

REASONCODE
REASONDESCRIPTION

Organizations		
PK	<u>ID</u>	
	NAME	
	ADDRESS	
	CITY	
	STATE	
	ZIP	
	LAT	
	LON	
	PHONE	
	REVENUE	
	UTILIZATION	

Providers		
PK	<u>ID</u>	×
	ORGANIZATION	
	NAME	
	GENDER	
	SPECIALTY	
	ADDRESS	
	CITY	
	STATE	
	ZIP	
	LAT	
	LON	
	UTILIZATION	

FK PROVIDER

FK PAYER

ENCOUNTERCLASS

CODE

DESCRIPTION

BASE\_ENCOUNTER\_COST

TOTAL\_CLAIM\_COST

PAYER\_COVERAGE

REASONCODE

REASONDESCRIPTION

PK ID NAME **ADDRESS** CITY STATE\_HEADQUARTERED ZIP **PHONE** AMOUNT\_COVERED AMOUNT\_UNCOVERED **REVENUE** COVERED\_ENCOUNTERS UNCOVERED\_ENCOUNTERS COVERED\_MEDICATIONS UNCOVERED\_MEDICATIONS COVERED\_PROCEDURES UNCOVERED\_PROCEDURES COVERED\_IMMUNIZATIONS UNCOVERED\_IMMUNIZATIONS UNIQUE\_CUSTOMERS QOLS\_AVG MEMBER\_MONTHS