[C-75**]
History2	[C-75**]
History3	[C-75**]
PrevCondition	[B**]
PrevDescription	[C-75**]
PrevDescription2	[C-75**]
ThisAccident	[B**]
ThisDescription	[C-75**]
PermDisability	[C-1]
PermDescription	[C-75**]
CurrentCare	[B**]
MoreServices	[B**]
Hospitalized	[B**]
ChargesToDate	[C-10**]
FutureCharges	[C-10**]
IRSID	[C-15**]
DoctorName	[C-30**]
Duration	[C-30**]

Available Indexes

Profiles

Description

Data Fields

ProfileID	[I KEY]
Description	[C-50 KEY **]
Notes	[C-60**]
InterestRate	[F]
LastInterestDate	[D**]
LastBillingDate	[D**]
AdvanceWarning	[I**]
BillingFrequency	[I*]
InterestFrequency	[I**]
MaxVisits	[I**]

Available Indexes

ProfileIDKey. ProfileID
ProfileNameKey. Description / ProfileID

Referrals

Description

Data Fields

ReferralID	[I KEY]
FirstName	[C-15 KEY]
LastName	[C-25 KEY]
Title	[C-10**]
Address	[C-35**]
City	[C-20**]
State	[C-2**]
Zip	[C-10]
Phone	[C-12**]
Extension	[C-4**]
Fax	[C-12**]
Email	[C-30**]
PrintOnBills	[B**]
PINxxx	[C-30**] Each of 5 PIN's must correspond to a type below.
PINTypexxx	[I**] Possible type values are:

ID_NONE	0
ID_BCBS	1
ID_BLUECROSS	2
ID_BLUESHIELD	3
ID_CHAMPUS	4
ID_COMMERCIAL	5
ID_EDIPIN	6
ID_EMPLOYER	7
ID_GROUP	8
ID_LOSPIN	9
ID_MEDICAID	10

ID_MEDICARE	11
ID_NPI	12
ID_OTHER	13
ID_PIN	14
ID_SOCIALSECURITY	15
ID_SPECIAL	16
ID_SPECIALTY	17
ID_STATELICENSE	18
ID_UPIN	19
ID_CLIA	20
ID_MAMMOGRAPHY	21
ID_NETWORKPLAN	22
ID_LOCATIONNUMBER	23

Available Indexes

ReferralIDKey. ReferralID

ReferralNameKey LastName / FirstName

SOAP

Description

Data Fields

Category	[C-1**]
SubCategory	[C-1**]
SOAPKey	[C-9**]
Key Phrase	[C-19**]
Text	[C-255**]

Available Indexes

SOAPKey. SOAPKey

SOAPCatKey. Category / SubCategory /SOAPKey

StateForms

Description

Data Fields

PatientID	[I KEY]
CaseID	[I KEY]
MIInjuryCode	[C-2**]
MNPriorAuthorization	[C-6**]
MNMedicalAssistance	[C-15**]
MNTPL	[C-2**]

MNInjuryCode	[C-2**]
MNBillType	[C-1**]
PAResource	[C-1**]
PARecipient	[C-10**]

Available Indexes

StateFormKey. PatientID / CaseID

Submitters

Description

This NSF header and options file is not available via ODBC.

Data Fields

N/A

Available Indexes

N/A

WorkComp

Description

Data Fields

PatientID	[I KEY]
CaseID	[I KEY]
Condition	[I KEY]
FormDate	[D**]
Report	[C-1**]
WCBCaseNum	[C-15**]
CarrierNum	[C-15**]
InjuryTime	[C-7**]
Location	[C-42**]
EmployerPhone	[C-12**]
EmployerDescription	[C-30**]
SupervisingPhy	[C-30**]
SupervisingPhyAdd	[C-47**]
SupervisingPhyPhone	[C-12**]
PreviousReportDate	[D**]
PreviousReport	[B**]
PreviousCare	[B**]
PreviousDoctor	[C-33**]
Xrays	[B**]
XrayResults	[C-30]
ExamFromDate	[D**]
ExamToDate	[D**]

FirstTreatmentDate	[D**]
NextAppointment	[D**]
DateLastWorked	[D**]
ResumeLimited	[D**]
ResumeFull	[D**]
FirstTreatmentTime	[C-7**]
MaxImprovement	[B**]
PermanentDamage	[B**]
PermDamageDescr	[C-30]
Working	[B**]
DegreeOfDisability	[C-1**]
Cause	[B**]
CauseDescription	[C-50**]
DelayRecovery	[B**]
DelayDescription	[C-47**]
WorkCapacity	[B**]
CapacityDescription	[C-47**]
History	[C-70**]
SubjectiveComplaints	[C-70**]
InjuryLine	[C-70**]
InjuryLine2	[C-70**]
Treatment	[C-70**]
Treatment2	[C-70**]
Remarks	[C-70**]
Remarks2	[C-70**]
Testimony	[C-22**]
WCBRating	[C-15**]
WCBAuthorization	[C-15**]
HospitalStay	[C-10**]
WorkStatus	[B**]
WorkRestrictions	[C-30**]
ToxicCompounds	[B**]
TreatmentPlan	[C-50**]
PercentageLoss	[C-50**]
TreatmentAuthorization	[B**]
Disabled	[B**]

Available Indexes

WorkCompKey. PatientID / CaseID