BeneficiaryID : ID of person or entity entitled to receive claim amount and other benefits upon death or on maturity of policy

id for each individual who receives Medicare .

ClaimID : ID of request that health insurance , policyholder submits to insurance company in order to obtain services covered in health policy

ClaimStart : Start of claim

ClaimEnd : End of Claim

Provider : providerID is a company that provides a healthcare service

InsuranceClaimAmtReimbursed : **Reimbursement** is also used in **insurance**, when a provider pays for expenses after they have been paid directly by the policy holder or another party.

AttendingPhysician ID's of the physicians

OperatingPhysician

OtherPhysician

ClaimDiagonsisCode\_1,2,3,4,5,6,7,8,9,10- The ICD-10-CM (International Classification of Diseases, Tenth Revision, Clinical Modification) is a system used by physicians and other healthcare providers to classify and code all diagnoses, symptoms and procedures recorded in conjunction with hospital care

every claim institutional provider, upto 10 diagnosis code are possible for a single claim

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DeducibleAmtPaid : amount paid for healthcare services before paying for the insurance plan.

With a $2,000 deductible, for example, you pay the first $2,000 of covered services yourself. After you pay your deductible, you usually pay only a copayment or coinsurance for covered services.

ClmAdmitDiagnosisCode : a diagonosis code on institutional claim indicating the beneficiary's initial diagnosis at admission