ePayment

1 : 1	ePayment.01 - Primary Method of Payment		N S R N, L

ePayment.CertificateGroup (0 : 1)

0 : 1	ePayment.02 - Physician Certification Statement	O
0 : 1	ePayment.03 - Date Physician Certification Statement Signed	O
0 : M	ePayment.04 - Reason for Physician Certification Statement	O C
0 : 1	ePayment.05 - Healthcare Provider Type Signing Physician Certification Statement	O
0 : 1	ePayment.06 - Last Name of Individual Signing Physician Certification Statement	O
0 : 1	ePayment.07 - First Name of Individual Signing Physician Certification Statement	O

0 : 1	ePayment.08 - Patient Resides in Service Area	O

ePayment.InsuranceGroup (0 : M) C

0 : 1	ePayment.09 - Insurance Company ID	O
0 : 1	ePayment.10 - Insurance Company Name	O
0 : 1	ePayment.11 - Insurance Company Billing Priority	O
0 : 1	ePayment.12 - Insurance Company Address	O
0 : 1	ePayment.13 - Insurance Company City	O
0 : 1	ePayment.14 - Insurance Company State	O
0 : 1	ePayment.15 - Insurance Company ZIP Code	O
0 : 1	ePayment.16 - Insurance Company Country	O
0 : 1	ePayment.17 - Insurance Group ID	O
0 : 1	ePayment.18 - Insurance Policy ID Number	O
0 : 1	ePayment.19 - Last Name of the Insured	O
0 : 1	ePayment.20 - First Name of the Insured	O
0 : 1	ePayment.21 - Middle Initial/Name of the Insured	O
0 : 1	ePayment.22 - Relationship to the Insured	O
0 : 1	ePayment.58 - Insurance Group Name	O
0 : M	ePayment.59 - Insurance Company Phone Number	O C
0 : 1	ePayment.60 - Date of Birth of the Insured	O

ePayment.ClosestRelativeGroup (0 : 1)

0 : 1	ePayment.23 - Closest Relative/Guardian Last Name	O
0 : 1	ePayment.24 - Closest Relative/ Guardian First Name	O
0 : 1	ePayment.25 - Closest Relative/ Guardian Middle Initial/Name	O
0 : 1	ePayment.26 - Closest Relative/ Guardian Street Address	O

0 : 1	ePayment.27 - Closest Relative/ Guardian City	O
0 : 1	ePayment.28 - Closest Relative/ Guardian State	O
0 : 1	ePayment.29 - Closest Relative/ Guardian ZIP Code	O
0 : 1	ePayment.30 - Closest Relative/ Guardian Country	O
0 : M	ePayment.31 - Closest Relative/ Guardian Phone Number	O	C
0 : 1	ePayment.32 - Closest Relative/ Guardian Relationship	O

0 : 1 ePayment.EmployerGroup

0 : 1	ePayment.33 - Patient's Employer	O
0 : 1	ePayment.34 - Patient's Employer's Address	O
0 : 1	ePayment.35 - Patient's Employer's City	O
0 : 1	ePayment.36 - Patient's Employer's State	O
0 : 1	ePayment.37 - Patient's Employer's ZIP Code	O
0 : 1	ePayment.38 - Patient's Employer's Country	O
0 : 1	ePayment.39 - Patient's Employer's Primary Phone Number	O

0 : 1	ePayment.40 - Response Urgency	O
0 : M	ePayment.41 - Patient Transport Assessment	O	C
0 : M	ePayment.42 - Specialty Care Transport Care Provider	O	C
0 : M	ePayment.44 - Ambulance Transport Reason Code	O	C
0 : 1	ePayment.45 - Round Trip Purpose Description	O
0 : 1	ePayment.46 - Stretcher Purpose Description	O
0 : M	ePayment.47 - Ambulance Conditions Indicator	O	C
0 : 1	ePayment.48 - Mileage to Closest Hospital Facility	O
0 : 1	ePayment.49 - ALS Assessment Performed and Warranted	O
1 : 1	ePayment.50 - CMS Service Level	N	S	R	N, L
0 : M	ePayment.51 - EMS Condition Code	O	C
0 : M	ePayment.52 - CMS Transportation Indicator	O	C
0 : 1	ePayment.53 - Transport Authorization Code	O
0 : 1	ePayment.54 - Prior Authorization Code Payer	O

0 : M ePayment.SupplyItemGroup C

| 0 : 1 | ePayment.55 - Supply Item Used Name | O |
| 0 : 1 | ePayment.56 - Number of Supply Item(s) Used | O |

| 0 : 1 | ePayment.57 - Payer Type | O |

ePayment