

Institutional Claims-837

Professional Claims-837P

Remittance Advice-835

Welcome Dr. <Last_Name>!

Home > 4010 to 5010 Mapping Tool > Comparison Report

Comparison Report on the Selected Segments

| SEGMENT NAME FROM 4010A1 | LOOP | REPEAT | CHANGE DESCRIPTION | LOOP | REPEAT | SEGMENT NAME FROM 5010 |
|---------------------------------|--------|--------|---------------------|------|--------|------------------------|
| Interchange Control Header | | | No Change | | | |
| Functional Group Header | | | Element Change | | | |
| Pay-to-Provider Name | | | Segment Name Change | | | |
| Credit/Debt Account Holder Name | 2000BB | | | | | |
| Payer City/Date/State/Zip Code | 2000BC | | Element Change | | | |
| Patient Information | | | Element Change | | | |
| Document Identification Code | | | | | | |
| Home Health Care Information | | | | | | |

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