3NF:

MEDICAL

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Medical\_ID | Medical\_Name | Medical\_Contact | Medical\_Address | Medical\_City | Medical\_State | Medical\_ZipCode | Medical\_Type |

MEDICAL\_CLAIM

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Medical\_ID | Insurance\_Policy\_Number | Treatmean  \_Name | Treatment  \_Date | Patient  \_Cost | Inusrance  \_Payment | Total\_Cost |

INSURANCE

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Insurance  \_Policy\_Number | Insurance  \_Cost | Insurance  \_Term | Insurance  \_Tier | Payment  \_Type | Insurance\_Tier |

TIER

|  |  |  |  |
| --- | --- | --- | --- |
| Insurance\_Tier | Deductible | Copay | Out-of-Pocket |

SCHOOL

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| School  \_ID | School\_  Name | Yearly\_  Tuition | School\_  Contact | School\_  Phone | School\_  City | School\_Zipcode | School\_Address | School\_State | School  \_Status | School  \_Type |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 |

STUDENT

PRESCRIPTION

|  |  |  |  |
| --- | --- | --- | --- |
| Insurance\_Policy\_Number | Pharmacy\_ID | Drug\_name | Prescription\_date |

PHARMACY

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Pharmacy\_ID | Pharmacy  \_Name | Pharmacy  \_Contact | Pharmacy  \_Address | Pharmacy  \_City | Pharmacy  \_State | Pharmacy  \_ZipCode | Pharmacy  \_Type | Drug\_name | Prescription\_date |