

Insurance Segment: Mandatory

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	Ø4	M	Insurance Segment
3Ø2-C2	Cardholder ID		M	
3Ø1-C1	Group ID		R	As printed on the ID card or as communicated
3Ø3-C3	Person Code		R	As printed on the ID card
3Ø6-C6	Patient Relationship Code		R	

Patient Segment: Required

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	Ø1	M	Patient Segment
3Ø4-C4	Date of Birth		R	CCYYMMDD
3Ø5-C5	Patient Gender Code		R	
31Ø-CA	Patient First Name		R	
311-CB	Patient Last Name		R	
322-CM	Patient Street Address		RW	Required for some federal programs or when submitting Tax
323-CN	Patient City Address		RW	Required for some federal programs or when submitting Tax
324-CO	Patient State/Province Address		RW	Required for some federal programs or when submitting Tax
325-CP	Patient Zip/Postal Zone		R	Required for some federal programs, when submitting Sales Tax, or Emergency Override code
335-2C	Pregnancy Indicator		RW	Required for some State programs
384-4X	Patient Residence		RW	Required when necessary for plan benefit administration