

INF:

MEDICAL

| <u>Medical_ID (PK)</u> | Medical_Name | Medical_Contact | Medical_Address | Medical_City | Medical_State | Medical_ZipCode | Medical_Type |
|------------------------|--------------|-----------------|-----------------|--------------|---------------|-----------------|--------------|
|------------------------|--------------|-----------------|-----------------|--------------|---------------|-----------------|--------------|

| Treatment_Name | Treatment_Date | Patient_Cost | Insurance_Payment | Total_Cost |
|----------------|----------------|--------------|-------------------|------------|
|----------------|----------------|--------------|-------------------|------------|

INSURANCE

| <u>Insurance_Policy_Number (PK)</u> | Insurance_Cost | Insurance_Term | Insurance_Tier | Payment_Type | Deductible | Copay | Out-of-Pocket | STU_ID |
|-------------------------------------|----------------|----------------|----------------|--------------|------------|-------|---------------|--------|
|-------------------------------------|----------------|----------------|----------------|--------------|------------|-------|---------------|--------|

| STU_FN | STU_LN | Gender | STU_CONTACT | STU_ADD | STU_CITY | STU_STATE | STU_ZIP | STU_MARITAL_STATUS | EMER_PH_NO |
|--------|--------|--------|-------------|---------|----------|-----------|---------|--------------------|------------|
|--------|--------|--------|-------------|---------|----------|-----------|---------|--------------------|------------|

| EMER_NAME | EMER_RELATION | SCHOOL_ID | School_Name | Yearly_Tuition | School_Contact | School_Phone | School_City |
|-----------|---------------|-----------|-------------|----------------|----------------|--------------|-------------|
|-----------|---------------|-----------|-------------|----------------|----------------|--------------|-------------|

| School_Zipcode | School_Address | School_State | School_Type |
|----------------|----------------|--------------|-------------|
|----------------|----------------|--------------|-------------|

PHARMACY

| <u>Pharmacy_ID (PK)</u> | Pharmacy_Name | Pharmacy_Contact | Pharmacy_Address | Pharmacy_City | Pharmacy_State | Pharmacy_ZipCode | Pharmacy_Type |
|-------------------------|---------------|------------------|------------------|---------------|----------------|------------------|---------------|
|-------------------------|---------------|------------------|------------------|---------------|----------------|------------------|---------------|

| Drug_name | Prescription_date |
|-----------|-------------------|
|-----------|-------------------|

2NF:

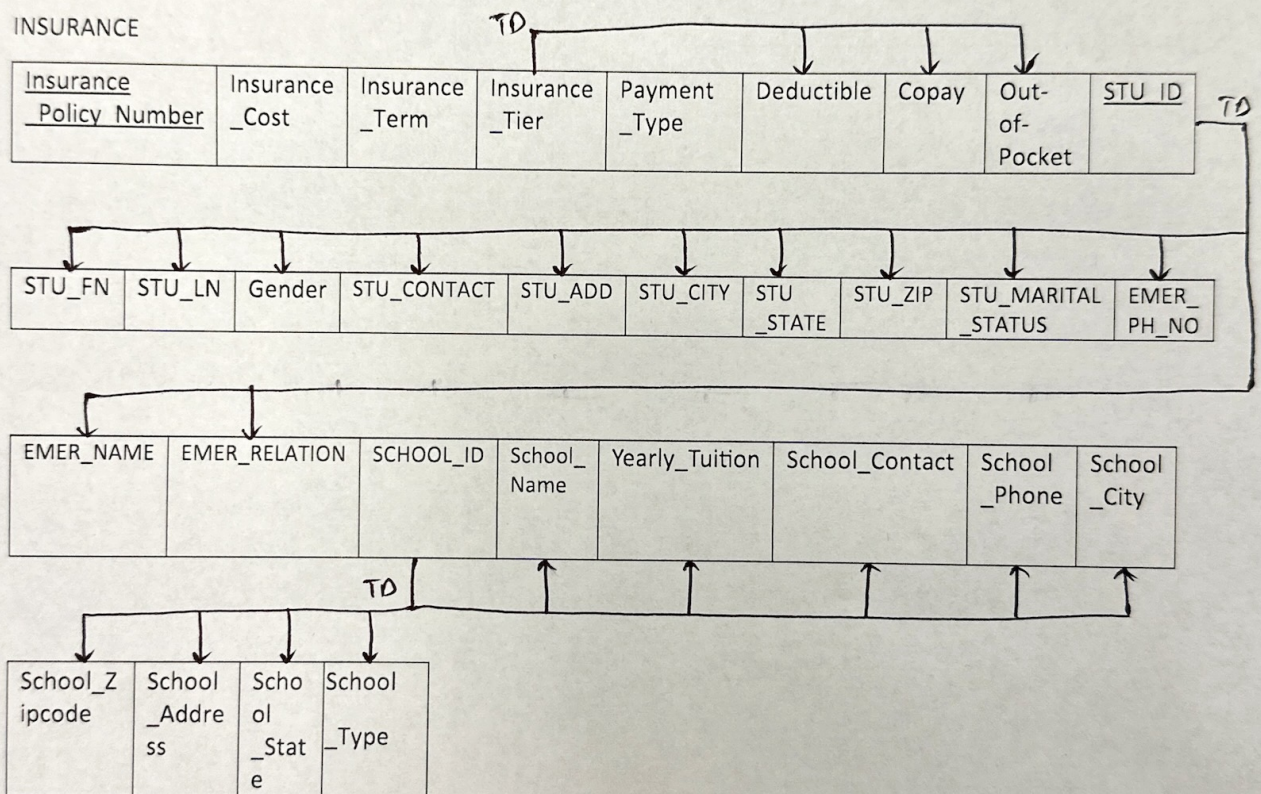
MEDICAL

| <u>Medical_ID</u> | Medical_Name | Medical_Contact | Medical_Address | Medical_City | Medical_State | Medical_ZipCode | Medical_Type |
|-------------------|--------------|-----------------|-----------------|--------------|---------------|-----------------|--------------|
|-------------------|--------------|-----------------|-----------------|--------------|---------------|-----------------|--------------|

MEDICAL_RECORD

| <u>Insurance_Policy_Number</u> | <u>Medical_ID</u> | Treatment_Name | Treatment_Date | Patient_Cost | Insurance_Payment | Total_Cost |
|--------------------------------|-------------------|----------------|----------------|--------------|-------------------|------------|
|--------------------------------|-------------------|----------------|----------------|--------------|-------------------|------------|

INSURANCE



PHARMACY

| <u>Pharmacy_ID</u> | Pharmacy_Name | Pharmacy_Contact | Pharmacy_Address | Pharmacy_City | Pharmacy_State | Pharmacy_ZipCode | Pharmacy_Type |
|--------------------|---------------|------------------|------------------|---------------|----------------|------------------|---------------|
|--------------------|---------------|------------------|------------------|---------------|----------------|------------------|---------------|

PRESCRIPTION

| <u>Insurance_Policy_Number</u> | <u>Pharmacy_ID</u> | Drug_name | Prescription_date |
|--------------------------------|--------------------|-----------|-------------------|
|--------------------------------|--------------------|-----------|-------------------|