

TPL Referral File Layout

<u>Item</u>	<u>Field Length</u>
AHCCCS-ID	9
SEQ-NO	2
LAST-NAME	20
FIRST-NAME	10
MIDDLE-INIT	1
GENDER	1
DAT-OF-BIR	8
POLICY-ID	20
BEG-DAT	8
END-DAT	8
CAR-NAME	30
INSURED-NAME	31
INSURED-SSN	9
INSURED-REL-PAT	2
INS-TYP	1
CAR-PHONE	10
DAT-REC-ADDED	8
LAST-MOD-DAT	8
LAST-MOD-TIME	8
LAST-MOD-USR	3
CHG-RSN	2
INS-CAR	5
INS-EMPR	30
INS-GRP-NUM	20
CAR-STR-1	23
CAR-STR-2	23
CAR-CITY	18
CAR-ST	2
CAR-ZIP	9
DATE-VERIFIED	8
SRC	2
ABS-PAR-IND	1