



## CUSTOMER VALIDATION SETUP

SSN (SOCIAL SECURITY NUMBER)	<div>Blank ▾</div>	CUSTOMER TYPE	<div>Blank ▾</div>	PHONE	<div>Blank ▾</div>
LAST NAME	<div>Stop ▾</div>	FIRST NAME	<div>Stop ▾</div>	GENDER	<div>Stop ▾</div>
DATE OF BIRTH	<div>Stop ▾</div>	ADDRESS	<div>Stop ▾</div>	ZIP CODE	<div>Stop ▾</div>
CITY	<div>Stop ▾</div>	STATE	<div>Stop ▾</div>	COUNTY	<div>Blank ▾</div>
COUNTRY	<div>Blank ▾</div>	BILLING NAME	<div>Stop ▾</div>	BILLING ADDRESS	<div>Stop ▾</div>
BILLING CITY	<div>Stop ▾</div>	BILLING STATE	<div>Stop ▾</div>	BILLING ZIP CODE	<div>Stop ▾</div>
BILLING RATE	<div>Blank ▾</div>	BILLING TAXABLE	<div>Blank ▾</div>	BILLING TERM	<div>Blank ▾</div>
BILLING OFFICE	<div>Blank ▾</div>	GUARANTOR GENDER	<div>Stop ▾</div>	GUARANTOR ADDRESS	<div>Stop ▾</div>
GUARANTOR CITY	<div>Stop ▾</div>	GUARANTOR STATE	<div>Stop ▾</div>	GUARANTOR COUNTY	<div>Blank ▾</div>
GUARANTOR ZIP CODE	<div>Stop ▾</div>	GUARANTOR RELATIONSHIP	<div>Stop ▾</div>	GUARANTOR INSURANCE CARRIER	<div>Stop ▾</div>
GUARANTOR MEMBER NUMBER	<div>Stop ▾</div>	GUARANTOR DATE OF BIRTH	<div>Stop ▾</div>	FACILITY NPI	<div>Blank ▾</div>
WEIGHT	<div>Warning ▾</div>	HEIGHT	<div>Warning ▾</div>	BILLING COUNTY	<div>Stop ▾</div>
ALTERNATE ID	<div>Blank ▾</div>	EMERGENCY CONTACT 1 NAME FIELD	<div>Blank ▾</div>	Route ID	<div>Blank ▾</div>