Field #	NCPDP Field Name	Value	Payer Usage	Claim Segment Segment Identification (111-AM) = "Ø7"	Claim Billing/Claim Rebill
					Person's of Bridgespan Utah *have secondary coverage with* Bridgespan Utah, BIN 61Ø212, PCN Ø233ØØØØ
					This is required when Covered Person's of Bridgespan Washington *have secondary coverage with* Bridgespan Washington, BIN 61Ø212, PCN Ø231ØØØØ
					This is required when Covered Person's of Regence BlueCross BlueShield of Oregon *have secondary coverage with* Regence BlueCross BlueShield of Oregon, BIN 61Ø623, PCN Ø2Ø5ØØØØ
					This is required when Covered Person's of Asuris Northwest Health *have secondary coverage with* Asuris Northwest Health, BIN 61Ø624, PCN Ø2Ø9ØØØØ
					This is required when Covered Person's of Regence BlueShield *have secondary coverage with* Regence BlueShield, BIN 61Ø624, PCN

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