

| Medication Encounters |                   |
|-----------------------|-------------------|
|                       |                   |
|                       | START             |
|                       | STOP              |
| FK                    | PATIENT           |
| FK                    | PAYER             |
| FK                    | ENCOUNTER         |
|                       | CODE              |
|                       | DESCRIPTION       |
|                       | BASE_COST         |
|                       | PAYER_COVERAGE    |
|                       | DISPENSES         |
|                       | TOTAL_COST        |
|                       | REASONCODE        |
|                       | REASONDESCRIPTION |

| Observations |             |
|--------------|-------------|
| PK           |             |
|              | DATE        |
|              | PATIENT     |
|              | ENCOUNTER   |
|              | CODE        |
|              | DESCRIPTION |
|              | VALUE       |
|              | UNITS       |
|              | TYPE        |

| Procedures |             |
|------------|-------------|
| PK         |             |
|            | DATE        |
|            | PATIENT     |
|            | ENCOUNTER   |
|            | CODE        |
|            | DESCRIPTION |
|            | BASE_CODE   |

| Patients |                     |
|----------|---------------------|
| PK       | ID                  |
|          | BIRTHDATE           |
|          | DEATHDATE           |
|          | SSN                 |
|          | DRIVERS_LICENSE     |
|          | PASSPORT            |
|          | PREFIX              |
|          | FIRST NAME          |
|          | LAST NAME           |
|          | SUFFIX              |
|          | MAIDEN NAME         |
|          | RACE                |
|          | ETHNICITY           |
|          | GENDER              |
|          | BIRTHPLACE          |
|          | ADDRESS             |
|          | CITY                |
|          | STATE               |
|          | COUNTY              |
|          | ZIP                 |
|          | LAT                 |
|          | LON                 |
|          | HEALTHCARE EXPENSES |
|          | HEALTHCARE COVERAGE |

| Encounters |              |
|------------|--------------|
| PK         | ID           |
|            | START        |
|            | STOP         |
|            | PATIENT      |
|            | ORGANIZATION |

| Allergy Encounters |             |
|--------------------|-------------|
|                    | START       |
|                    | STOP        |
| FK                 | PATIENT     |
| FK                 | ENCOUNTER   |
|                    | CODE        |
|                    | DESCRIPTION |

| Careplan Encounter |                    |
|--------------------|--------------------|
| PK                 | ID                 |
|                    | START              |
|                    | STOP               |
| FK                 | PATIENT            |
| FK                 | ENCOUNTER          |
|                    | CODE               |
|                    | DESCRIPTION        |
|                    | REASON CODE        |
|                    | REASON DESCRIPTION |

| Condition Encounter |             |
|---------------------|-------------|
|                     | START       |
|                     | STOP        |
| FK                  | PATIENT     |
| FK                  | ENCOUNTER   |
|                     | CODE        |
|                     | DESCRIPTION |

| Immunization Encounter |             |
|------------------------|-------------|
|                        |             |
| FK                     | DATE        |
| FK                     | PATIENT     |
| FK                     | ENCOUNTER   |
|                        | CODE        |
|                        | DESCRIPTION |
|                        | BASE_COST   |

|                   |
|-------------------|
| REASONCODE        |
| REASONDESCRIPTION |

|                     |
|---------------------|
| PROVIDER            |
| PAYER               |
| ENCOUNTERCLASS      |
| CODE                |
| DESCRIPTION         |
| BASE_ENCOUNTER_COST |
| TOTAL_CLAIM_COST    |
| PAYER_COVERAGE      |
| REASONCODE          |
| REASONDESCRIPTION   |

| Organizations |             |
|---------------|-------------|
| PK            | ID          |
|               | NAME        |
|               | ADDRESS     |
|               | CITY        |
|               | STATE       |
|               | ZIP         |
|               | LAT         |
|               | LON         |
|               | PHONE       |
|               | REVENUE     |
|               | UTILIZATION |

| Providers |              |
|-----------|--------------|
| PK        | ID           |
|           | ORGANIZATION |
|           | NAME         |
|           | GENDER       |
|           | SPECIALTY    |
|           | ADDRESS      |
|           | CITY         |
|           | STATE        |
|           | ZIP          |
|           | LAT          |
|           | LON          |
|           | UTILIZATION  |

