**Location**

* Area code
* City
* Country

**Hospital**

* Facility num
* Tyep of control

**Employee**

* Start date
* End date
* Positions (MULTIPLE SPECIALIZATION)
* Productive hour
* Benefit id
* Employee ID

**Doctor**

* Surgon or non surgon

**Nurse**

* Assigned room:
* Head nurse:

Patient

* Health care num
* Address
* Phone
* Hospital
* Assigned nurse
* Assigned cabin
* Med Record id

**Cabin**

* Hospital
* Cabin num
* Cabin type
* Head nurse

**Benefit**

* Benefit id
* Pay type: salary / hourly
* Health coverage: full / partial /none

**Med record**

* Med record id
* Assigned:
* Discharged
* Treatment
* Bill id

**Bill**

* Bill type (cash/ Card pay)
* Amount

**Card**

Card num

CVV

Exp date