



CGM MEDISOFT Tables Guide

December 2025

CGM MEDISOFT

Practice Management and EHR

Copyright notice

Copyright © 2025 eMDs, a brand of CompuGroup Medical. All Rights Reserved.

Use of this documentation and related software is governed by a license agreement and this document is incorporated into and is made part of the license agreement. This documentation and related software contain confidential, proprietary, and trade secret information of eMDs, a brand of CompuGroup Medical, and is protected under United States and international copyright and other intellectual property laws. Use, disclosure, reproduction, modification, distribution, or storage in a retrieval system in any form or by any means is prohibited without the prior express written permission of eMDs, a brand of CompuGroup Medical. This documentation and related software is subject to change without notice.

Publication date

December 2025

Product

CGM MEDISOFT v30

Corporate address

eMDs, Inc.
10901 Stonelake Blvd.
Austin, Texas 78759
512-257-5200

Table of Contents

| | |
|---|----------|
| Chapter 1 - Tables Listing | 1 |
| ARRTT (Advanced Reporting) | 1 |
| HL7MESSAGEDATA (HL7 Messages) | 1 |
| HL7MESSAGES (HL7 Messages) | 2 |
| HL7TRIGGER (HL7 Messages) | 2 |
| MWADD (Address) | 4 |
| MWARF (AR Tracking Filters) | 4 |
| MWALL (Allowed Amount) | 7 |
| MWARL (Archive Log) | 7 |
| MWARN (AR Notes) | 7 |
| MWARS (AR Tracking Status) | 7 |
| MWART (AR Tracking Tasks) | 9 |
| MWAUD (Audit) | 9 |
| MWAUDM (Audit Detail) | 9 |
| MWAUDS (Audit Templates) | 11 |
| MWBCO (Billing Codes) | 11 |
| MWBOS (Advanced Reporting Support) | 11 |
| MWBSP (Billing Practice) | 12 |
| MWCAS (Case) | 12 |
| MWCASARC (Case Archive) | 22 |
| MWCC (Credit Cards) | 32 |
| MWCCD (Custom Case Data) | 34 |
| MWCDP (Printer Defaults) | 34 |
| MWCIC (Insurance Cards) | 36 |
| MWCICARC (Insurance Card Archive) | 36 |
| MWCLA (Claims) | 36 |
| MWCLAARC (Claims Archive) | 40 |
| MWCLB (Claim Batch) | 43 |
| MWCLC (Claim Change) | 43 |
| MWCLD (Claim Detail) | 43 |
| MWCLM (Claim Mapping) | 45 |
| MWCLU (Claim Update) | 45 |
| MWCND (Condition Codes) | 45 |
| MWCON (Contact) | 46 |
| MWCPD (Custom Patient Data) | 46 |
| MWDEF (Default) | 48 |
| MWDEP (Deposit) | 48 |
| MWDEPARC (Deposit Archive) | 50 |
| MWDIA (Diagnosis) | 51 |
| MWEER (EDI Receiver) | 52 |
| MWEDI_ID (EDI IDs) | 55 |
| MWEDITransactions (EDI Transactions) | 56 |
| MWEDITransactionTypes (EDI Transaction Types) | 56 |
| MWEEI | 56 |
| MWELG (Eligibility) | 57 |
| MWELGARC (Eligibility Archive) | 59 |

| | |
|---|-----|
| MWERA (Electronic Remittance) | 61 |
| MWERC (Electronic Remittance) | 61 |
| MWERT (Electronic Remittance Tracking) | 67 |
| MWEVS (Eligibility Verification Status) | 67 |
| MWEVS14 (Eligibility Verification Status) | 69 |
| MWFIL (Filters) | 69 |
| MWGID (Group IDs) | 69 |
| MWGRP (User Groups) | 70 |
| MWINC (Insurance Class) | 70 |
| MWINS (Insurance Carrier) | 70 |
| MWLIO (Login/Logout) | 73 |
| MWLPM (Login/Password Management) | 73 |
| MWMDP (Wizard Table) | 73 |
| MWMPP | 74 |
| MWMUL (Multilink) | 78 |
| MWOBJ (Multimedia) | 78 |
| MWOBJARC (Multimedia Archive) | 79 |
| MWOOCR (Occurrence Codes) | 79 |
| MWOPT (Program Options) | 79 |
| MWOSP (Occurrence Span Codes) | 87 |
| MWPAC (Patient Alert Codes) | 87 |
| MWPAT (Patient) | 88 |
| MWPAX (PAX) | 92 |
| MWPAXARC (PAX Archive) | 92 |
| MWPCL (Provider Class) | 92 |
| MWPDS (Patient Discharge Status) | 93 |
| MWPER (Permissions) | 93 |
| MWPHY (Physician) | 93 |
| MWPLG (Payment Log) | 96 |
| MWPLN (Treatment Plan) | 96 |
| MWPPL (Payment Plan) | 96 |
| MWPPR (Procedure Plan) | 96 |
| MWPRA (Practice) | 98 |
| MWPRN (Print Run) | 99 |
| MWPRO (Procedure) | 99 |
| MWProviderPayerEnrollmentFlags | 103 |
| MWPRS (Practice Settings) | 103 |
| MWPSW (Program Password) | 103 |
| MWPTD (Patient Entry Templates) | 104 |
| MWPTF (Patient Entry Template Fields) | 105 |
| MWPWD (Database Password) | 105 |
| MWREC (Patient Recall) | 105 |
| MWREJ (Rejection) | 107 |
| MWREV (Revenue Codes) | 107 |
| MWRPH (Referring Provider) | 107 |
| MWRTK (Repeat Task) | 110 |
| MWRUL (Rules) | 112 |
| MWSCD (Custom Screen Fields) | 112 |
| MWSCR (Custom Screens) | 115 |
| MWSEC (Security) | 115 |
| MWSTA (Statement) | 116 |
| MWSTAARC (Statement Archive) | 116 |

| | |
|--|-----|
| MMWSTMPayTo (Statement Pay To) | 118 |
| MWSTR (Superbill Tracking) | 118 |
| MWTEA (Transaction Entry Alert) | 119 |
| MWTNT (Transaction Note) | 120 |
| MWTRB (Transmission Batch) | 120 |
| MWTRC (Transmission Component) | 122 |
| MWTRG (Trigger Control Table) | 122 |
| MWTRN (Transaction) | 122 |
| MWTRNARC (Transaction Archive) | 129 |
| MWTRR (Transmission Response) | 135 |
| MWTSK (Workflow Task) | 135 |
| MWUBF (UB04 Form Fields) | 136 |
| MWUIR (Unprocessed Invalid Transactions) | 142 |
| MWUTC (Unprocessed Transactions) | 144 |
| MWVAL (Value Codes) | 146 |
| MWWHS (Warehouse) | 146 |
| MWWRK (Work List) | 146 |
| MWWTR (Worklist Tickler) | 148 |
| MWZIP (Zip Codes) | 148 |
| OHAPP (Appointments) | 148 |
| OHCHK (Check In) | 151 |
| OHXC (Appointment Exceptions) | 151 |
| HOPT (Office Hours Options) | 151 |
| OHRM (Resource) | 153 |
| OHRPTOLD (Old Repeats) | 153 |
| OHRSN (Reason) | 155 |
| OHRTP (Repeat Template) | 155 |
| OHTXC (Template Exceptions) | 156 |
| OHTPL (Template) | 157 |
| OHVIE (View) | 157 |
| OHWAI (Wait) | 158 |
| ReportTree (Report Tree) | 158 |
| ReportUser (Report User) | 159 |

Chapter 1 - Tables Listing

Below is a listing of each of the data tables in Medisoft and the fields or elements that make up each table. Each table includes the Field Name, Data Type (character, integer, date, and so on), and the Field Length, if applicable.

ARRTT (Advanced Reporting)

| Field Name | Data Type | Field Length |
|------------------------|-----------|--------------|
| UserCode | Char | 128 |
| TreeStructure | Char | 6000 |
| ReportSelectorSettings | Char | 1000 |
| ReportID | Char | 38 |
| UserCode | Char | 128 |
| BranchID | Integer | |
| ReportIsVisible | Logical | |
| ReportViewSettings | Char | 4096 |
| ID | Char | 32 |

HL7MESSAGE DATA (HL7 Messages)

| Field Name | Data Type | Field Length |
|------------|-----------|--------------|
| ID | Char | 32 |
| Message | Memo | |

HL7MESSAGES (HL7 Messages)

| Field Name | Data Type | Field Length |
|---------------|-----------|--------------|
| ID | AutoInc | |
| TriggerID | Char | 32 |
| MessageDataID | Char | 32 |
| Connection | Char | 40 |
| AptRepeatDate | TimeStamp | |
| ErrorMsg | Char | 80 |
| xferDate | TimeStamp | |
| xferCount | Integer | |
| Direction | Short | |
| Ignore | Short | |
| Status | Integer | |

HL7TRIGGER (HL7 Messages)

| Field Name | Data Type | Field Length |
|-----------------|-----------|--------------|
| ID | Char | 32 |
| HL7MsgType | Integer | |
| EventType | Integer | |
| CreatedDt | TimeStamp | |
| CharID | Char | 15 |
| IntID | Integer | |
| CaseID | Integer | |
| TableType | Integer | |
| ErrorMsg | Char | 80 |
| Status | Integer | |
| LastProcessedDt | TimeStamp | |
| CreatedBy | Integer | |
| UserCode | Char | 10 |

| Field Name | Data Type | Field Length |
|---------------|-----------|--------------|
| ProviderCode | Char | 8 |
| DiagnosisCode | Char | 10 |
| ProcedureCode | Char | 10 |
| FacilityCode | Char | 5 |

MWADD (Address)

| Field Name | Data Type | Field Length |
|--------------------|-----------|--------------|
| Code | Char | 5 |
| Name | Char | 30 |
| Street 1 | Char | 30 |
| Street 2 | Char | 30 |
| City | Char | 20 |
| State | Char | 2 |
| Zip Code | Char | 10 |
| Phone | Char | 13 |
| Extension | Char | 4 |
| Fax | Char | 13 |
| Contact | Char | 20 |
| Type | Char | 18 |
| Extra 1 | Char | 10 |
| Extra 2 | Char | 10 |
| User Code | Char | 10 |
| Date Created | Date | |
| Date Modified | TimeStamp | |
| EMail | Char | 35 |
| Office | Char | 13 |
| Cell | Char | 13 |
| Purchased_Services | Logical | |
| Inactive | Logical | |

MWARF (AR Tracking Filters)

| Field Name | Data Type | Field Length |
|------------|-----------|--------------|
| ID | AutoInc | 4 |
| FilterName | Char | 75 |

| | | |
|----------------------|-----------|-----|
| AgingType | Integer | 4 |
| StatementType | Integer | 4 |
| PrimaryClaims | Logical | 1 |
| SecondaryClaims | Logical | 1 |
| TertiaryClaims | Logical | 1 |
| StartingLevel | Integer | 4 |
| AgingRange | Integer | 4 |
| InsuranceType | Char | 17 |
| Insurance | Char | 100 |
| InsuranceEx | Logical | 1 |
| InsuranceClass | Char | 150 |
| InsuranceClassEx | Logical | 1 |
| Patient | Char | 150 |
| PatientEx | Logical | 1 |
| Guarantor | Char | 150 |
| GuarantorEx | Logical | 1 |
| PatientBillingCode | Char | 50 |
| PatientBillingCodeEx | Logical | 1 |
| CaseBillingCode | Char | 50 |
| CaseBillingCodeEx | Logical | 1 |
| ProcedureCode | Char | 150 |
| ProcedureCodeEx | Logical | 1 |
| DiagnosisCode | Char | 150 |
| DiagnosisCodeEx | Logical | 1 |
| Provider | Char | 100 |
| ProviderEX | Logical | 1 |
| Facility | Char | 100 |
| FacilityEx | Logical | 1 |
| ARStatus | Char | 10 |
| Patient_ARStatus | Char | 10 |
| AssignedTo | Char | 10 |
| ARTask | Char | 10 |
| Patient_ARTask | Char | 10 |
| BalanceFrom | CurDouble | 8 |

| | | |
|---------------------|-----------|----|
| BalanceTo | CurDouble | 8 |
| DateFrom | Date | 4 |
| DateTo | Date | 4 |
| DateCreatedFrom | Date | 4 |
| DateCreatedTo | Date | 4 |
| LastBilledFrom | Date | 4 |
| LastBilledTo | Date | 4 |
| DueDateFrom | Date | 4 |
| DueDateTo | Date | 4 |
| SubmissionCountFrom | Integer | 4 |
| SubmissionCountTo | Integer | 4 |
| AssignmentStatus | Integer | 4 |
| TotalDueFrom | CurDouble | 8 |
| TotalDueTo | CurDouble | 8 |
| OverDue | Logical | 1 |
| NoClaim | Logical | 1 |
| User Code | Char | 10 |
| Date Created | Date | 4 |
| Date Modified | TimeStamp | 8 |

MWALL (Allowed Amount)

| Field Name | Data Type | Field Length |
|----------------|-----------|--------------|
| Insurance Code | Char | 5 |
| Procedure | Char | 10 |
| Modifiers | Char | 8 |
| Amount | Double | |
| Date Modified | TimeStamp | |
| Non_Covered | Logical | |

MWARL (Archive Log)

| Field Name | Data Type | Field Length |
|--------------|-----------|--------------|
| Batch Number | AutoInc | |
| Created | TimeStamp | |
| User | Char | 10 |
| Action | Integer | |
| Log | Memo | |

MWARN (AR Notes)

| Field Name | Data Type | Field Length |
|------------------|-----------|--------------|
| NoteID | AutoInc | 4 |
| Claim_Number | Integer | 4 |
| Statement_Number | Integer | 4 |
| Date_of_Note | Date | 4 |
| Note | Memo | 9 |
| User Code | Char | 10 |
| Date Created | Date | 4 |
| Date Modified | TimeStamp | 8 |

MWARS (AR Tracking Status)

| Field Name | Data Type | Field Length |
|------------|-----------|--------------|
| Type | Char | 10 |

| | | |
|----------------------------|-----------|----|
| Description | Char | 50 |
| Display_On_New_Transaction | Logical | 1 |
| User Code | Char | 10 |
| Inactive | Logical | 1 |
| Date Created | Date | 4 |
| Date Modified | TimeStamp | 8 |
| Display_On_New_Appointment | Logical | 1 |

MWAR (AR Tracking Tasks)

| Field Name | Data Type | Field Length |
|---------------|-----------|--------------|
| Code | Char | 10 |
| Description | Char | 50 |
| Days_Due | Integer | 4 |
| Inactive | Logical | 1 |
| User Code | Char | 10 |
| Date Created | Date | 4 |
| Date Modified | TimeStamp | 8 |

MWAUD (Audit)

| Field Name | Data Type | Field Length |
|----------------|-----------|--------------|
| Date | TimeStamp | |
| Chart Number | Char | 8 |
| Comment | Char | 80 |
| Date Modified | TimeStamp | |
| ID | AutoInc | |
| MasterID | Integer | |
| Field | Char | 50 |
| Old Value | Char | 256 |
| New Value | Char | 256 |
| Old Memo Value | Memo | |
| New Memo Value | Memo | |
| Date Modified | TimeStamp | |
| Key Value | Char | 256 |

MWAUDM (Audit Detail)

| Field Name | Data Type | Field Length |
|------------|-----------|--------------|
| ID | AutoInc | |
| Table | Char | 256 |

| | | |
|----------------|-----------|----|
| User | Char | 10 |
| Action | Char | 10 |
| NDCApplication | Integer | |
| Date Modified | TimeStamp | |
| Chart Number | Char | 8 |
| Details | Memo | |

MWAUDS (Audit Templates)

| Field Name | Data Type | Field Length |
|-----------------|-----------|--------------|
| ID | AutoInc | |
| Template Name | Char | 50 |
| Date From | Date | |
| Date To | Date | |
| Report Type | Integer | |
| User | Memo | |
| Tables | Memo | |
| Fields | Memo | |
| Date Created | TimeStamp | |
| Date Modified | TimeStamp | |
| Date_Range_Type | Integer | |

MWBCO (Billing Codes)

| Field Name | Data Type | Field Length |
|---------------|-----------|--------------|
| Code | Char | 2 |
| Description | Char | 20 |
| User Code | Char | 10 |
| Date Created | Date | |
| Date Modified | TimeStamp | |
| Inactive | Logical | |

MWBOS (Advanced Reporting Support)

| Field Name | Data Type | Field Length |
|--------------------|-----------|--------------|
| InstanceID | Integer | |
| FieldKeysAndValues | Memo | |
| ApplyToTableName | Char | 50 |

MWBSP (Billing Practice)

| Field Name | Data Type | Field Length |
|-------------------------------|-----------|--------------|
| Practice Name | Char | 30 |
| Street 1 | Char | 30 |
| Street 2 | Char | 30 |
| City | Char | 20 |
| State | Char | 2 |
| Zip Code | Char | 10 |
| Phone | Char | 13 |
| Extension | Char | 4 |
| Fax | Char | 13 |
| Extra 1 | Char | 30 |
| Extra 2 | Char | 30 |
| Date Modified | TimeStamp | |
| National Provider Identifier | Char | 15 |
| CM_Username | Char | 128 |
| CM_Password | Char | 128 |
| Enroll_Practice_Type | Integer | |
| Is_Associated_With_BS | Integer | |
| Claim_Scrubbing_Contact_Name | Char | 80 |
| Claim_Scrubbing_Contact_Email | Char | 80 |
| Practice_ID | Char | 38 |
| Has_Claim_Scrubbing | Integer | |
| Clearinghouse_Selection | Integer | |

MWCAS (Case)

| Field Name | Data Type | Field Length |
|--------------|-----------|--------------|
| Chart Number | Char | 8 |
| Case Number | AutoInc | |

| | | |
|--------------------------|---------|----|
| Description | Char | 30 |
| Guarantor | Char | 8 |
| Print Patient Statements | Logical | |
| Marital Status | Char | 17 |
| Student Status | Char | 11 |
| Employment Status | Char | 12 |
| Employer | Char | 5 |
| Employee Location | Char | 6 |
| Employee Retirement Date | Date | |
| Work Phone | Char | 13 |
| Work Phone Extension | Char | 4 |
| Insured #1 | Char | 8 |
| Insured Relationship #1 | Char | 6 |
| Insurance Carrier #1 | Char | 5 |
| Accept Assignment #1 | Logical | |
| Policy Number #1 | Char | 20 |
| Group Number #1 | Char | 20 |
| Percent Covered A #1 | Double | |
| Percent Covered B #1 | Double | |
| Percent Covered C #1 | Double | |
| Percent Covered D #1 | Double | |
| Percent Covered E #1 | Double | |
| Percent Covered F #1 | Double | |
| Percent Covered G #1 | Double | |
| Percent Covered H #1 | Double | |
| Policy is Capitated | Logical | |
| Policy #1 Start Date | Date | |
| Policy #1 End Date | Date | |
| Copayment Amount | Double | |

| | | |
|---------------------------|---------|----|
| Insured #2 | Char | 8 |
| Insured Relationship #2 | Char | 6 |
| Insurance Carrier #2 | Char | 5 |
| Accept Assignment #2 | Logical | |
| Policy Number #2 | Char | 20 |
| Group Number #2 | Char | 20 |
| Percent Covered A #2 | Double | |
| Percent Covered B #2 | Double | |
| Percent Covered C #2 | Double | |
| Percent Covered D #2 | Double | |
| Percent Covered E #2 | Double | |
| Percent Covered F #2 | Double | |
| Percent Covered G #2 | Double | |
| Percent Covered H #2 | Double | |
| Policy #2 Start Date | Date | |
| Policy #2 End Date | Date | |
| Policy #2 Crossover Claim | Logical | |
| Insured #3 | Char | 8 |
| Insured Relationship #3 | Char | 6 |
| Insurance Carrier #3 | Char | 5 |
| Accept Assignment #3 | Logical | |
| Policy Number #3 | Char | 20 |
| Group Number #3 | Char | 20 |
| Percent Covered A #3 | Double | |
| Percent Covered B #3 | Double | |
| Percent Covered C #3 | Double | |
| Percent Covered D #3 | Double | |
| Percent Covered E #3 | Double | |
| Percent Covered F #3 | Double | |

| | | |
|---------------------------|---------|----|
| Percent Covered G #3 | Double | |
| Percent Covered H #3 | Double | |
| Policy #3 Start Date | Date | |
| Policy #3 End Date | Date | |
| Facility | Char | 5 |
| Related to Employment | Logical | |
| Related to Accident | Char | 4 |
| Nature of Accident | Char | 25 |
| Same or Similar Symptoms | Logical | |
| Emergency | Logical | |
| EPSDT | Logical | |
| Family Planning | Logical | |
| Outside Lab Work | Logical | |
| Lab Charges | Double | |
| Date of Injury/Illness | Char | 10 |
| Date First Consulted | Date | |
| Date Unable to Work From | Char | 10 |
| Date Unable to Work To | Char | 10 |
| Date Tot Disability From | Char | 10 |
| Date Tot Disability To | Char | 10 |
| Date Part Disability From | Char | 10 |
| Date Part Disability To | Char | 10 |
| Hospital Date From | Char | 10 |
| Hospital Date To | Char | 10 |
| Prior Authorization No | Char | 25 |
| Death Indicator | Char | 32 |
| Illness Indicator | Char | 7 |
| Accident State | Char | 2 |
| Date Similar Symptoms | Char | 10 |

| | | |
|---------------------------|--------|----|
| Medicaid Resubmission No | Char | 12 |
| Medicaid Original Ref No | Char | 18 |
| Local Use A | Char | 20 |
| Local Use B | Char | 50 |
| Champus Nonavailability | Char | 31 |
| Champus Branch of Service | Char | 21 |
| Champus Sponsor Grade | Char | 2 |
| Champus Sponsor Status | Char | 24 |
| Champus Special Program | Char | 3 |
| Champus Card Start Date | Date | |
| Champus Termination Date | Date | |
| Return to Work Indicator | Char | 11 |
| Workers Percent Disabled | Char | 3 |
| Diagnosis 1 | Char | 10 |
| Diagnosis 2 | Char | 10 |
| Diagnosis 3 | Char | 10 |
| Diagnosis 4 | Char | 10 |
| Last Xray Date | Date | |
| Level of Subluxation | Char | 15 |
| EMC Notes | Memo | |
| Visit Series ID | Char | 1 |
| Visit Series Counter | Double | |
| Last Visit Date | Date | |
| Authorized No of Visits | Double | |
| Visit Authorization No | Char | 20 |
| Treatment Auth Through | Date | |
| Attorney | Char | 5 |
| Referring Provider | Char | 5 |
| Assigned Provider | Char | 5 |

| | | |
|-------------------------|---------|----|
| Referral Source | Char | 5 |
| Billing Code | Char | 2 |
| Price Code | Char | 1 |
| Indicator 1 | Char | 10 |
| Date Created | Date | |
| Cash Case | Logical | |
| Case Closed | Logical | |
| Other Arrangements | Char | 4 |
| Extra 1 | Char | 10 |
| Extra 2 | Char | 10 |
| Extra 3 | Char | 40 |
| Extra 4 | Char | 40 |
| Primary Care Provider | Char | 5 |
| Date Last Seen PCP | Date | |
| Annual Deductible | Double | |
| User Code | Char | 10 |
| Treatment Months/Years | Char | 3 |
| No Treatments-Month | Char | 2 |
| Nature of Condition | Char | 1 |
| Date of Manifestation | Date | |
| Complication Ind | Char | 1 |
| Radiographs enclosed | Integer | |
| Prosthesis | Logical | |
| Date of Prior Placement | Date | |
| Reason for replacement | Char | 30 |
| Orthodontics | Logical | |
| Date Treatment Start | Date | |
| Date Appliances Placed | Date | |
| Length of Treatment | Integer | |

| | | |
|--------------------------------------|-----------|----|
| Medical Plan Coverage | Logical | |
| Eligibility Verified | Char | 1 |
| Eligibility Verified Date | Date | |
| Eligibility ID Number | Char | 5 |
| Eligibility Verifier | Char | 3 |
| Policy Type | Char | 1 |
| PC Claim Number 1 | Char | 35 |
| PC Claim Number 2 | Char | 35 |
| PC Claim Number 3 | Char | 35 |
| Referral Date | Date | |
| Pregnancy Indicator | Logical | |
| Estimated Date of Birth | Date | |
| Prescription Date | Date | |
| Last worked Date | Date | |
| Date assumed care | Date | |
| Date relinquished care | Date | |
| Service Authorization Exception Code | Char | 30 |
| Report type code | Char | 2 |
| Report transmission code | Char | 2 |
| Homebound indicator | Logical | |
| IDE Number | Char | 30 |
| Supervising Provider | Char | 5 |
| Attachment Control Number | Char | 20 |
| Deductible Met | Logical | |
| Notes | Memo | |
| Date Modified | TimeStamp | |
| Comment | Memo | |
| Assignment_Indicator | Char | 1 |
| Care_Plan_Oversight_Number | Char | 10 |

| | | |
|---------------------------------|---------|----|
| Hospice_Number | Char | 10 |
| EPSDT_Code_1 | Char | 2 |
| EPSDT_Code_2 | Char | 2 |
| EPSDT_Code_3 | Char | 2 |
| Medicaid_Referral_Access_Number | Char | 15 |
| Demonstration_Code | Char | 11 |
| CLIA_Number | Char | 10 |
| Mammography_Certification | Char | 10 |
| Insurance_Type_Code | Integer | |
| Timely_Filing_Indicator | Char | 3 |
| Code_Category | Char | 2 |
| Certification_Code_Applies | Logical | |
| Condition_Indicator | Char | 15 |
| Discipline_Type_Code | Char | 2 |
| Total_Visits_Rendered | Integer | |
| Total_Visits_Projected | Integer | |
| Number_of_Visits | Integer | |
| Frequency_Period | Char | 2 |
| Frequency_Count | Integer | |
| Duration | Integer | |
| Number_of_Units | Integer | |
| Pattern_Code | Char | 2 |
| Time_Code | Char | 1 |
| Diagnosis_Code5 | Char | 10 |
| Diagnosis_Code6 | Char | 10 |
| Diagnosis_Code7 | Char | 10 |
| Diagnosis_Code8 | Char | 10 |
| Diagnosis_Code1_POA | Char | 1 |
| Diagnosis_Code2_POA | Char | 1 |

| | | |
|------------------------------|-------|----|
| Diagnosis_Code3_POA | Char | 1 |
| Diagnosis_Code4_POA | Char | 1 |
| Diagnosis_Code5_POA | Char | 1 |
| Diagnosis_Code6_POA | Char | 1 |
| Diagnosis_Code7_POA | Char | 1 |
| Diagnosis_Code8_POA | Char | 1 |
| Operating_Provider | Char | 5 |
| Other_Provider | Char | 5 |
| Treatment_Authorization_63a | Char | 30 |
| Treatment_Authorization_63b | Char | 30 |
| Treatment_Authorization_63c | Char | 30 |
| Primary_DCN_64a | Char | 26 |
| Secondary_DCN_64b | Char | 26 |
| Tertiary_DCN_64c | Char | 26 |
| Insured Relationship Code #1 | Char | 2 |
| Insured Relationship Code #2 | Char | 2 |
| Insured Relationship Code #3 | Char | 2 |
| Global_Coverage_End_Date | Date | |
| Global_Coverage_Start_Date | Date | |
| Supervising_Provider_Type | Char | 1 |
| Operating_Provider_Type | Char | 1 |
| Other_Provider_Type | Char | 1 |
| Group Name 1 | Char | 60 |
| Group Name 2 | Char | 60 |
| Group Name 3 | Char | 60 |
| Special Program Code | Char | 2 |
| Note Reference Code | Char | 3 |
| Contract Type Code | Char | 2 |
| Contract Amount | Money | |

| | | |
|-----------------------------|--------|----|
| Contract Percent | Double | |
| Contract Code | Char | 50 |
| Terms Discount Percent | Double | |
| Contract Version Identifier | Char | 30 |
| Condition Description 1 | Char | 80 |
| Condition Description 2 | Char | 80 |
| Diagnosis_Code9 | Char | 10 |
| Diagnosis_Code10 | Char | 10 |
| Diagnosis_Code11 | Char | 10 |
| Diagnosis_Code12 | Char | 10 |
| Diagnosis_Code9_POA | Char | 1 |
| Diagnosis_Code10_POA | Char | 1 |
| Diagnosis_Code11_POA | Char | 1 |
| Diagnosis_Code12_POA | Char | 1 |
| NUCC_Box8 | Char | 60 |
| NUCC_Box9b | Char | 28 |
| NUCC_Box9c | Char | 28 |
| NUCC_Box30 | Money | |
| Legacy Medicare ID 1 | Char | 20 |
| Legacy Medicare ID 2 | Char | 20 |
| Legacy Medicare ID 3 | Char | 20 |

MWCASARC (Case Archive)

| Field Name | Data Type | Field Length |
|--------------------------|-----------|--------------|
| Chart Number | Char | 8 |
| Case Number | Integer | |
| Description | Char | 30 |
| Guarantor | Char | 8 |
| Print Patient Statements | Logical | |
| Marital Status | Char | 17 |
| Student Status | Char | 11 |
| Employment Status | Char | 12 |
| Employer | Char | 5 |
| Employee Location | Char | 6 |
| Employee Retirement Date | Date | |
| Work Phone | Char | 13 |
| Work Phone Extension | Char | 4 |
| Insured #1 | Char | 8 |
| Insured Relationship #1 | Char | 6 |
| Insurance Carrier #1 | Char | 5 |
| Accept Assignment #1 | Logical | |
| Policy Number #1 | Char | 20 |
| Group Number #1 | Char | 20 |
| Percent Covered A #1 | Double | |
| Percent Covered B #1 | Double | |
| Percent Covered C #1 | Double | |
| Percent Covered D #1 | Double | |
| Percent Covered E #1 | Double | |
| Percent Covered F #1 | Double | |
| Percent Covered G #1 | Double | |
| Percent Covered H #1 | Double | |

| Field Name | Data Type | Field Length |
|---------------------------|-----------|--------------|
| Policy is Capitated | Logical | |
| Policy #1 Start Date | Date | |
| Policy #1 End Date | Date | |
| Copayment Amount | Double | |
| Insured #2 | Char | 8 |
| Insured Relationship #2 | Char | 6 |
| Insurance Carrier #2 | Char | 5 |
| Accept Assignment #2 | Logical | |
| Policy Number #2 | Char | 20 |
| Group Number #2 | Char | 20 |
| Percent Covered A #2 | Double | |
| Percent Covered B #2 | Double | |
| Percent Covered C #2 | Double | |
| Percent Covered D #2 | Double | |
| Percent Covered E #2 | Double | |
| Percent Covered F #2 | Double | |
| Percent Covered G #2 | Double | |
| Percent Covered H #2 | Double | |
| Policy #2 Start Date | Date | |
| Policy #2 End Date | Date | |
| Policy #2 Crossover Claim | Logical | |
| Insured #3 | Char | 8 |
| Insured Relationship #3 | Char | 6 |
| Insurance Carrier #3 | Char | 5 |
| Accept Assignment #3 | Logical | |
| Policy Number #3 | Char | 20 |
| Group Number #3 | Char | 20 |
| Percent Covered A #3 | Double | |

| Field Name | Data Type | Field Length |
|---------------------------|-----------|--------------|
| Percent Covered B #3 | Double | |
| Percent Covered C #3 | Double | |
| Percent Covered D #3 | Double | |
| Percent Covered E #3 | Double | |
| Percent Covered F #3 | Double | |
| Percent Covered G #3 | Double | |
| Percent Covered H #3 | Double | |
| Policy #3 Start Date | Date | |
| Policy #3 End Date | Date | |
| Facility | Char | 5 |
| Related to Employment | Logical | |
| Related to Accident | Char | 4 |
| Nature of Accident | Char | 25 |
| Same or Similar Symptoms | Logical | |
| Emergency | Logical | |
| EPSDT | Logical | |
| Family Planning | Logical | |
| Outside Lab Work | Logical | |
| Lab Charges | Double | |
| Date of Injury/Illness | Char | 10 |
| Date First Consulted | Date | |
| Date Unable to Work From | Char | 10 |
| Date Unable to Work To | Char | 10 |
| Date Tot Disability From | Char | 10 |
| Date Tot Disability To | Char | 10 |
| Date Part Disability From | Char | 10 |
| Date Part Disability To | Char | 10 |
| Hospital Date From | Char | 10 |

| Field Name | Data Type | Field Length |
|---------------------------|-----------|--------------|
| Hospital Date To | Char | 10 |
| Prior Authorization No | Char | 25 |
| Death Indicator | Char | 32 |
| Illness Indicator | Char | 7 |
| Accident State | Char | 2 |
| Date Similar Symptoms | Char | 10 |
| Medicaid Resubmission No | Char | 12 |
| Medicaid Original Ref No | Char | 18 |
| Local Use A | Char | 20 |
| Local Use B | Char | 50 |
| Champus Nonavailability | Char | 31 |
| Champus Branch of Service | Char | 21 |
| Champus Sponsor Grade | Char | 2 |
| Champus Sponsor Status | Char | 24 |
| Champus Special Program | Char | 3 |
| Champus Card Start Date | Date | |
| Champus Termination Date | Date | |
| Return to Work Indicator | Char | 11 |
| Workers Percent Disabled | Char | 3 |
| Diagnosis 1 | Char | 10 |
| Diagnosis 2 | Char | 10 |
| Diagnosis 3 | Char | 10 |
| Diagnosis 4 | Char | 10 |
| Last Xray Date | Date | |
| Level of Subluxation | Char | 15 |
| EMC Notes | Char | 9 |
| Visit Series ID | Char | 1 |
| Visit Series Counter | Double | |

| Field Name | Data Type | Field Length |
|-------------------------|-----------|--------------|
| Last Visit Date | Date | |
| Authorized No of Visits | Double | |
| Visit Authorization No | Char | 20 |
| Treatment Auth Through | Date | |
| Attorney | Char | 5 |
| Referring Provider | Char | 5 |
| Assigned Provider | Char | 5 |
| Referral Source | Char | 5 |
| Billing Code | Char | 2 |
| Price Code | Char | 1 |
| Indicator 1 | Char | 10 |
| Date Created | Date | |
| Cash Case | Logical | |
| Case Closed | Logical | |
| Other Arrangements | Char | 4 |
| Extra 1 | Char | 10 |
| Extra 2 | Char | 10 |
| Extra 3 | Char | 40 |
| Extra 4 | Char | 40 |
| Primary Care Provider | Char | 5 |
| Date Last Seen PCP | Date | |
| Annual Deductible | Double | |
| User Code | Char | 10 |
| Treatment Months/Years | Char | 3 |
| No Treatments-Month | Char | 2 |
| Nature of Condition | Char | 1 |
| Date of Manifestation | Date | |
| Complication Ind | Char | 1 |

| Field Name | Data Type | Field Length |
|--------------------------------------|-----------|--------------|
| Radiographs enclosed | Integer | |
| Prosthesis | Logical | |
| Date of Prior Placement | Date | |
| Reason for replacement | Char | 30 |
| Orthodontics | Logical | |
| Date Treatment Start | Date | |
| Date Appliances Placed | Date | |
| Length of Treatment | Integer | |
| Medical Plan Coverage | Logical | |
| Eligibility Verified | Char | 1 |
| Eligibility Verified Date | Date | |
| Eligibility ID Number | Char | 5 |
| Eligibility Verifier | Char | 3 |
| Policy Type | Char | 1 |
| PC Claim Number 1 | Char | 35 |
| PC Claim Number 2 | Char | 35 |
| PC Claim Number 3 | Char | 35 |
| Referral Date | Date | |
| Pregnancy Indicator | Logical | |
| Estimated Date of Birth | Date | |
| Prescription Date | Date | |
| Last worked Date | Date | |
| Date assumed care | Date | |
| Date relinquished care | Date | |
| Service Authorization Exception Code | Char | 30 |
| Report type code | Char | 2 |
| Report transmission code | Char | 2 |
| Homebound indicator | Logical | |

| Field Name | Data Type | Field Length |
|---------------------------------|-----------|--------------|
| IDE Number | Char | 30 |
| Supervising Provider | Char | 5 |
| Attachment Control Number | Char | 20 |
| Deductible Met | Logical | |
| Notes | Char | 9 |
| Date Modified | TimeStamp | |
| Comment | Char | 9 |
| BatchID | Integer | |
| Archive Date | Date | |
| Assignment_Indicator | Char | 1 |
| Care_Plan_Oversight_Number | Char | 10 |
| Hospice_Number | Char | 10 |
| EPSDT_Code_1 | Char | 2 |
| EPSDT_Code_2 | Char | 2 |
| EPSDT_Code_3 | Char | 2 |
| Medicaid_Referral_Access_Number | Char | 15 |
| Demonstration_Code | Integer | |
| CLIA_Number | Char | 10 |
| Mammography_Certification | Char | 10 |
| Insurance_Type_Code | Integer | |
| Timely_Filing_Indicator | Char | 3 |
| Code_Category | Char | 2 |
| Certification_Code_Applies | Logical | |
| Condition_Indicator | Char | 15 |
| Discipline_Type_Code | Char | 2 |
| Total_Visits_Rendered | Integer | |
| Total_Visits_Projected | Integer | |
| Number_of_Visits | Integer | |

| Field Name | Data Type | Field Length |
|------------------------------|-----------|--------------|
| Frequency_Period | Char | 2 |
| Frequency_Count | Integer | |
| Duration | Integer | |
| Number_of_Units | Integer | |
| Pattern_Code | Char | 2 |
| Time_Code | Char | 1 |
| Diagnosis_Code5 | Char | 10 |
| Diagnosis_Code6 | Char | 10 |
| Diagnosis_Code7 | Char | 10 |
| Diagnosis_Code8 | Char | 10 |
| Diagnosis_Code1_POA | Char | 1 |
| Diagnosis_Code2_POA | Char | 1 |
| Diagnosis_Code3_POA | Char | 1 |
| Diagnosis_Code4_POA | Char | 1 |
| Diagnosis_Code5_POA | Char | 1 |
| Diagnosis_Code6_POA | Char | 1 |
| Diagnosis_Code7_POA | Char | 1 |
| Diagnosis_Code8_POA | Char | 1 |
| Operating_Provider | Char | 5 |
| Other_Provider | Char | 5 |
| Treatment_Authorization_63a | Char | 30 |
| Treatment_Authorization_63b | Char | 30 |
| Treatment_Authorization_63c | Char | 30 |
| Primary_DCN_64a | Char | 26 |
| Secondary_DCN_64b | Char | 26 |
| Tertiary_DCN_64c | Char | 26 |
| Insured Relationship Code #1 | Char | 2 |
| Insured Relationship Code #2 | Char | 2 |

| Field Name | Data Type | Field Length |
|------------------------------|-----------|--------------|
| Insured Relationship Code #3 | Char | 2 |
| Global_Coverage_End_Date | Date | |
| Global_Coverage_Start_Date | Date | |
| Supervising_Provider_Type | Char | 1 |
| Operating_Provider_Type | Char | 1 |
| Other_Provider_Type | Char | 1 |
| Group Name 1 | Char | 60 |
| Group Name 2 | Char | 60 |
| Group Name 3 | Char | 60 |
| Special Program Code | Char | 2 |
| Note Reference Code | Char | 3 |
| Contract Type Code | Char | 2 |
| Contract Amount | Double | |
| Contract Percent | Double | |
| Contract Code | Char | 50 |
| Terms Discount Percent | Double | |
| Contract Version Identifier | Char | 30 |
| Condition Description 1 | Char | 80 |
| Condition Description 2 | Char | 80 |
| Diagnosis_Code9 | Char | 10 |
| Diagnosis_Code10 | Char | 10 |
| Diagnosis_Code11 | Char | 10 |
| Diagnosis_Code12 | Char | 10 |
| Diagnosis_Code9_POA | Char | 1 |
| Diagnosis_Code10_POA | Char | 1 |
| Diagnosis_Code11_POA | Char | 1 |
| Diagnosis_Code12_POA | Char | 1 |
| NUCC_Box8 | Char | 60 |

| Field Name | Data Type | Field Length |
|----------------------|-----------|--------------|
| NUCC_Box9b | Char | 28 |
| NUCC_Box9c | Char | 28 |
| NUCC_Box30 | Money | |
| Legacy Medicare ID 1 | Char | 20 |
| Legacy Medicare ID 2 | Char | 20 |
| Legacy Medicare ID 3 | Char | 20 |

MWCC (Credit Cards)

| Field Name | Data Type | Field Length |
|--------------------------|-----------|--------------|
| Entry Number | AutoInc | |
| Routing Data | Char | 20 |
| Transaction Type | Char | 1 |
| Account Number | Char | 24 |
| Expiration Date | Char | 8 |
| Item Number | Char | 4 |
| Batch Number | Char | 4 |
| Action Code | Char | 3 |
| Approval Code | Char | 6 |
| Authorized Date | Char | 8 |
| Authorized Time | Char | 6 |
| Verbiage | Char | 64 |
| Reversal Queue Number | Char | 6 |
| Acquirer Reference Data | Char | 99 |
| Batch Amount | Char | 10 |
| AVS Result Code | Char | 29 |
| Amount 1 | Char | 8 |
| Amount 2 | Char | 8 |
| CVV | Char | 1 |
| Processing Code | Char | 6 |
| POS Entry Mode | Char | 12 |
| Original Approval Date | Char | 8 |
| Settlement Action Code | Char | 3 |
| Settlement Verbiage | Char | 64 |
| Transaction Status | Char | 1 |
| Transaction Entry Number | Integer | |
| Card Type | Char | 25 |

| Field Name | Data Type | Field Length |
|-------------------|------------------|---------------------|
| Card Number | Char | 24 |
| Card Holder Name | Char | 36 |
| User Code | Char | 10 |
| Date Created | Date | |
| Market Data | Char | 130 |
| Date Modified | TimeStamp | |

MWCCD (Custom Case Data)

| Field Name | Data Type | Field Length |
|-----------------------|-----------|--------------|
| Case Number | Integer | |
| Date Modified | TimeStamp | |
| Required Logical | Logical | |
| Required Date | Date | |
| Required Alphanumeric | Char | 15 |
| penicillin | Logical | |
| iodine | Logical | |
| ibuprofen | Logical | |
| sulfa | Logical | |
| allopurinol | Logical | |
| muscle | Logical | |
| other | Logical | |
| otherdrug | Char | 15 |

MWCDP (Printer Defaults)

| Field Name | Data Type | Field Length |
|-----------------|-----------|--------------|
| ID | AutoInc | |
| User_Name | Char | 10 |
| Computer_Name | Char | 128 |
| Report_Title | Char | 40 |
| Report_Filename | Char | 30 |
| Printer_Name | Char | 256 |
| From_Page | Integer | |
| To_Page | Integer | |
| Copies | Integer | |
| Orientation | Integer | |
| Date_Created | TimeStamp | |

| Field Name | Data Type | Field Length |
|---------------|-----------|--------------|
| Date_Modified | TimeStamp | |

MWCIC (Insurance Cards)

| Field Name | Data Type | Field Length |
|---------------|-----------|--------------|
| Image Number | AutoInc | |
| Chart Number | Char | 8 |
| Case Number | Integer | 50 |
| Date Created | Date | |
| Object Type | Char | 8 |
| Date Modified | TimeStamp | |

MWCICARC (Insurance Card Archive)

| Field Name | Data Type | Field Length |
|---------------|-----------|--------------|
| Image Number | AutoInc | |
| Chart Number | Char | 8 |
| Case Number | Integer | 50 |
| Date Created | Date | |
| Object Type | Char | 8 |
| Date Modified | TimeStamp | |
| Archive Date | Date | |

MWCLA (Claims)

| Field Name | Data Type | Field Length |
|----------------|-----------|--------------|
| Claim Number | AutoInc | |
| Chart Number | Char | 8 |
| Case Number | Integer | |
| Billing Code | Char | 2 |
| Indicator 1 | Char | 10 |
| Batch Number 1 | Integer | |
| Batch Number 2 | Integer | |
| Batch Number 3 | Integer | |

| | | |
|---------------------------|-------|----|
| EMC Receiver 1 | Char | 5 |
| EMC Receiver 2 | Char | 5 |
| EMC Receiver 3 | Char | 5 |
| Insurance Carrier 1 | Char | 5 |
| Insurance Carrier 2 | Char | 5 |
| Insurance Carrier 3 | Char | 5 |
| Provider | Char | 5 |
| Primary Billing Method | Char | 1 |
| Secondary Billing Method | Char | 1 |
| Tertiary Billing Method | Char | 1 |
| Claim Status 1 | Char | 1 |
| Claim Status 2 | Char | 1 |
| Claim Status 3 | Char | 1 |
| Primary Billing Date | Date | |
| Secondary Billing Date | Date | |
| Tertiary Billing Date | Date | |
| Primary Submission Count | Short | |
| Secondary Submission Cnt | Short | |
| Tertiary Submission Count | Short | |
| Date Created | Date | |
| Comment | Memo | |
| Initial Billing Date 1 | Date | |
| Initial Billing Date 2 | Date | |
| Initial Billing Date 3 | Date | |
| User Code | Char | 10 |
| Diagnosis Code 1 | Char | 10 |
| Diagnosis Code 2 | Char | 10 |
| Diagnosis Code 3 | Char | 10 |
| Diagnosis Code 4 | Char | 10 |

| | | |
|-----------------------------|-----------|----|
| Date Modified | TimeStamp | |
| Frequency_Type | Char | 1 |
| Facility | Char | 5 |
| First Date of Service | TimeStamp | |
| Amount | Money | |
| Primary Sent | Logical | |
| Secondary Sent | Logical | |
| Tertiary Sent | Logical | |
| Diagnosis_Code5 | Char | 10 |
| Diagnosis_Code6 | Char | 10 |
| Diagnosis_Code7 | Char | 10 |
| Diagnosis_Code8 | Char | 10 |
| Diagnosis_Code1_POA | Char | 1 |
| Diagnosis_Code2_POA | Char | 1 |
| Diagnosis_Code3_POA | Char | 1 |
| Diagnosis_Code4_POA | Char | 1 |
| Diagnosis_Code5_POA | Char | 1 |
| Diagnosis_Code6_POA | Char | 1 |
| Diagnosis_Code7_POA | Char | 1 |
| Diagnosis_Code8_POA | Char | 1 |
| Note Reference Code | Char | 3 |
| Claim Note | Char | 80 |
| Contract Type Code | Char | 2 |
| Contract Amount | Money | |
| Contract Percent | Double | |
| Contract Code | Char | 50 |
| Terms Discount Percent | Double | |
| Contract Version Identifier | Char | 30 |
| Diagnosis_Code9 | Char | 10 |

| | | |
|----------------------|-------|----|
| Diagnosis_Code10 | Char | 10 |
| Diagnosis_Code11 | Char | 10 |
| Diagnosis_Code12 | Char | 10 |
| Diagnosis_Code9_POA | Char | 1 |
| Diagnosis_Code10_POA | Char | 1 |
| Diagnosis_Code11_POA | Char | 1 |
| Diagnosis_Code12_POA | Char | 1 |
| Purch Svc Amt | Money | |
| ARTask | Char | 10 |
| ARStatus | Char | 10 |
| Due_Date | Date | |
| Assigned_To | Char | 10 |

MWCLAARC (Claims Archive)

| Field Name | Data Type | Field Length |
|---------------------------|-----------|--------------|
| Claim Number | Integer | |
| Chart Number | Char | 8 |
| Case Number | Integer | |
| Billing Code | Char | 2 |
| Indicator 1 | Char | 10 |
| Batch Number 1 | Integer | |
| Batch Number 2 | Integer | |
| Batch Number 3 | Integer | |
| EMC Receiver 1 | Char | 5 |
| EMC Receiver 2 | Char | 5 |
| EMC Receiver 3 | Char | 5 |
| Insurance Carrier 1 | Char | 5 |
| Insurance Carrier 2 | Char | 5 |
| Insurance Carrier 3 | Char | 5 |
| Provider | Char | 5 |
| Primary Billing Method | Char | 1 |
| Secondary Billing Method | Char | 1 |
| Tertiary Billing Method | Char | 1 |
| Claim Status 1 | Char | 1 |
| Claim Status 2 | Char | 1 |
| Claim Status 3 | Char | 1 |
| Primary Billing Date | Date | |
| Secondary Billing Date | Date | |
| Tertiary Billing Date | Date | |
| Primary Submission Count | Integer | |
| Secondary Submission Cnt | Integer | |
| Tertiary Submission Count | Integer | |

| Field Name | Data Type | Field Length |
|------------------------|-----------|--------------|
| Date Created | Date | |
| Comment | Char | 9 |
| Initial Billing Date 1 | Date | |
| Initial Billing Date 2 | Date | |
| Initial Billing Date 3 | Date | |
| User Code | Char | 10 |
| Diagnosis Code 1 | Char | 10 |
| Diagnosis Code 2 | Char | 10 |
| Diagnosis Code 3 | Char | 10 |
| Diagnosis Code 4 | Char | 10 |
| Date Modified | TimeStamp | |
| BatchID | Integer | |
| Archive Date | Date | |
| Frequency_Type | Char | 1 |
| Facility | Char | 5 |
| First Date of Service | TimeStamp | |
| Amount | Double | |
| Primary Sent | Logical | |
| Secondary Sent | Logical | |
| Tertiary Sent | Logical | |
| Diagnosis_Code5 | Char | 10 |
| Diagnosis_Code6 | Char | 10 |
| Diagnosis_Code7 | Char | 10 |
| Diagnosis_Code8 | Char | 10 |
| Diagnosis_Code1_POA | Char | 1 |
| Diagnosis_Code2_POA | Char | 1 |
| Diagnosis_Code3_POA | Char | 1 |
| Diagnosis_Code4_POA | Char | 1 |

| Field Name | Data Type | Field Length |
|-----------------------------|-----------|--------------|
| Diagnosis_Code5_POA | Char | 1 |
| Diagnosis_Code6_POA | Char | 1 |
| Diagnosis_Code7_POA | Char | 1 |
| Diagnosis_Code8_POA | Char | 1 |
| Note Reference Code | Char | 3 |
| Claim Note | Char | 80 |
| Contract Type Code | Char | 2 |
| Contract Amount | Double | |
| Contract Percent | Double | |
| Contract Code | Char | 50 |
| Terms Discount Percent | Double | |
| Contract Version Identifier | Char | 30 |
| Diagnosis_Code9 | Char | 10 |
| Diagnosis_Code10 | Char | 10 |
| Diagnosis_Code11 | Char | 10 |
| Diagnosis_Code12 | Char | 10 |
| Diagnosis_Code9_POA | Char | 1 |
| Diagnosis_Code10_POA | Char | 1 |
| Diagnosis_Code11_POA | Char | 1 |
| Diagnosis_Code12_POA | Char | 1 |
| Purch Svc Amt | Double | |
| ARTask | Char | 10 |
| ARStatus | Char | 10 |
| Due_date | Date | |
| Assigned_To | Char | 10 |

MWCLB (Claim Batch)

| Field Name | Data Type | Field Length |
|----------------|-----------|--------------|
| Run ID | Char | 38 |
| Count | Integer | |
| Claim Filename | Char | 256 |
| Claim Body | Blob | |
| Run Status | Integer | |

MWCLC (Claim Change)

| Field Name | Data Type | Field Length |
|-------------------|-----------|--------------|
| Change ID | Char | 38 |
| Filename | Char | 25 |
| Processed | Logical | |
| Processed By User | Char | 15 |
| Date Received | TimeStamp | |
| Date Processed | TimeStamp | |
| Count | Integer | |
| Body | Blob | |

MWCLD (Claim Detail)

| Field Name | Data Type | Field Length |
|----------------|-----------|--------------|
| Unique ID | Char | 38 |
| Change ID | Char | 38 |
| Claim ID | Integer | |
| Table Name | Char | 256 |
| Field Name | Char | 256 |
| Original Value | Char | 50 |
| Change Value | Char | 50 |
| Change Date | TimeStamp | |

| Field Name | Data Type | Field Length |
|---------------------------|------------------|---------------------|
| Changed By User | Char | 15 |
| Post Date | TimeStamp | |
| Post By User | Char | 15 |
| Status | Integer | |
| Message | Char | 1024 |
| Claims Manager Field Name | Char | 25 |
| Responsible Payer | Integer | |

MWCLM (Claim Mapping)

| Field Name | Data Type | Field Length |
|-----------------------|-----------|--------------|
| Claim ID | Integer | |
| File Name ID | Char | 50 |
| Primary Detail Data | Memo | |
| Secondary Detail Data | Memo | |
| Tertiary Detail Data | Memo | |

MWCLU (Claim Update)

| Field Name | Data Type | Field Length |
|-----------------------|-----------|--------------|
| Claim_Number | Integer | |
| First_Date_of_Service | Date | |
| Amount | Money | |
| Payer_Type | Integer | |
| Claim_Status | Integer | |
| Message | Char | 256 |

MWCND (Condition Codes)

| Field Name | Data Type | Field Length |
|-------------------|-----------|--------------|
| Code | Char | 2 |
| Description | Char | 80 |
| Usage Note | Memo | |
| User Code | Char | 10 |
| Modified User | Char | 10 |
| Date Created | Date | |
| Date Modified | TimeStamp | |
| Inactive | Logical | |
| Condition_Code_ID | Char | 38 |

MWCON (Contact)

| Field Name | Data Type | Field Length |
|---------------|-----------|--------------|
| Business | Char | 25 |
| Contact | Char | 25 |
| Category | Char | 12 |
| Phone | Char | 15 |
| Date | Date | |
| Time | Time | |
| Field1 | Char | 30 |
| Field2 | Char | 30 |
| Field3 | Char | 30 |
| Field4 | Char | 30 |
| Notes | Memo | |
| Date Modified | TimeStamp | |
| Inactive | Logical | |

MWCPD (Custom Patient Data)

| Field Name | Data Type | Field Length |
|-----------------------|-----------|--------------|
| Chart Number | Char | 8 |
| Date Modified | TimeStamp | |
| Required Logical | Logical | |
| Required Date | Date | |
| Required Alphanumeric | Char | 15 |
| TPLA | Char | 15 |
| TPLB | Char | 15 |
| TPLD | Date | |
| VoucherNumber | Char | 15 |
| TPLCODE | Char | 15 |
| TPLStatus | Char | 15 |

| Field Name | Data Type | Field Length |
|-------------|-----------|--------------|
| TPLDate | Date | |
| Sections | Char | 15 |
| DCN | Char | 15 |
| HealthyKids | Logical | |
| TPLC | Char | 15 |
| TPLAmount | Char | 15 |
| visitone | Date | |
| visittwo | Date | |
| visitthree | Date | |
| visitfour | Date | |
| visitfive | Date | |
| heightone | Char | 15 |
| heighttwo | Char | 15 |
| heighthree | Char | 15 |
| heightfour | Char | 15 |
| heightfive | Char | 15 |
| weightone | Char | 15 |
| weighttwo | Char | 15 |
| weightthree | Char | 15 |
| weightfour | Char | 15 |
| weightfive | Char | 15 |
| smoker | Logical | |
| nonsmoker | Logical | |

MWDEF (Default)

| Field Name | Data Type | Field Length |
|---------------|-----------|--------------|
| Table | Char | 8 |
| Field | Char | 40 |
| Default | Char | 70 |
| Date Modified | TimeStamp | |

MWDEP (Deposit)

| Field Name | Data Type | Field Length |
|------------------|-----------|--------------|
| Deposit Date | Date | |
| Description | Char | 30 |
| Entry Number | AutoInc | |
| Payor Type | Char | 10 |
| Payment Method | Char | 11 |
| Copay | Logical | |
| Insurance Code | Char | 5 |
| Chart Number | Char | 10 |
| Attorney Code | Char | 5 |
| Check Number | Char | 15 |
| Payment Amount | Double | |
| Unapplied Amount | Double | |
| Deposit Code | Char | 1 |
| Payor Name | Char | 30 |
| Payment Code | Char | 10 |
| Adjustment Code | Char | 10 |
| Withhold Code | Char | 10 |
| Deductible Code | Char | 10 |
| User Code | Char | 10 |
| Date Created | Date | |

| Field Name | Data Type | Field Length |
|-------------------|------------------|---------------------|
| CC Entry Number | Integer | |
| Date Modified | TimeStamp | |
| Take Back Code | Char | 10 |
| Copayment_Code | Char | 10 |
| Internal Message | Char | 100 |
| Customer Message | Char | 100 |
| Confirmation ID | Char | 40 |

MWDEPARC (Deposit Archive)

| Field Name | Data Type | Field Length |
|------------------|-----------|--------------|
| Deposit Date | Date | |
| Description | Char | 30 |
| Entry Number | Integer | |
| Payor Type | Char | 10 |
| Payment Method | Char | 11 |
| Copay | Logical | |
| Insurance Code | Char | 5 |
| Chart Number | Char | 10 |
| Attorney Code | Char | 5 |
| Check Number | Char | 15 |
| Payment Amount | Double | |
| Unapplied Amount | Double | |
| Deposit Code | Char | 1 |
| Payor Name | Char | 30 |
| Payment Code | Char | 10 |
| Adjustment Code | Char | 10 |
| Withhold Code | Char | 10 |
| Deductible Code | Char | 10 |
| User Code | Char | 10 |
| Date Created | Date | |
| CC Entry Number | Integer | |
| Date Modified | TimeStamp | |
| Take Back Code | Char | 10 |
| BatchID | Integer | |
| Archive Date | Date | |
| Copayment_Code | Char | 10 |
| Internal Message | Char | 100 |

| Field Name | Data Type | Field Length |
|------------------|-----------|--------------|
| Customer Message | Char | 100 |
| Confirmation ID | Char | 40 |

MWDIA (Diagnosis)

| Field Name | Data Type | Field Length |
|--------------------|-----------|--------------|
| Code 1 | Char | 10 |
| Code 2 | Char | 10 |
| Code 3 | Char | 10 |
| Description | Char | 100 |
| Template | Char | 10 |
| User Code | Char | 10 |
| Date Created | Date | |
| Date Modified | TimeStamp | |
| Approved | Logical | |
| Inactive | Logical | |
| Codes_On_Disk | Logical | |
| Code 2 Description | Char | 100 |
| Code 3 Description | Char | 100 |

MWECR (EDI Receiver)

| Field Name | Data Type | Field Length |
|------------------------|-----------|--------------|
| Code | Char | 5 |
| Name | Char | 30 |
| Street 1 | Char | 30 |
| Street 2 | Char | 30 |
| City | Char | 20 |
| State | Char | 2 |
| Zip Code | Char | 10 |
| Phone | Char | 13 |
| Phone 2 | Char | 13 |
| Extension | Char | 4 |
| Fax | Char | 13 |
| Contact | Char | 20 |
| Comment | Char | 30 |
| Submitter ID 1 | Char | 20 |
| Submitter ID 2 | Char | 20 |
| Submitter Password 1 | Char | 20 |
| Submitter Password 2 | Char | 20 |
| Serial Port | Char | 4 |
| Baud Rate | Char | 5 |
| Data Phone | Char | 13 |
| Dialing Prefix | Char | 35 |
| Dialing Suffix | Char | 30 |
| Modem Initialization | Char | 20 |
| Modem Termination | Char | 20 |
| File Transmit Protocol | Char | 13 |
| Parity | Char | 4 |
| Stop Bits | Char | 4 |

| Field Name | Data Type | Field Length |
|---------------------------|-----------|--------------|
| Data Bits | Char | 5 |
| Transmission Mode | Char | 11 |
| Repeated Dialing Attempts | Char | 2 |
| Extra 1 | Char | 20 |
| Extra 2 | Char | 20 |
| Extra 3 | Char | 20 |
| Extra 4 | Char | 10 |
| Extra 5 | Char | 10 |
| Extra 6 | Char | 5 |
| Filename ID | Integer | |
| Maximum Transactions | Integer | |
| Program File | Char | 30 |
| User Code | Char | 10 |
| Date Created | Date | |
| Date Modified | TimeStamp | |
| FileName | Char | 30 |
| FilePath | Char | 90 |
| FTPAddress | Char | 90 |
| FTPPort | Char | 5 |
| EMail | Char | 30 |
| WebAddress | Char | 90 |
| GroupPractice | Logical | |
| Region | Char | 5 |
| Code_Match | Logical | |
| Interchange_ReceiverID | Char | 15 |
| Interchange_SenderID | Char | 15 |
| Application_Receiver_Code | Char | 15 |
| Application_Sender_Code | Char | 15 |

| Field Name | Data Type | Field Length |
|--------------------------|-----------|--------------|
| Receiver_Type | Char | 1 |
| Office_Contact | Char | 20 |
| Entity_Type | Integer | |
| Unique_Submission_Number | Integer | |
| Report_File_Type | Char | 15 |
| Julian_Date | Char | 7 |
| Vendor_ID | Char | 6 |
| Participating | Logical | |
| PatientResponsible | Memo | |
| ContractualObligations | Memo | |
| PayorInitiatedReductions | Memo | |
| CorrectionsAndReversals | Memo | |
| OtherAdjustments | Memo | |
| eStatement_Receiver | Char | 1 |
| Is_Claims_Manager | Logical | |
| Inactive | Logical | |
| TPID | Char | 20 |

MWEDI_ID (EDI IDs)

| Field Name | Data Type | Field Length |
|----------------------------------|-----------|--------------|
| ID | AutoInc | |
| ID Type | Integer | |
| Code | Char | 9 |
| Provider Code | Char | 5 |
| Provider Class | Char | 5 |
| Insurance Code | Char | 9 |
| Ins Category | Char | 9 |
| Facility Code | Char | 9 |
| NPI | Char | 32 |
| Taxonomy Code | Char | 32 |
| Tax ID | Char | 32 |
| Mammography Cert | Char | 32 |
| Care Plan OS No | Char | 32 |
| Care POS Qualifier | Char | 2 |
| CLIA | Char | 32 |
| Legacy 1 | Char | 32 |
| Legacy 2 | Char | 32 |
| Legacy 3 | Char | 32 |
| Legacy Qualifier 1 | Char | 2 |
| Legacy Qualifier 2 | Char | 2 |
| Legacy Qualifier 3 | Char | 2 |
| Provider Claim Type | Integer | |
| SSN | Char | 32 |
| Send Facility on Claim | Logical | |
| Send Facility on Claim Qualifier | Char | 2 |
| Ref Entity Type | Integer | |

MWEDITransactions (EDI Transactions)

| Field Name | Data Type | Field Length |
|--------------------|-----------|--------------|
| ID | AutoInc | |
| TransactionTypeID | Integer | |
| Request | Memo | |
| Response | Memo | |
| Status | Integer | |
| TransactionDetails | Memo | |
| TransactionDate | TimeStamp | |
| CreatedBy | Char | 50 |
| CreatedDate | Date | |
| UpdatedBy | Char | 50 |
| UpdatedDate | TimeStamp | |

MWEDITransactionTypes (EDI Transaction Types)

| Field Name | Data Type | Field Length |
|---------------------|-----------|--------------|
| ID | AutoInc | |
| TransactionTypeCode | Char | 50 |
| Description | Char | 255 |

MWEEI

| Field Name | Data Type | Field Length |
|---------------|-----------|--------------|
| Provider Code | Char | 20 |
| EVPayerID | Integer | |
| ID | Char | 50 |
| User_Code | Char | 10 |
| Date_Modified | TimeStamp | |
| Date_Created | Date | |

MWELG (Eligibility)

| Field Name | Data Type | Field Length |
|-----------------------------|-----------|--------------|
| Chart Number | Char | 8 |
| Patient Name | Char | 55 |
| Case Number | Integer | |
| Insurance Code | Char | 5 |
| Date Verified | Date | |
| Provider Code | Char | 5 |
| Severity | Char | 1 |
| Name | Char | 32 |
| Transaction Number | Char | 34 |
| Transaction Date | Char | 6 |
| Transaction Time and Zone | Char | 8 |
| Terminal Number | Char | 11 |
| Payer Carrier Number | Char | 5 |
| Policy Number | Char | 20 |
| Payer Name | Char | 18 |
| StatLink Doctor Number | Char | 11 |
| Doctor Name | Char | 28 |
| Policyholder Last Name | Char | 23 |
| Policyholder First Name | Char | 18 |
| Policyholder Middle Initial | Char | 1 |
| Policyholder Address Line 1 | Char | 20 |
| Policyholder Address Line 2 | Char | 10 |
| Policyholder City | Char | 15 |
| Policyholder State | Char | 2 |
| Policyholder Zip Code | Char | 5 |
| Subsystem Caption | Char | 28 |
| Subsystem Name | Char | 16 |

| Field Name | Data Type | Field Length |
|--------------------------|------------------|---------------------|
| Group Name Captain | Char | 22 |
| Group Name | Char | 17 |
| Group Number Captain | Char | 22 |
| Group Number | Char | 9 |
| Policy Status Caption | Char | 18 |
| Policy Status | Char | 10 |
| Type of Coverage Caption | Char | 18 |
| Type of Coverage | Char | 68 |
| Effective Date Caption | Char | 18 |
| Effective Date | Char | 8 |
| Notes | Memo | |
| Date Modified | TimeStamp | |

MWELGARC (Eligibility Archive)

| Field Name | Data Type | Field Length |
|-----------------------------|-----------|--------------|
| Chart Number | Char | 8 |
| Patient Name | Char | 55 |
| Case Number | Integer | |
| Insurance Code | Char | 5 |
| Date Verified | Date | |
| Provider Code | Char | 5 |
| Severity | Char | 1 |
| Name | Char | 32 |
| Transaction Number | Char | 34 |
| Transaction Date | Char | 6 |
| Transaction Time and Zone | Char | 8 |
| Terminal Number | Char | 11 |
| Payer Carrier Number | Char | 5 |
| Policy Number | Char | 20 |
| Payer Name | Char | 18 |
| StatLink Doctor Number | Char | 11 |
| Doctor Name | Char | 28 |
| Policyholder Last Name | Char | 23 |
| Policyholder First Name | Char | 18 |
| Policyholder Middle Initial | Char | 1 |
| Policyholder Address Line 1 | Char | 20 |
| Policyholder Address Line 2 | Char | 10 |
| Policyholder City | Char | 15 |
| Policyholder State | Char | 2 |
| Policyholder Zip Code | Char | 5 |
| Subsystem Caption | Char | 28 |
| Subsystem Name | Char | 16 |

| Field Name | Data Type | Field Length |
|--------------------------|-----------|--------------|
| Group Name Captain | Char | 22 |
| Group Name | Char | 17 |
| Group Number Captain | Char | 22 |
| Group Number | Char | 9 |
| Policy Status Caption | Char | 18 |
| Policy Status | Char | 10 |
| Type of Coverage Caption | Char | 18 |
| Type of Coverage | Char | 68 |
| Effective Date Caption | Char | 18 |
| Effective Date | Char | 8 |
| Notes | Memo | |
| Date Modified | TimeStamp | |

MWERA (Electronic Remittance)

| Field Name | Data Type | Field Length |
|--------------|-----------|--------------|
| Unique ID | Integer | |
| ERA Filename | Char | 255 |
| Status | Integer | |
| Message | Char | 50 |
| Body | Blob | |
| Date Created | TimeStamp | |
| Date Posted | TimeStamp | |

MWERC (Electronic Remittance)

| Field Name | Data Type | Field Length |
|-----------------|-----------|--------------|
| Claim Number | Integer | |
| Chart Number | Char | 8 |
| 1 Group Code | Char | 2 |
| 1 Reason Code 1 | Char | 5 |
| 1 Amount 1 | Double | |
| 1 Units 1 | Double | |
| 1 Reason Code 2 | Char | 5 |
| 1 Amount 2 | Double | |
| 1 Units 2 | Double | |
| 1 Reason Code 3 | Char | 5 |
| 1 Amount 3 | Double | |
| 1 Units 3 | Double | |
| 1 Reason Code 4 | Char | 5 |
| 1 Amount 4 | Double | |
| 1 Units 4 | Double | |
| 1 Reason Code 5 | Char | 5 |
| 1 Amount 5 | Double | |

| Field Name | Data Type | Field Length |
|-----------------|-----------|--------------|
| 1 Units 5 | Double | |
| 1 Reason Code 6 | Char | 5 |
| 1 Amount 6 | Double | |
| 1 Units 6 | Double | |
| 2 Group Code | Char | 2 |
| 2 Reason Code 1 | Char | 5 |
| 2 Amount 1 | Double | |
| 2 Units 1 | Double | |
| 2 Reason Code 2 | Char | 5 |
| 2 Amount 2 | Double | |
| 2 Units 2 | Double | |
| 2 Reason Code 3 | Char | 5 |
| 2 Amount 3 | Double | |
| 2 Units 3 | Double | |
| 2 Reason Code 4 | Char | 5 |
| 2 Amount 4 | Double | |
| 2 Units 4 | Double | |
| 2 Reason Code 5 | Char | 5 |
| 2 Amount 5 | Double | |
| 2 Units 5 | Double | |
| 2 Reason Code 6 | Char | 5 |
| 2 Amount 6 | Double | |
| 2 Units 6 | Double | |
| 3 Group Code | Char | 2 |
| 3 Reason Code 1 | Char | 5 |
| 3 Amount 1 | Double | |
| 3 Units 1 | Double | |
| 3 Reason Code 2 | Char | 5 |

| Field Name | Data Type | Field Length |
|-----------------|-----------|--------------|
| 3 Amount 2 | Double | |
| 3 Units 2 | Double | |
| 3 Reason Code 3 | Char | 5 |
| 3 Amount 3 | Double | |
| 3 Units 3 | Double | |
| 3 Reason Code 4 | Char | 5 |
| 3 Amount 4 | Double | |
| 3 Units 4 | Double | |
| 3 Reason Code 5 | Char | 5 |
| 3 Amount 5 | Double | |
| 3 Units 5 | Double | |
| 3 Reason Code 6 | Char | 5 |
| 3 Amount 6 | Double | |
| 3 Units 6 | Double | |
| 4 Group Code | Char | 2 |
| 4 Reason Code 1 | Char | 5 |
| 4 Amount 1 | Double | |
| 4 Units 1 | Double | |
| 4 Reason Code 2 | Char | 5 |
| 4 Amount 2 | Double | |
| 4 Units 2 | Double | |
| 4 Reason Code 3 | Char | 5 |
| 4 Amount 3 | Double | |
| 4 Units 3 | Double | |
| 4 Reason Code 4 | Char | 5 |
| 4 Amount 4 | Double | |
| 4 Units 4 | Double | |
| 4 Reason Code 5 | Char | 5 |

| Field Name | Data Type | Field Length |
|-----------------|-----------|--------------|
| 4 Amount 5 | Double | |
| 4 Units 5 | Double | |
| 4 Reason Code 6 | Char | 5 |
| 4 Amount 6 | Double | |
| 4 Units 6 | Double | |
| 5 Group Code | Char | 2 |
| 5 Reason Code 1 | Char | 5 |
| 5 Amount 1 | Double | |
| 5 Units 1 | Double | |
| 5 Reason Code 2 | Char | 5 |
| 5 Amount 2 | Double | |
| 5 Units 2 | Double | |
| 5 Reason Code 3 | Char | 5 |
| 5 Amount 3 | Double | |
| 5 Units 3 | Double | |
| 5 Reason Code 4 | Char | 5 |
| 5 Amount 4 | Double | |
| 5 Units 4 | Double | |
| 5 Reason Code 5 | Char | 5 |
| 5 Amount 5 | Double | |
| 5 Units 5 | Double | |
| 5 Reason Code 6 | Char | 5 |
| 5 Amount 6 | Double | |
| 5 Units 6 | Double | |
| 6 Group Code | Char | 2 |
| 6 Reason Code 1 | Char | 5 |
| 6 Amount 1 | Double | |
| 6 Units 1 | Double | |

| Field Name | Data Type | Field Length |
|---------------------|-----------|--------------|
| 6 Reason Code 2 | Char | 5 |
| 6 Amount 2 | Double | |
| 6 Units 2 | Double | |
| 6 Reason Code 3 | Char | 5 |
| 6 Amount 3 | Double | |
| 6 Units 3 | Double | |
| 6 Reason Code 4 | Char | 5 |
| 6 Amount 4 | Double | |
| 6 Units 4 | Double | |
| 6 Reason Code 5 | Char | 5 |
| 6 Amount 5 | Double | |
| 6 Units 5 | Double | |
| 6 Reason Code 6 | Char | 5 |
| 6 Amount 6 | Double | |
| 6 Units 6 | Double | |
| Adjudication Date | Date | |
| Reimbursement Rate | Double | |
| Remark Code 1 | Char | 30 |
| Remark Code 2 | Char | 30 |
| Remark Code 3 | Char | 30 |
| Remark Code 4 | Char | 30 |
| Remark Code 5 | Char | 30 |
| Discount Amount | Double | |
| Per Day Limit | Double | |
| Tax | Double | |
| Pre-Tax Claim Total | Double | |
| HCPCS Payable | Double | |
| ESRD Paid | Double | |

| Field Name | Data Type | Field Length |
|-------------------------------|------------------|---------------------|
| Professional Component Billed | Double | |
| Patient Responsible | Double | |
| Coverage Amount | Double | |
| Patient Amount Paid | Double | |
| Payer Amount Paid | Double | |

MWERT (Electronic Remittance Tracking)

| Field Name | Data Type | Field Length |
|---------------|-----------|--------------|
| Unique ID | AutoInc | |
| Entry Number | Integer | |
| Chart Number | Char | 8 |
| Group Code | Char | 2 |
| Reason Code 1 | Char | 5 |
| Amount 1 | Double | |
| Units 1 | Double | |
| Reason Code 2 | Char | 5 |
| Amount 2 | Double | |
| Units 2 | Double | |
| Reason Code 3 | Char | 5 |
| Amount 3 | Double | |
| Units 3 | Double | |
| Reason Code 4 | Char | 5 |
| Amount 4 | Double | |
| Units 4 | Double | |
| Reason Code 5 | Char | 5 |
| Amount 5 | Double | |
| Units 5 | Double | |
| Reason Code 6 | Char | 5 |
| Amount 6 | Double | |
| Units 6 | Double | |
| Claim Number | Integer | |

MWEVS (Eligibility Verification Status)

| Field Name | Data Type | Field Length |
|-----------------|-----------|--------------|
| evTransactionID | Integer | |

| | | |
|--------------------|-----------|----|
| evBatchID | Integer | |
| Chart Number | Char | 20 |
| Insurance Code | Char | 20 |
| Provider Code | Char | 20 |
| Appointment ID | Integer | |
| File270 | Memo | |
| File271 | Memo | |
| TransactionStatus | Integer | |
| TransactionDetails | Memo | |
| EVStatus | Integer | |
| EVDetails | Memo | |
| Verification Date | TimeStamp | |
| User_Code | Char | 10 |
| Date_Modified | TimeStamp | |
| Date_Created | Date | |
| Case Number | Integer | |

MWEVS14 (Eligibility Verification Status)

| Field Name | Data Type | Field Length |
|---------------------|-----------|--------------|
| ID | AutoInc | |
| EDITransactionID | Integer | |
| BatchID | Integer | |
| Chart Number | Char | 20 |
| Insurance Code | Char | 20 |
| Provider Code | Char | 20 |
| Appointment ID | Integer | |
| Case Number | Integer | |
| VerificationStatus | Integer | |
| VerificationDetails | Memo | |
| User_Code | Char | 10 |
| Date_Modified | TimeStamp | |
| Date_Created | Date | |

MWFIL (Filters)

| Field Name | Data Type | Field Length |
|---------------|-----------|--------------|
| User_Code | Char | 10 |
| Filters | Memo | |
| Sort_Field | Char | 20 |
| Ascend | Logical | |
| Date_Modified | TimeStamp | |

MWGID (Group IDs)

| Field Name | Data Type | Field Length |
|---------------|-----------|--------------|
| User_Code | Char | 10 |
| Group_ID | Char | 5 |
| Date_Modified | TimeStamp | |

MWGRP (User Groups)

| Field Name | Data Type | Field Length |
|---------------|-----------|--------------|
| ID | Char | 5 |
| Name | Char | 45 |
| Description | Char | 100 |
| User_Code | Char | 10 |
| Date_Modified | TimeStamp | |
| Date_Created | Date | |

MWINC (Insurance Class)

| Field Name | Data Type | Field Length |
|---------------|-----------|--------------|
| ID | Char | 5 |
| Class Name | Char | 45 |
| Description | Char | 100 |
| Date Created | Date | |
| Date Modified | Date | |
| User Code | Char | 10 |
| Inactive | Logical | |

MWINS (Insurance Carrier)

| Field Name | Data Type | Field Length |
|------------|-----------|--------------|
| Code | Char | 5 |
| Name | Char | 45 |
| Street 1 | Char | 30 |
| Street 2 | Char | 30 |
| City | Char | 20 |
| State | Char | 2 |
| Zip Code | Char | 10 |
| Phone | Char | 13 |

| | | |
|-----------------------------|-----------|----|
| Extension | Char | 4 |
| Fax | Char | 13 |
| Contact | Char | 20 |
| Plan Name | Char | 30 |
| Type | Char | 17 |
| Procedure Code Set | Char | 1 |
| Diagnosis Code Set | Char | 1 |
| Signature on File | Char | 17 |
| Delay Secondary Billing | Logical | |
| Default Billing Method | Char | 10 |
| PrimaryEDIRcvr | Char | 5 |
| PrimaryClaimsPayerID | Char | 15 |
| EMC Extra 1 | Char | 15 |
| EMC Extra 2 | Char | 15 |
| ETS Record Code | Char | 2 |
| Default Payment Code | Char | 10 |
| Default Write Off Code | Char | 10 |
| Default Withhold Code | Char | 10 |
| Default Deductible Code | Char | 10 |
| Indicator | Char | 5 |
| Print PINs on Ins Form | Char | 1 |
| User Code | Char | 10 |
| Date Created | Date | |
| Physician Signature on File | Char | 17 |
| Insured Signature on File | Char | 17 |
| Carrier ID number | Char | 10 |
| PrimaryNationalPlanID | Char | 10 |
| Date Modified | TimeStamp | |
| Inactive | Logical | |

| | | |
|-----------------------------|---------|-----|
| IOD | Char | 15 |
| EMC Max Transactions | Integer | |
| Default Take Back Code | Char | 10 |
| Insurance Class | Char | 5 |
| Complimentary_Crossover | Logical | |
| EVPayerID | Integer | |
| PrimaryEligibilityPayerID | Char | 20 |
| PayerType | Char | 20 |
| Default Billing Method 2 | Char | 10 |
| Default Billing Method 3 | Char | 10 |
| SecondaryEDIRcvr | Char | 5 |
| SecondaryClaimsPayerID | Char | 15 |
| SecondaryEligibilityPayerID | Char | 20 |
| SecondaryNationalPlanID | Char | 10 |
| SendOrderingProvider | Logical | |
| SendPracticeTaxonomy | Logical | |
| Note | Char | 255 |
| Icd 10 Effective Date | Date | |
| Timely Filing Days | Integer | |

MWLIO (Login/Logout)

| Field Name | Data Type | Field Length |
|--------------|-----------|--------------|
| User | Char | 10 |
| In Out | Char | 4 |
| Date | Date | |
| Successful | Logical | |
| Time | Time | |
| Note | Char | 50 |
| Update User | Char | 10 |
| Machine Name | Char | 50 |

MWLPM (Login/Password Management)

| Field Name | Data Type | Field Length |
|------------------|-----------|--------------|
| Renewal Interval | Integer | |
| Reuse Period | Integer | |
| Min Characters | Integer | |
| Max Characters | Integer | |
| Alphanumeric | Logical | |
| Max Attempts | Integer | |
| Disable Period | Integer | |
| Date Modified | TimeStamp | |

MWMDP (Wizard Table)

| Field Name | Data Type | Field Length |
|---------------|-----------|--------------|
| Type | Integer | |
| Practice Name | Char | 30 |
| Street1 | Char | 30 |
| Street2 | Char | 30 |
| City | Char | 30 |

| State | Char | 2 |
|-------------------|-----------|--------------|
| Zip | Char | 12 |
| Field Name | Data Type | Field Length |
| Phone | Char | 13 |
| Message 30 | Char | 65 |
| Message 60 | Char | 65 |
| Message 90 | Char | 65 |
| Include S Notes | Logical | |
| Include D Notes | Logical | |
| Include G Message | Logical | |
| Preference Index | Integer | |
| Date Modified | Date | |
| Other Phone | Char | 13 |
| Sender | Char | 30 |

MWMPP

| Field Name | Data Type | Field Length |
|--------------|-----------|--------------|
| MPPID | Char | 32 |
| Chart Number | Char | 8 |
| Last Name | Char | 20 |
| First Name | Char | 15 |
| Middle Name | Char | 25 |
| Street 1 | Char | 30 |
| Street 2 | Char | 30 |
| City | Char | 20 |
| State | Char | 2 |
| Zip Code | Char | 10 |
| Country | Char | 10 |
| Phone 1 | Char | 13 |
| Phone 2 | Char | 13 |
| Phone 3 | Char | 13 |

| | | |
|------------------------|------------------|---------------------|
| EMail | Char | 35 |
| Date of Birth | Char | 10 |
| Field Name | Data Type | Field Length |
| Sex | Char | 7 |
| Social Security Number | Char | 11 |
| Marital Status | Char | 17 |
| Ethnicity | Char | 1 |
| Language | Char | 30 |
| Race | Char | 11 |
| Assigned Provider | Char | 5 |
| Referring Provider | Char | 50 |
| Referral Source | Char | 30 |
| Employer | Char | 30 |
| Occupation | Char | 50 |
| EMP Street 1 | Char | 30 |
| EMP Street 2 | Char | 30 |
| EMP City | Char | 20 |
| EMP State | Char | 2 |
| EMP Zip Code | Char | 10 |
| Employment Status | Char | 12 |
| Self | Char | 1 |
| Guar Last Name | Char | 20 |
| Guar First Name | Char | 15 |
| Guar Middle Name | Char | 25 |
| Guar Street 1 | Char | 30 |
| Guar Street 2 | Char | 30 |
| Guar City | Char | 20 |
| Guar State | Char | 2 |
| Guar Zip Code | Char | 10 |
| Guar Country | Char | 10 |
| Guar Phone 1 | Char | 13 |
| Guar Phone 2 | Char | 13 |
| Guar Phone 3 | Char | 13 |
| Contact Name | Char | 40 |

| | | |
|-------------------------|------------------|---------------------|
| Contact Phone 1 | Char | 13 |
| Contact Phone 2 | Char | 13 |
| Field Name | Data Type | Field Length |
| INS1 Name | Char | 45 |
| INS1 Last Name | Char | 20 |
| INS1 First Name | Char | 15 |
| INS1 Middle Name | Char | 25 |
| INS1 Street 1 | Char | 30 |
| INS1 Street 2 | Char | 30 |
| INS1 City | Char | 20 |
| INS1 State | Char | 2 |
| INS1 Zip Code | Char | 10 |
| INS1 Country | Char | 10 |
| Insured Relationship #1 | Char | 15 |
| Policy Number #1 | Char | 20 |
| Group Number #1 | Char | 20 |
| INS2 Name | Char | 45 |
| INS2 Last Name | Char | 20 |
| INS2 First Name | Char | 15 |
| INS2 Middle Name | Char | 25 |
| INS2 Street 1 | Char | 30 |
| INS2 Street 2 | Char | 30 |
| INS2 City | Char | 20 |
| INS2 State | Char | 2 |
| INS2 Zip Code | Char | 10 |
| INS2 Country | Char | 10 |
| Insured Relationship #2 | Char | 15 |
| Policy Number #2 | Char | 20 |
| Group Number #2 | Char | 20 |
| INS3 Name | Char | 45 |
| INS3 Last Name | Char | 20 |
| INS3 First Name | Char | 15 |
| INS3 Middle Name | Char | 25 |
| INS3 Street 1 | Char | 30 |

| | | |
|-------------------------|------------------|---------------------|
| INS3 Street 2 | Char | 30 |
| INS3 City | Char | 20 |
| Field Name | Data Type | Field Length |
| INS3 State | Char | 2 |
| INS3 Zip Code | Char | 10 |
| INS3 Country | Char | 10 |
| Insured Relationship #3 | Char | 15 |
| Policy Number #3 | Char | 20 |
| Group Number #3 | Char | 20 |
| User Code | Char | 10 |
| Flag | Integer | |
| Object Type | Char | 8 |
| Object | Blob | |
| RecordLocked | Logical | |
| Copay | Double | 2 |
| IntakeData | Memo | |
| ApptDate | Date | |
| ApptTime | Time | |
| Country | Char | 10 |
| Guar Country | Char | 10 |
| INS1 Country | Char | 10 |
| INS2 Country | Char | 10 |
| INS3 Country | Char | 10 |
| SignedForms | Memo | 9 |
| IntakeData | TimeStamp | |
| Web Request | Char | 10 |

MWMUL (Multilink)

| Field Name | Data Type | Field Length |
|---------------|-----------|--------------|
| Code | Char | 10 |
| Description | Char | 30 |
| Link Code 1 | Char | 10 |
| Link Code 2 | Char | 10 |
| Link Code 3 | Char | 10 |
| Link Code 4 | Char | 10 |
| Link Code 5 | Char | 10 |
| Link Code 6 | Char | 10 |
| Link Code 7 | Char | 10 |
| Link Code 8 | Char | 10 |
| User Code | Char | 10 |
| Date Created | Date | |
| Date Modified | TimeStamp | |
| Inactive | Logical | |

MWOBJ (Multimedia)

| Field Name | Data Type | Field Length |
|------------------------|-----------|--------------|
| Image Number | AutoInc | |
| Chart Number | Char | 8 |
| Case Number | Integer | |
| Description | Char | 50 |
| Date Created | Date | |
| Note | Memo | |
| Object Type | Char | 8 |
| Object | Blob | |
| Show on Patient Screen | Logical | |
| Date Modified | TimeStamp | |

MWOBJARC (Multimedia Archive)

| Field Name | Data Type | Field Length |
|------------------------|-----------|--------------|
| Image Number | Integer | |
| Chart Number | Char | 8 |
| Case Number | Integer | |
| Description | Char | 50 |
| Date Created | Date | |
| Note | Char | 9 |
| Object Type | Char | 8 |
| Object | Blob | |
| Show on Patient Screen | Logical | |
| Date Modified | TimeStamp | |
| BatchID | Integer | |
| Archive Date | Date | |

MWOOCR (Occurrence Codes)

| Field Name | Data Type | Field Length |
|--------------------|-----------|--------------|
| Code | Char | 2 |
| Description | Char | 80 |
| Usage Note | Memo | |
| User Code | Char | 10 |
| Modified User | Char | 10 |
| Date Created | Date | |
| Date Modified | TimeStamp | |
| Inactive | Logical | |
| Occurrence_Code_ID | Char | 38 |

MWOPT (Program Options)

| Field Name | Data Type | Field Length |
|------------|-----------|--------------|
|------------|-----------|--------------|

| | | |
|---------------------------|---------|----|
| Remind to Backup on Close | Logical | |
| Show Cue Cards | Logical | |
| Show Patient List Window | Logical | |
| Show Transaction Window | Logical | |
| Show Reminder List | Logical | |
| Show Open Practice List | Logical | |
| Sales Tax Rate | Double | |
| Use ENTER for next Field | Logical | |
| Use Sound | Logical | |
| Do Word Capitalization | Logical | |
| Auto. Place Decimal Point | Logical | |
| Multiply Units Times Amt. | Logical | |
| Default Location Code | Char | 2 |
| Remind Bill Ins. Charges | Logical | |
| Days Past Entry Date | Double | |
| Remind when to Follow up | Logical | |
| Days Past Billing Date | Double | |
| Default Cash Payment Code | Char | 10 |
| Default Check Paymnt Code | Char | 10 |
| Credit Card Payment Code | Char | 10 |
| Patient Write Off Code | Char | 10 |
| Backup Program | Char | 40 |
| Backup Command Line | Char | 50 |
| Force Payment Application | Logical | |
| Default Walkout Receipt | Char | 14 |
| Data Version Number | Integer | |
| Mark Complete | Logical | |
| Calculate Disallowed Amt | Logical | |
| Calculate Allowed Amount | Logical | |

| | | |
|---------------------------------|-----------|----|
| Show Hints | Logical | |
| Use To Date | Logical | |
| Show Shortcuts | Logical | |
| Create Billing Notes | Logical | |
| Billing Note Code | Char | 10 |
| Use Zip Code | Logical | |
| Pat Aging Column 1 Start | Integer | |
| Pat Aging Column 1 End | Integer | |
| Pat Aging Column 2 | Integer | |
| Pat Aging Column 3 | Integer | |
| Pat Age By Date From | Logical | |
| Pat Age By Statement Date | Logical | |
| Ins Aging Column 1 Start | Integer | |
| Ins Aging Column 1 End | Integer | |
| Ins Aging Column 2 | Integer | |
| Ins Aging Column 3 | Integer | |
| Ins Aging Column 4 | Integer | |
| Mark Completed Claims Done | Logical | |
| Eligibility Receiver | Char | 5 |
| Use Diagnosis | Logical | |
| Date Modified | TimeStamp | |
| Numeric | Logical | |
| Auto Log Off | Logical | |
| Log Off Min | Integer | |
| Warn on Unapproved | Logical | |
| Use Old Style Transaction Entry | Logical | |
| Default Tax Code | Char | 10 |
| Auto Calculate Tax | Logical | |
| Show Case Tab 1 | Logical | |

| | | |
|---------------------------------|---------|-----|
| Show Case Tab 2 | Logical | |
| Show Case Tab 3 | Logical | |
| Show Case Tab 4 | Logical | |
| Show Case Tab 5 | Logical | |
| Show Case Tab 6 | Logical | |
| Show Case Tab 7 | Logical | |
| Show Case Tab 8 | Logical | |
| Show Case Tab 9 | Logical | |
| Show Case Tab 10 | Logical | |
| Show Case Tab 11 | Logical | |
| Show Case Tab 12 | Logical | |
| Show Patient Tab 1 | Logical | |
| Show Patient Tab 2 | Logical | |
| Last Case Screen | Integer | |
| Last Patient Screen | Integer | |
| Auto Format SSN | Logical | |
| Print Title Page | Logical | |
| Partially Applied Payment Color | Integer | |
| No Payment Color | Integer | |
| Partially Paid Color | Integer | |
| Overpaid Charge Color | Integer | |
| Unapplied Payment Color | Integer | |
| Overapplied Payment Color | Integer | |
| Use Color-coding | Logical | |
| Enforce Accept Assignment | Logical | |
| Force Document Number | Logical | |
| Use Serialized Superbills | Logical | |
| Use Classic Icons | Logical | |
| Quick Receipt Format | Char | 128 |

| | | |
|------------------------|---------|-----|
| Quick Statement Format | Char | 128 |
| Use Patient Flags | Logical | |
| Flag 1 Description | Char | 20 |
| Flag 1 Color | Integer | |
| Flag 2 Description | Char | 20 |
| Flag 2 Color | Integer | |
| Flag 3 Description | Char | 20 |
| Flag 3 Color | Integer | |
| Flag 4 Description | Char | 20 |
| Flag 4 Color | Integer | |
| Flag 5 Description | Char | 20 |
| Flag 5 Color | Integer | |
| Flag 6 Description | Char | 20 |
| Flag 6 Color | Integer | |
| Flag 7 Description | Char | 20 |
| Flag 7 Color | Integer | |
| Flag 8 Description | Char | 20 |
| Flag 8 Color | Integer | |
| Flag 9 Description | Char | 20 |
| Flag 9 Color | Integer | |
| Flag 10 Description | Char | 20 |
| Flag 10 Color | Integer | |
| Flag 11 Description | Char | 20 |
| Flag 11 Color | Integer | |
| Flag 12 Description | Char | 20 |
| Flag 12 Color | Integer | |
| Flag 13 Description | Char | 20 |
| Flag 13 Color | Integer | |
| Flag 14 Description | Char | 20 |

| | | |
|--------------------------------------|-----------|-----|
| Flag 14 Color | Integer | |
| Quick Face Sheet | Char | 128 |
| Case Default | Integer | |
| Statement Bill Note | Char | 10 |
| Create Statement Billing Notes | Logical | |
| ePrescribing Enabled | Logical | |
| Datarunner Machine Name | Char | 64 |
| Use Cycle Billing | Logical | |
| Cycle Billing Days | Integer | |
| Audit Tables | Memo | |
| Mark_Zero_Payment | Logical | |
| Separate_Files | Logical | |
| Remainder_Statement_Detail | Logical | |
| Standard_Statement_Detail | Logical | |
| Calculate_Patient_Remainder | Integer | |
| Account_Alert_Setting | Char | 20 |
| Alert_Remainder_Balance | CurDouble | |
| Patient_Small_Balance_Write-off_Code | Char | 10 |
| Patient_Small_Balance_Amount | CurDouble | |
| Use_Tran_Entry | Logical | |
| Show Case Tab 13 | Logical | |
| WL_Last_Update | TimeStamp | |
| Backup_Count | Integer | |
| Master_Card | Logical | |
| VISA | Logical | |
| Discover | Logical | |
| American_Express | Logical | |
| eStatement_Receiver_Type | Char | 1 |
| Suppress_Copayment_Message | Logical | |

| | | |
|--|---------|-----|
| Hide_Inactive | Logical | |
| Edit_Task | Logical | |
| Delete_Transmission | Logical | |
| Transmission_Days | Integer | |
| Delete_Claims | Logical | |
| Claim_Days | Integer | |
| Update_Allowed | Logical | |
| Use_Stm_Management_Quick_Statements | Logical | |
| Cash_Copayment_Code | Char | 10 |
| Check_Copayment_Code | Char | 10 |
| Credit_Card_Copayment_Code | Char | 10 |
| Use_Guarantor_Quick_Ledger | Logical | |
| Deposit_Date | Char | 10 |
| Number_of_Diagnosis | Integer | |
| Suppress_UB04 | Logical | |
| Use_Quick_Entry_for_New_Patient_or_Case | Logical | |
| Use_Quick_Entry_for_Edit_Patient_or_Case | Logical | |
| Patient_Quick_Entry_Template | Char | 15 |
| Quick_List | Char | 128 |
| Required_Fields_Color | Integer | |
| Auto_Calc_Blank_Pin_Qualifiers | Logical | |
| Copay_Remainder | Logical | |
| CCUsed | Integer | |
| CCSCM | Char | 40 |
| ServiceMessage1 | Char | 256 |
| ServiceMessage2 | Char | 256 |
| ServiceMessage3 | Char | 256 |

| | | |
|--------------------|---------|-----|
| PaperColor | Integer | |
| PrintSummary | Logical | |
| PrintAging | Logical | |
| MessageTop | Char | 256 |
| Message1 | Char | 256 |
| Message2 | Char | 256 |
| Message3 | Char | 256 |
| Message4 | Char | 256 |
| Message5 | Char | 256 |
| ARRA Audit | Logical | |
| Use BillFlash ePay | Logical | |
| EnableHL7Triggers | Logical | |
| DefDiagCodeSet | Char | 1 |
| DefInsCodeSet | Char | 1 |
| ServiceTypeCode1 | Char | 3 |
| ServiceTypeCode2 | Char | 3 |
| ServiceTypeCode3 | Char | 3 |
| Specialist | Logical | |
| eCCUsed | Integer | |
| eCCSCM | Char | 40 |
| eServiceMessage1 | Char | 256 |
| eServiceMessage2 | Char | 256 |
| eServiceMessage3 | Char | 256 |
| ePaperColor | Integer | |
| eMessageTop | Char | 256 |
| eMessage1 | Char | 256 |
| eMessage2 | Char | 256 |
| eMessage3 | Char | 256 |
| eMessage4 | Char | 256 |

| | | |
|-----------|------|-----|
| eMessage5 | Char | 256 |
|-----------|------|-----|

MWOSP (Occurrence Span Codes)

| Field Name | Data Type | Field Length |
|-------------------------|-----------|--------------|
| Code | Char | 2 |
| Description | Char | 80 |
| Usage Note | Memo | |
| User Code | Char | 10 |
| Modified User | Char | 10 |
| Date Created | Date | |
| Date Modified | TimeStamp | |
| Inactive | Logical | |
| Occurrence_Span_Code_ID | Char | 38 |

MWPAC (Patient Alert Codes)

| Field Name | Data Type | Field Length |
|---------------|-----------|--------------|
| Code | Char | 9 |
| Description | Char | 70 |
| Display in OH | Logical | |
| Display in TE | Logical | |
| Display in PE | Logical | |
| Display in CE | Logical | |
| Inactive | Logical | |
| Date Created | Date | |
| Date Modified | Timestamp | In Database |

MWPAT (Patient)

| Field Name | Data Type | Field Length |
|---------------------------|------------------|---------------------|
| Chart Number | Char | 8 |
| Last Name | Char | 20 |
| First Name | Char | 15 |
| Middle Initial | Char | 1 |
| Street 1 | Char | 30 |
| Street 2 | Char | 30 |
| City | Char | 20 |
| State | Char | 2 |
| Zip Code | Char | 10 |
| Phone 1 | Char | 13 |
| Phone 2 | Char | 13 |
| Phone 3 | Char | 13 |
| Phone 4 | Char | 13 |
| Phone 5 | Char | 13 |
| Social Security Number | Char | 11 |
| Field Name | Data Type | Field Length |
| Signature on File | Logical | |
| Patient Type | Char | 9 |
| Patient ID #2 | Char | 15 |
| Sex | Char | 7 |
| Date of Birth | Date | |
| Assigned Provider | Char | 5 |
| Country | Char | 10 |
| Date of Last Payment | Date | |
| Last Payment Amount | Double | |
| Patient Reference Balance | Double | |
| Date Created | Date | |

| | | |
|-----------------------------|------------------|---------------------|
| Employment Status | Char | 12 |
| Employer | Char | 5 |
| Employee Location | Char | 6 |
| Employee Retirement Date | Date | |
| Work Phone | Char | 13 |
| Work Extension | Char | 4 |
| SOF Date | Date | |
| Billing Code | Char | 2 |
| Patient Indicator | Char | 10 |
| User Code | Char | 10 |
| Unique Health ID | Char | 10 |
| EMail | Char | 35 |
| Date Modified | TimeStamp | |
| Contact Phone 1 | Char | 13 |
| Contact Phone 2 | Char | 13 |
| Contact Name | Char | 40 |
| Weight | Double | |
| Field Name | Data Type | Field Length |
| Weight Units | Char | 2 |
| Flag | Integer | |
| Inactive | Logical | |
| In Collections | Logical | |
| Payment Plan | Char | 3 |
| Last Patient Payment Date | Date | |
| Last Patient Payment Amount | Double | |
| Followed Plan | Logical | |
| EntityType | Integer | |
| Patient_Remainder_Balance | CurDouble | |
| Middle Name | Char | 25 |

| | | |
|-----------------------|---------|-----|
| Medical Record Number | Char | 24 |
| Date of Death | Date | |
| Suffix | Char | 10 |
| Race | Char | 11 |
| Ethnicity | Char | 1 |
| Language | Char | 30 |
| Web Enabled | Logical | |
| Appointments Allowed | Integer | |
| ARStatus | Char | |
| Previous Last Name | Char | 20 |
| Previous First Name | Char | 15 |
| Previous Middle Name | Char | 25 |
| Previous Suffix | Char | 10 |
| Previous Street 1 | Char | 30 |
| Previous Street 2 | Char | 30 |
| Previous City | Char | 20 |
| Previous State | Char | 2 |
| Previous Zip Code | Char | 10 |
| Previous Country | Char | 10 |
| Birth Sex | Char | 7 |
| CGM CONNECTION Prefs | Char | 200 |
| Gender Identity | Integer | |
| Sexual Orientation | Integer | |
| Gender Identity | Integer | |
| Sexual Orientation | Integer | |
| Alert 1 | Char | 9 |
| Alert 2 | Char | 9 |
| Alert 3 | Char | 9 |
| Alert 4 | Char | 9 |

| | | |
|---------|------|---|
| Alert 5 | Char | 9 |
| Alert 6 | Char | 9 |

MWPAX (PAX)

| Field Name | Data Type | Field Length |
|-------------------|-----------|--------------|
| Payment Reference | Integer | |
| Charge Reference | Integer | |
| Payment Amount | Double | |
| Who Paid | Char | 1 |
| Deposit ID | Integer | |
| Date Modified | TimeStamp | |

MWPAXARC (PAX Archive)

| Field Name | Data Type | Field Length |
|-------------------|-----------|--------------|
| Payment Reference | Integer | |
| Charge Reference | Integer | |
| Payment Amount | Double | |
| Who Paid | Char | 1 |
| Deposit ID | Integer | |
| Date Modified | TimeStamp | |
| BatchID | Integer | |
| Archive Date | Date | |

MWPCL (Provider Class)

| Field Name | Data Type | Field Length |
|---------------|-----------|--------------|
| ID | Char | 5 |
| Class_Name | Char | 45 |
| Description | Char | 100 |
| Date_Created | Date | |
| Date_Modified | TimeStamp | |
| User_Code | Char | 10 |
| Inactive | Logical | |

MWPDS (Patient Discharge Status)

| Field Name | Data Type | Field Length |
|-----------------------------|-----------|--------------|
| Code | Char | 2 |
| Description | Char | 80 |
| Usage Note | Memo | |
| User Code | Char | 10 |
| Modified User | Char | 10 |
| Date Created | Date | |
| Date Modified | TimeStamp | |
| Inactive | Logical | |
| Patient_Discharge_Status_ID | Char | 38 |

MWPER (Permissions)

| Field Name | Data Type | Field Length |
|---------------|-----------|--------------|
| Item Number | Integer | |
| Window | Char | 35 |
| Process | Char | 35 |
| Level 1 | Logical | |
| Level 2 | Logical | |
| Level 3 | Logical | |
| Level 4 | Logical | |
| Level 5 | Logical | |
| Date Modified | TimeStamp | |

MWPHY (Physician)

| Field Name | Data Type | Field Length |
|------------|-----------|--------------|
| Code | Char | 5 |
| Last Name | Char | 20 |
| First Name | Char | 15 |

| Field Name | Data Type | Field Length |
|---------------------------|-----------|--------------|
| Middle Initial | Char | 1 |
| Credentials | Char | 10 |
| Street 1 | Char | 30 |
| Street 2 | Char | 30 |
| City | Char | 20 |
| State | Char | 2 |
| Zip Code | Char | 10 |
| Phone | Char | 13 |
| Fax | Char | 13 |
| License Number | Char | 15 |
| Signature on File | Logical | |
| Medicare PIN | Char | 20 |
| Medicaid PIN | Char | 20 |
| Champus PIN | Char | 20 |
| Blue Cross/Shield PIN | Char | 20 |
| Commercial PIN | Char | 20 |
| Group PIN | Char | 20 |
| HMO PIN | Char | 20 |
| PPO PIN | Char | 20 |
| Medicare Group ID | Char | 20 |
| Medicaid Group ID | Char | 20 |
| BC/BS Group ID | Char | 20 |
| Other Group ID | Char | 20 |
| EMC ID | Char | 5 |
| Medicare Particp Provider | Logical | |
| UPIN | Char | 20 |
| Extra 1 | Char | 10 |
| Extra 2 | Char | 10 |

| Field Name | Data Type | Field Length |
|---------------------|-----------|--------------|
| Security Level | Integer | |
| SB Number | Char | 2 |
| SB Report File | Char | 10 |
| SOF Date | Date | |
| User Code | Char | 10 |
| Date Created | Date | |
| TAT Number | Char | 11 |
| CLIA Number | Char | 10 |
| DEA Registration | Char | 20 |
| EMail | Char | 35 |
| Office | Char | 13 |
| Cell | Char | 13 |
| Date Modified | TimeStamp | |
| Inactive | Logical | |
| Hospice_Employee | Logical | |
| Payee_Number | Char | 15 |
| Class | Char | 5 |
| Process Eligibility | Logical | |
| Enrolled | Integer | |
| EDI_Receiver | Char | 5 |
| Middle Name | Char | 25 |

MWPLG (Payment Log)

| Field Name | Data Type | Field Length |
|---------------|-----------|--------------|
| PaymentLog ID | Char | 38 |
| Filename | Char | 50 |
| Body | Blob | |

MWPLN (Treatment Plan)

| Field Name | Data Type | Field Length |
|---------------|-----------|--------------|
| Plan Number | AutoInc | |
| Chart Number | Char | 8 |
| Description | Char | 45 |
| Amount | Double | |
| Date Modified | TimeStamp | |

MWPPL (Payment Plan)

| Field Name | Data Type | Field Length |
|-------------------|-----------|--------------|
| ID | AutoInc | |
| Code | Char | 3 |
| Description | Char | 20 |
| First Payment Due | Integer | |
| Cycle Days | Integer | |
| Amount Due | Double | |
| Date Created | Date | |
| Modified By | Char | 20 |
| Date Modified | TimeStamp | |
| Inactive | Logical | |

MWPPR (Procedure Plan)

| Field Name | Data Type | Field Length |
|------------|-----------|--------------|
|------------|-----------|--------------|

| | | |
|----------------|-----------|----|
| Entry Number | AutoInc | |
| Plan Number | Integer | |
| Procedure Code | Char | 10 |
| Amount | Double | |
| Description | Char | 35 |
| Date Modified | TimeStamp | |

MWPRA (Practice)

| Field Name | Data Type | Field Length |
|-------------------------------|-----------|--------------|
| Practice Name | Char | 30 |
| Street 1 | Char | 30 |
| Street 2 | Char | 30 |
| City | Char | 20 |
| State | Char | 2 |
| Zip Code | Char | 10 |
| Phone | Char | 13 |
| Extension | Char | 4 |
| Fax | Char | 13 |
| Practice Type | Char | 15 |
| Federal Tax ID | Char | 15 |
| Extra 1 | Char | 30 |
| Extra 2 | Char | 30 |
| Date Modified | TimeStamp | |
| EntityType | Integer | |
| National Provider Identifier | Char | 15 |
| CM_Username | Char | 128 |
| CM_Password | Char | 128 |
| Enroll_Practice_Type | Integer | |
| Is_Associated_With_BS | Integer | |
| Claim_Scrubbing_Contact_Name | Char | 80 |
| Claim_Scrubbing_Contact_Email | Char | 80 |
| Practice_ID | Char | 38 |
| Has_Claim_Scrubbing | Integer | |
| Clearinghouse_Selection | Integer | |
| GroupType | Integer | |
| Email | Char | 256 |

MWPRN (Print Run)

| Field Name | Data Type | Field Length |
|--------------|-----------|--------------|
| Run ID | Char | 38 |
| Run Status | Integer | |
| Type | Integer | |
| Date Run | TimeStamp | |
| Method | Integer | |
| Date Printed | TimeStamp | |

MWPRO (Procedure)

| Field Name | Data Type | Field Length |
|--------------------------|-----------|--------------|
| Code 1 | Char | 10 |
| Code 2 | Char | 10 |
| Code 3 | Char | 10 |
| Type | Char | 1 |
| Description | Char | 40 |
| Type of Service | Char | 3 |
| Default Place Service 1 | Char | 2 |
| Default Place Service 2 | Char | 2 |
| Default Place Service 3 | Char | 2 |
| Time To Do Procedure | Integer | |
| Insurance Category | Char | 1 |
| Patient Only Responsible | Logical | |
| Only Print on Insurance | Char | 60 |
| Cost of Service/Product | Double | |
| Medicare Allowed Amount | Double | |
| Amount A | Double | |
| Amount B | Double | |
| | | |

| Field Name | Data Type | Field Length |
|---------------------------|-----------|--------------|
| Amount C | Double | |
| Amount D | Double | |
| Amount E | Double | |
| Amount F | Double | |
| Amount G | Double | |
| Amount H | Double | |
| Amount I | Double | |
| Amount J | Double | |
| Amount K | Double | |
| Amount L | Double | |
| Amount M | Double | |
| Amount N | Double | |
| Amount O | Double | |
| Amount P | Double | |
| Amount Q | Double | |
| Amount R | Double | |
| Amount S | Double | |
| Amount T | Double | |
| Amount U | Double | |
| Amount V | Double | |
| Amount W | Double | |
| Amount X | Double | |
| Amount Y | Double | |
| Amount Z | Double | |
| Account Code | Char | 5 |
| Taxable | Logical | |
| Inactive | Logical | |
| Adjustment Amount Negativ | Logical | |

| Field Name | Data Type | Field Length |
|----------------------|-----------|--------------|
| Default Modifiers | Char | 16 |
| PrePayment | Logical | |
| Default Modifier 1 | Char | 2 |
| Default Modifier 2 | Char | 2 |
| Default Modifier 3 | Char | 2 |
| Default Modifier 4 | Char | 2 |
| User Code | Char | 10 |
| Date Created | Date | |
| Approved | Logical | |
| Recall Code | Logical | |
| Valid Surfaces | Char | 7 |
| Revenue Code | Char | 10 |
| Tax Rate | Double | |
| Date Modified | TimeStamp | |
| Purchased Service | Logical | |
| Default Units | Integer | |
| National_Drug_Code | Char | 11 |
| Code_ID_Qualifier | Char | 2 |
| Bill_Patient | Logical | |
| Require_Copayment | Logical | |
| HCPCS_Code | Logical | |
| HIPPS_Code | Logical | |
| UB_HCPCS_Rate_Code | Char | 14 |
| Codes_On_Disk | Logical | |
| Global_Period_Days | Integer | |
| Purch Svc Amt | Money | |
| NDCUnitPrice | Money | |
| NDCUnitofMeasurement | Char | 2 |

| | | |
|----------------|------|-----|
| AMADescription | Char | 255 |
|----------------|------|-----|

MWProviderPayerEnrollmentFlags

| Field Name | Data Type | Field Length |
|---------------------|-----------|--------------|
| ProviderCode | Char | 20 |
| PayerID | Char | 20 |
| ReceiverID | Integer | |
| ServiceType | Char | 3 |
| PayerType | Char | 20 |
| PayerDescription | Char | 200 |
| FlagsRequired | Logical | |
| EligibilityID | Char | 50 |
| EligibilityUserID | Char | 50 |
| EligibilityPassword | Char | 50 |
| User_Code | Char | 10 |
| Date_Modified | TimeStamp | |
| Date_Created | Date | |

MWPRS (Practice Settings)

| Field Name | Data Type | Field Length |
|------------|-----------|--------------|
| Setting ID | Integer | |
| Context | Integer | |
| Sub Value | Integer | |
| Type | Integer | |
| Value | Char | 255 |
| User Code | Char | 10 |

MWPSW (Program Password)

| Field Name | Data Type | Field Length |
|------------|-----------|--------------|
| User | Char | 10 |
| Password | Char | 75 |

| Field Name | Data Type | Field Length |
|---------------|-----------|--------------|
| Date Used | Date | |
| Date Modified | TimeStamp | |
| Active | Logical | |

MWPTD (Patient Entry Templates)

| Field Name | Data Type | Field Length |
|-----------------|-----------|--------------|
| Template_Def_ID | Char | 38 |
| Code | Char | 15 |
| Description | Char | 30 |
| User Code | Char | 10 |
| Modified User | Char | 10 |
| Date Created | Date | |
| Date Modified | TimeStamp | |

MWPTF (Patient Entry Template Fields)

| Field Name | Data Type | Field Length |
|--------------------|-----------|--------------|
| Template_Fields_ID | Char | 38 |
| Template_Def_ID | Char | 38 |
| Type | Integer | |
| ID | Char | 38 |
| Source | Integer | |
| Field_Order | Integer | |
| Required | Logical | |
| Display | Logical | |
| Default | Char | 30 |
| Caption | Char | 40 |
| Hint | Char | 50 |
| User Code | Char | 10 |
| Modified User | Char | 10 |
| Date Created | Date | |
| Date Modified | TimeStamp | |

MWPWD (Database Password)

| Field Name | Data Type | Field Length |
|---------------|-----------|--------------|
| User Name | Char | 50 |
| Password | Char | 128 |
| Date Created | TimeStamp | |
| Date Modified | TimeStamp | |

MWREC (Patient Recall)

| Field Name | Data Type | Field Length |
|----------------|-----------|--------------|
| Date of Recall | Date | |
| Provider | Char | 5 |

| Field Name | Data Type | Field Length |
|----------------|-----------|--------------|
| Chart Number | Char | 8 |
| Name | Char | 30 |
| Phone | Char | 14 |
| Extension | Char | 4 |
| Procedure Code | Char | 10 |
| Message | Char | 255 |
| Recall Status | Char | 1 |
| User Code | Char | 10 |
| Date Created | Date | |
| Date Modified | TimeStamp | |

MWREJ (Rejection)

| Field Name | Data Type | Field Length |
|-------------------|-----------|--------------|
| ID | AutoInc | |
| Rejection Code | Char | 6 |
| Rejection Message | Char | 120 |
| Date Created | Date | |
| Modified By | Char | 20 |
| Date Modified | TimeStamp | |
| Inactive | Logical | |

MWREV (Revenue Codes)

| Field Name | Data Type | Field Length |
|-----------------|-----------|--------------|
| Code | Char | 10 |
| Description | Char | 30 |
| User Code | Char | 10 |
| Modified User | Char | 10 |
| Date Created | Date | |
| Date Modified | TimeStamp | |
| Inactive | Logical | |
| Revenue_Code_ID | Char | 38 |

MWRPH (Referring Provider)

| Field Name | Data Type | Field Length |
|----------------|-----------|--------------|
| Code | Char | 5 |
| Last Name | Char | 20 |
| First Name | Char | 15 |
| Middle Initial | Char | 1 |
| Credentials | Char | 10 |
| Street 1 | Char | 30 |

| Field Name | Data Type | Field Length |
|---------------------------|-----------|--------------|
| Street 2 | Char | 30 |
| City | Char | 20 |
| State | Char | 2 |
| Zip Code | Char | 10 |
| Phone | Char | 13 |
| Fax | Char | 13 |
| License Number | Char | 15 |
| Signature on File | Logical | |
| Medicare PIN | Char | 20 |
| Medicaid PIN | Char | 20 |
| Champus PIN | Char | 20 |
| Blue Cross/Shield PIN | Char | 20 |
| Commercial PIN | Char | 20 |
| Group PIN | Char | 20 |
| HMO PIN | Char | 20 |
| PPO PIN | Char | 20 |
| Medicare Group ID | Char | 20 |
| Medicaid Group ID | Char | 20 |
| BC/BS Group ID | Char | 20 |
| Other Group ID | Char | 20 |
| Medicare Particp Provider | Logical | |
| UPIN | Char | 20 |
| Extra 1 | Char | 10 |
| Extra 2 | Char | 10 |
| Specialty | Char | 20 |
| Security Level | Integer | |
| SB Number | Char | 2 |
| SB Report File | Char | 10 |

| Field Name | Data Type | Field Length |
|---------------------|-----------|--------------|
| SOF Date | Date | |
| User Code | Char | 10 |
| Date Created | Date | |
| TAT Number | Char | 11 |
| CLIA Number | Char | 10 |
| DEA Registration | Char | 20 |
| EMail | Char | 35 |
| Office | Char | 13 |
| Cell | Char | 13 |
| Date Modified | TimeStamp | |
| Inactive | Logical | |
| Hospice_Employee | Logical | |
| Payee_Number | Char | 15 |
| Class | Char | 5 |
| Process Eligibility | Logical | |
| Enrolled | Integer | |
| EDI_Receiver | Char | 5 |
| Middle Name | Char | 25 |

MWRTK (Repeat Task)

| Field Name | Data Type | Field Length |
|--------------------|-----------|--------------|
| ID | AutoInc | |
| Frequency | Integer | |
| Pattern | Integer | |
| Recur_Number | Integer | |
| End_By | Date | |
| Expire_Warning | Logical | |
| Recur_Days | Char | 14 |
| On_Day | Integer | |
| Day_Name | Integer | |
| Day_Count | Integer | |
| Month | Integer | |
| Repeat_Description | Char | 55 |
| User | Char | 10 |
| Group | Char | 10 |
| Task_Code | Char | 5 |
| Task_Description | Char | 30 |
| Priority | Integer | |
| Key_Field_1 | Char | 15 |
| Key_Field_2 | Char | 15 |
| Associated_Area | Char | 20 |
| Done | Logical | |
| Date_Completed | Date | |
| Date_Created | Date | |
| Note | Memo | |
| Date_Due | Date | |
| User_Code | Char | 10 |
| Date_Modified | TimeStamp | |

| Field Name | Data Type | Field Length |
|-------------------|-----------|--------------|
| Remind | Logical | |
| Remind_Days_Count | Integer | |
| Extra | Char | 5 |

MWRUL (Rules)

| Field Name | Data Type | Field Length |
|----------------------|-----------|--------------|
| Task_Code | Char | 5 |
| Default_User | Char | 10 |
| Default_Group | Char | 10 |
| Key_Field_1 | Char | 20 |
| Key_Field_2 | Char | 20 |
| Key_Field_3 | Char | 20 |
| Operand_1 | Char | 3 |
| Operand_2 | Char | 3 |
| Operand_3 | Char | 3 |
| Value_1 | Char | 15 |
| Value_2 | Char | 15 |
| Value_3 | Char | 15 |
| Priority | Integer | |
| Description | Char | 30 |
| Associated_Area | Char | 23 |
| Date_Created | Date | |
| Date_Due | Integer | |
| Type | Integer | |
| Event | Integer | |
| User_Code | Char | 10 |
| Date_Modified | TimeStamp | |
| Note | Memo | |
| Conditions | Memo | |
| Use_Appointment_Date | Integer | |

MWSCD (Custom Screen Fields)

| Field Name | Data Type | Field Length |
|------------|-----------|--------------|
|------------|-----------|--------------|

| | | |
|--------------------|---------|-----|
| Screen ID | Integer | |
| ControlType | Integer | |
| FontSize | Integer | |
| Height | Integer | |
| Left | Integer | |
| TabOrder | Integer | |
| Top | Integer | |
| Width | Integer | |
| BevelStyle | Char | 20 |
| Caption | Char | 255 |
| CharCase | Char | 5 |
| Color | Char | 20 |
| DataSourceName | Char | 20 |
| DataTableName | Char | 20 |
| DataFieldName | Char | 30 |
| DescriptionField | Char | 45 |
| DescriptionTag | Char | 45 |
| FontColor | Char | 25 |
| FontName | Char | 25 |
| FontStyle | Char | 40 |
| Items | Char | 255 |
| LocateFieldDefault | Char | 45 |
| LookupField | Char | 45 |
| LookUpFieldList | Char | 255 |
| LookUpTable | Char | 20 |
| Mask | Char | 25 |
| SearchReturnField | Char | 45 |
| Selected | Char | 255 |
| Shape | Char | 20 |

| | | |
|---------------|-----------|-----|
| Hint | Char | 100 |
| Style | Char | 10 |
| Alignment | Char | 15 |
| AllowClearKey | Logical | |
| AutoSize | Logical | |
| Sorted | Logical | |
| TabStop | Logical | |
| Transparent | Logical | |
| Visible | Logical | |
| WordWrap | Logical | |
| Date Modified | TimeStamp | |
| Control_ID | Char | 38 |

MWSCR (Custom Screens)

| Field Name | Data Type | Field Length |
|----------------|-----------|--------------|
| Screen ID | AutoInc | |
| Description | Char | 35 |
| Screen Type | Integer | |
| Screen Version | Integer | |
| Width | Integer | |
| Height | Integer | |
| Show | Logical | |
| Date Modified | TimeStamp | |

MWSEC (Security)

| Field Name | Data Type | Field Length |
|-----------------------|-----------|--------------|
| Code | Char | 10 |
| Name | Char | 20 |
| Password | Char | 75 |
| Access Level | Char | 1 |
| Date Modified | TimeStamp | |
| ePrescribing Username | Char | 40 |
| ePrescribing Password | Char | 12 |
| Expire Date | Date | |
| Inactive | Logical | |
| Question | Char | 75 |
| Answer | Char | 25 |
| Group_ID | Char | 5 |
| CM_Username | Char | 128 |
| CM_Password | Char | 128 |
| CM_Enable | Logical | |
| MobilePIN | Char | 4 |

MWSTA (Statement)

| Field Name | Data Type | Field Length |
|----------------------|-----------|--------------|
| Statement Number | AutoInc | |
| Statement Type | Char | 1 |
| Chart Number | Char | 8 |
| Phone Number | Char | 13 |
| Status | Char | 1 |
| Last Billing Date | Date | |
| Second Billing Date | Date | |
| Initial Billing Date | Date | |
| Batch Number | Integer | |
| Billing Method | Char | 1 |
| Submission Count | Short | |
| Date Created | Date | |
| Comment | Memo | |
| User Code | Char | 10 |
| Date Modified | TimeStamp | |
| Next Statement Date | Date | |
| Remainder Balance | Money | |
| ARTask | Char | 10 |
| ARStatus | Char | 10 |
| Due_Date | Date | |
| Assigned_To | Char | 10 |

MWSTAARC (Statement Archive)

| Field Name | Data Type | Field Length |
|------------------|-----------|--------------|
| Statement Number | Integer | |
| Statement Type | Char | 1 |
| Chart Number | Char | 8 |
| Phone Number | Char | 13 |

| | | |
|----------------------|-----------|----|
| Status | Char | 1 |
| Last Billing Date | Date | |
| Second Billing Date | Date | |
| Initial Billing Date | Date | |
| Batch Number | Integer | |
| Billing Method | Char | 1 |
| Submission Count | Integer | |
| Date Created | Date | |
| Comment | Char | 9 |
| User Code | Char | 10 |
| Date Modified | TimeStamp | |
| Next Statement Date | Date | |
| Remainder Balance | Double | |
| BatchID | Integer | |
| Archive Date | Date | |
| ARTask | Char | 10 |
| ARStatus | Char | 10 |
| Due_date | Date | |
| Assigned_To | Char | 10 |

MMWSTMTPayTo (Statement Pay To)

| Field Name | Data Type | Field Length |
|-------------------------------|-----------|--------------|
| Practice Name | Char | 30 |
| Street 1 | Char | 30 |
| Street 2 | Char | 30 |
| City | Char | 20 |
| State | Char | 2 |
| Zip Code | Char | 10 |
| Phone | Char | 13 |
| Extension | Char | 4 |
| Fax | Char | 13 |
| Extra 1 | Char | 30 |
| Extra 2 | Char | 30 |
| Date Modified | TimeStamp | |
| National Provider Identifier | Char | 15 |
| CM_Username | Char | 128 |
| CM_Password | Char | 128 |
| Enroll_Practice_Type | Integer | |
| Is_Associated_With_BS | Integer | |
| Claim_Scrubbing_Contact_Name | Char | 80 |
| Claim_Scrubbing_Contact_Email | Char | 80 |
| Practice_ID | Char | 38 |
| Has_Claim_Scrubbing | Integer | |
| Clearinghouse_Selection | Integer | |

MWSTR (Superbill Tracking)

| Field Name | Data Type | Field Length |
|-----------------|-----------|--------------|
| Chart Number | Char | 8 |
| Document Number | Integer | |

| | | |
|---------------|-----------|----|
| Status | Char | 10 |
| User Code | Char | 10 |
| Date Created | Date | |
| Date Modified | TimeStamp | |
| AppID | Integer | |
| RepeatID | Integer | |

MWTEA (Transaction Entry Alert)

| Field Name | Data Type | Field Length |
|--------------------|-----------|--------------|
| Code | AutoInc | |
| Message | Char | 600 |
| Insurance | Char | 602 |
| Insurance Class | Char | 602 |
| Insurance Priority | Integer | |
| Facility | Char | 602 |
| Assigned Provider | Char | 602 |
| Attending Provider | Char | 602 |
| Procedure Code | Char | 602 |
| Modifier | Char | 102 |
| ModifierIS | Integer | |
| Diagnosis | Char | 602 |
| DiagnosisIS | Integer | |
| OtherProcedureIS | Integer | |
| Other Procedure | Char | 602 |
| Other Modifier | Char | 102 |
| Other Diagnosis | Char | 602 |
| Inactive | Logical | |
| Date Created | Date | |

MWTNT (Transaction Note)

| Field Name | Data Type | Field Length |
|-------------------------------|-----------|--------------|
| ID | Char | 32 |
| Entry Number | Integer | |
| Note Type | Char | 3 |
| Note Reference Code | Char | 3 |
| Text | Char | 80 |
| Contract Type Code | Char | 2 |
| Contract Amount | Money | |
| Contract Percent | Double | |
| Contract Code | Char | 50 |
| Terms Discount Percent | Double | |
| Contract Version Identifier | Char | 30 |
| Measurement Reference ID Code | Char | 2 |
| Measurement Qualifier | Char | 3 |
| Test Results | Char | 20 |
| Attachment Report Type | Char | 2 |
| Attachment Transmission Code | Char | 2 |
| Attachment Control Number | Char | 80 |
| Date Created | TimeStamp | |
| Date Modified | TimeStamp | |
| User code | Char | 8 |

MWTRB (Transmission Batch)

| Field Name | Data Type | Field Length |
|-----------------------|-----------|--------------|
| Transmission Batch ID | Char | 38 |
| Start Time | TimeStamp | |
| End Time | TimeStamp | |
| Transmit Message | Char | 256 |

MWTRC (Transmission Component)

| Field Name | Data Type | Field Length |
|---------------------------|-----------|--------------|
| Transmission Component ID | Char | 38 |
| Transmission Batch ID | Char | 38 |
| Component Type | Integer | |
| Start Time | TimeStamp | |
| End Time | TimeStamp | |
| Message | Char | 256 |
| Filename | Char | 256 |
| Transmission Status | Integer | |
| Claim Batch ID | Char | 38 |
| Payment Log ID | Char | 38 |
| Change ID | Char | 38 |
| Electronic Remittance ID | Char | 38 |
| Response ID | Char | 38 |

MWTRG (Trigger Control Table)

| Field Name | Data Type | Field Length |
|-------------|-----------|--------------|
| TriggerName | Char | 25 |
| UserName | Char | 20 |
| TableName | Char | 15 |
| Process | Logical | |

MWTRN (Transaction)

| Field Name | Data Type | Field Length |
|--------------|-----------|--------------|
| Chart Number | Char | 8 |
| Case Number | Integer | |
| Entry Number | AutoInc | |
| Claim Number | Integer | |

| Field Name | Data Type | Field Length |
|-----------------------|-----------|--------------|
| Date From | Date | |
| Date To | Date | |
| Document Number | Char | 10 |
| Description | Char | 30 |
| Attending Provider | Char | 5 |
| Procedure Code | Char | 10 |
| Transaction Type | Char | 1 |
| Insurance Category | Char | 1 |
| Modifier 1 | Char | 2 |
| Modifier 2 | Char | 2 |
| Modifier 3 | Char | 2 |
| Modifier 4 | Char | 2 |
| Place of Service | Char | 2 |
| Type of Service | Char | 3 |
| Visit Number | Double | |
| Visit Total in Series | Double | |
| Visit Series ID | Char | 1 |
| Units | Double | |
| Minutes | Double | |
| Amount | Double | |
| Price Indicator | Char | 1 |
| Diagnosis 1 | Logical | |
| Diagnosis 2 | Logical | |
| Diagnosis 3 | Logical | |
| Diagnosis 4 | Logical | |
| Claim Item Rejected | Logical | |
| Accept Assignment 1 | Logical | |
| Accept Assignment 2 | Logical | |

| Field Name | Data Type | Field Length |
|--------------------------|-----------|--------------|
| Accept Assignment 3 | Logical | |
| Date Created | Date | |
| Date of First Statement | Date | |
| Date of Second Statement | Date | |
| Date of Last Statement | Date | |
| Billed to Insured 1 | Logical | |
| Billed to Insured 2 | Logical | |
| Billed to Insured 3 | Logical | |
| Guarantor Paid | Logical | |
| Insurance 1 Paid | Logical | |
| Insurance 2 Paid | Logical | |
| Insurance 3 Paid | Logical | |
| Guarantor Amount Paid | Double | |
| Insurance 1 Amount Paid | Double | |
| Insurance 2 Amount Paid | Double | |
| Insurance 3 Amount Paid | Double | |
| Guarantor Responsible | Logical | |
| Insurance 1 Responsible | Logical | |
| Insurance 2 Responsible | Logical | |
| Insurance 3 Responsible | Logical | |
| Who Paid | Char | 1 |
| Documentation Type | Char | 1 |
| Documentation | Memo | |
| Attorney Paid | Logical | |
| Attorney Amount Paid | Double | |
| Attorney Responsible | Logical | |
| Adjustment Amount | Double | |
| User Code | Char | 10 |

| Field Name | Data Type | Field Length |
|---------------------------|-----------|--------------|
| Allowed Amount | Double | |
| Diagnosis Code 1 | Char | 10 |
| Diagnosis Code 2 | Char | 10 |
| Diagnosis Code 3 | Char | 10 |
| Diagnosis Code 4 | Char | 10 |
| CC Entry Number | Integer | |
| Tooth Number | Char | 2 |
| Tooth Surface | Char | 10 |
| Mouth Quadrant | Char | 12 |
| Deposit ID | Integer | |
| Check Number | Char | 25 |
| Unapplied Amount | CurDouble | |
| Date Modified | TimeStamp | |
| Facility | Char | 5 |
| Procedure Description | Char | 40 |
| Diagnosis 1 Description | Char | 40 |
| Diagnosis 2 Description | Char | 40 |
| Diagnosis 3 Description | Char | 40 |
| Diagnosis 4 Description | Char | 40 |
| Statement Number | Integer | |
| Claim Rejection Code | Char | 6 |
| Copay_Status_Code | Char | 1 |
| Quantity_Qualifier | Char | 2 |
| Quantity | Integer | |
| Copayment_Required | Logical | |
| Copayment_Paid | Logical | |
| Copayment_Expected_Amount | Money | |
| Copayment_Amount_Paid | Money | |

| Field Name | Data Type | Field Length |
|--------------------------|-----------|--------------|
| Primary_RunID | Char | 38 |
| Secondary_RunID | Char | 38 |
| Tertiary_RunID | Char | 38 |
| Principal_Procedure | Logical | |
| Diagnosis_Code5 | Char | 10 |
| Diagnosis_Code6 | Char | 10 |
| Diagnosis_Code7 | Char | 10 |
| Diagnosis_Code8 | Char | 10 |
| Diagnosis_5 | Logical | |
| Diagnosis_6 | Logical | |
| Diagnosis_7 | Logical | |
| Diagnosis_8 | Logical | |
| UB04_Box49 | Char | 2 |
| Diagnosis_5_Description | Char | 40 |
| Diagnosis_6_Description | Char | 40 |
| Diagnosis_7_Description | Char | 40 |
| Diagnosis_8_Description | Char | 40 |
| Diagnosis_Code1_POA | Char | 1 |
| Diagnosis_Code2_POA | Char | 1 |
| Diagnosis_Code3_POA | Char | 1 |
| Diagnosis_Code4_POA | Char | 1 |
| Diagnosis_Code5_POA | Char | 1 |
| Diagnosis_Code6_POA | Char | 1 |
| Diagnosis_Code7_POA | Char | 1 |
| Diagnosis_Code8_POA | Char | 1 |
| Primary_UB_Not_Covered | Logical | |
| Secondary_UB_Not_Covered | Logical | |
| Tertiary_UB_Not_Covered | Logical | |

| Field Name | Data Type | Field Length |
|---------------------------|-----------|--------------|
| Revenue_Code | Char | 10 |
| NDCCode | Char | 48 |
| NDCUnitPrice | Money | |
| NDCUnitCount | Double | |
| NDCUnitMeasurement | Char | 2 |
| NDCPrescriptionNumber | Char | 30 |
| Diagnosis_Code9 | Char | 10 |
| Diagnosis_Code10 | Char | 10 |
| Diagnosis_Code11 | Char | 10 |
| Diagnosis_Code12 | Char | 10 |
| Diagnosis_9 | Logical | |
| Diagnosis_10 | Logical | |
| Diagnosis_11 | Logical | |
| Diagnosis_12 | Logical | |
| Diagnosis_9_Description | Char | 40 |
| Diagnosis_10_Description | Char | 40 |
| Diagnosis_11_Description | Char | 40 |
| Diagnosis_12_Description | Char | 40 |
| Diagnosis_Code9_POA | Char | 1 |
| Diagnosis_Code10_POA | Char | 1 |
| Diagnosis_Code11_POA | Char | 1 |
| Diagnosis_Code12_POA | Char | 1 |
| Purch Svc Amt | Money | |
| NDCRefIDQualifier | Char | 2 |
| Immunization Batch Number | Char | 50 |
| Internal Message | Char | 100 |
| Customer Message | Char | 100 |
| Confirmation ID | Char | 40 |

| | | |
|-----------------|------|--|
| TransactionNote | Memo | |
| StatementNote | Memo | |

MWTRNARC (Transaction Archive)

| Field Name | Data Type | Field Length |
|-----------------------|-----------|--------------|
| Chart Number | Char | 8 |
| Case Number | Integer | |
| Entry Number | Integer | |
| Claim Number | Integer | |
| Date From | Date | |
| Date To | Date | |
| Document Number | Char | 10 |
| Description | Char | 30 |
| Attending Provider | Char | 5 |
| Procedure Code | Char | 10 |
| Transaction Type | Char | 1 |
| Insurance Category | Char | 1 |
| Modifier 1 | Char | 2 |
| Modifier 2 | Char | 2 |
| Modifier 3 | Char | 2 |
| Modifier 4 | Char | 2 |
| Place of Service | Char | 2 |
| Type of Service | Char | 3 |
| Visit Number | Double | |
| Visit Total in Series | Double | |
| Visit Series ID | Char | 1 |
| Units | Double | |
| Minutes | Double | |
| Amount | Double | |
| Price Indicator | Char | 1 |
| Diagnosis 1 | Logical | |
| Diagnosis 2 | Logical | |

| Field Name | Data Type | Field Length |
|--------------------------|-----------|--------------|
| Diagnosis 3 | Logical | |
| Diagnosis 4 | Logical | |
| Claim Item Rejected | Logical | |
| Accept Assignment 1 | Logical | |
| Accept Assignment 2 | Logical | |
| Accept Assignment 3 | Logical | |
| Date Created | Date | |
| Date of First Statement | Date | |
| Date of Second Statement | Date | |
| Date of Last Statement | Date | |
| Billed to Insured 1 | Logical | |
| Billed to Insured 2 | Logical | |
| Billed to Insured 3 | Logical | |
| Guarantor Paid | Logical | |
| Insurance 1 Paid | Logical | |
| Insurance 2 Paid | Logical | |
| Insurance 3 Paid | Logical | |
| Guarantor Amount Paid | Double | |
| Insurance 1 Amount Paid | Double | |
| Insurance 2 Amount Paid | Double | |
| Insurance 3 Amount Paid | Double | |
| Guarantor Responsible | Logical | |
| Insurance 1 Responsible | Logical | |
| Insurance 2 Responsible | Logical | |
| Insurance 3 Responsible | Logical | |
| Who Paid | Char | 1 |
| Documentation Type | Char | 1 |
| Documentation | Char | 9 |

| Field Name | Data Type | Field Length |
|-------------------------|-----------|--------------|
| Attorney Paid | Logical | |
| Attorney Amount Paid | Double | |
| Attorney Responsible | Logical | |
| Adjustment Amount | Double | |
| User Code | Char | 10 |
| Allowed Amount | Double | |
| Diagnosis Code 1 | Char | 10 |
| Diagnosis Code 2 | Char | 10 |
| Diagnosis Code 3 | Char | 10 |
| Diagnosis Code 4 | Char | 10 |
| CC Entry Number | Integer | |
| Tooth Number | Char | 2 |
| Tooth Surface | Char | 10 |
| Mouth Quadrant | Char | 12 |
| Deposit ID | Integer | |
| Check Number | Char | 15 |
| Unapplied Amount | Integer | |
| Date Modified | TimeStamp | |
| Facility | Char | 5 |
| Procedure Description | Char | 40 |
| Diagnosis 1 Description | Char | 40 |
| Diagnosis 2 Description | Char | 40 |
| Diagnosis 3 Description | Char | 40 |
| Diagnosis 4 Description | Char | 40 |
| Statement Number | Integer | |
| Claim Rejection Code | Char | 6 |
| BatchID | Integer | |
| Archive Date | Date | |

| Field Name | Data Type | Field Length |
|---------------------------|-----------|--------------|
| Copay_Status_Code | Char | 1 |
| Quantity_Qualifier | Char | 2 |
| Quantity | Integer | |
| Copayment_Required | Logical | |
| Copayment_Paid | Logical | |
| Copayment_Expected_Amount | Double | |
| Copayment_Amount_Paid | Double | |
| Primary_RunID | Char | 38 |
| Secondary_RunID | Char | 38 |
| Tertiary_RunID | Char | 38 |
| Principal_Procedure | Logical | |
| Diagnosis_Code5 | Char | 10 |
| Diagnosis_Code6 | Char | 10 |
| Diagnosis_Code7 | Char | 10 |
| Diagnosis_Code8 | Char | 10 |
| Diagnosis_5 | Logical | |
| Diagnosis_6 | Logical | |
| Diagnosis_7 | Logical | |
| Diagnosis_8 | Logical | |
| UB04_Box49 | Char | 2 |
| Diagnosis_5_Description | Char | 40 |
| Diagnosis_6_Description | Char | 40 |
| Diagnosis_7_Description | Char | 40 |
| Diagnosis_8_Description | Char | 40 |
| Diagnosis_Code1_POA | Char | 1 |
| Diagnosis_Code2_POA | Char | 1 |
| Diagnosis_Code3_POA | Char | 1 |
| Diagnosis_Code4_POA | Char | 1 |

| Field Name | Data Type | Field Length |
|--------------------------|-----------|--------------|
| Diagnosis_Code5_POA | Char | 1 |
| Diagnosis_Code6_POA | Char | 1 |
| Diagnosis_Code7_POA | Char | 1 |
| Diagnosis_Code8_POA | Char | 1 |
| Primary_UB_Not_Covered | Logical | |
| Secondary_UB_Not_Covered | Logical | |
| Tertiary_UB_Not_Covered | Logical | |
| Revenue_Code | Char | 10 |
| NDCCode | Char | 48 |
| NDCUnitPrice | Double | |
| NDCUnitCount | Double | |
| NDCUnitMeasurement | Char | 2 |
| NDCPrescriptionNumber | Char | 30 |
| Diagnosis_Code9 | Char | 10 |
| Diagnosis_Code10 | Char | 10 |
| Diagnosis_Code11 | Char | 10 |
| Diagnosis_Code12 | Char | 10 |
| Diagnosis_9 | Logical | |
| Diagnosis_10 | Logical | |
| Diagnosis_11 | Logical | |
| Diagnosis_12 | Logical | |
| Diagnosis_9_Description | Char | 40 |
| Diagnosis_10_Description | Char | 40 |
| Diagnosis_11_Description | Char | 40 |
| Diagnosis_12_Description | Char | 40 |
| Diagnosis_Code9_POA | Char | 1 |
| Diagnosis_Code10_POA | Char | 1 |
| Diagnosis_Code11_POA | Char | 1 |

| Field Name | Data Type | Field Length |
|---------------------------|------------------|---------------------|
| Diagnosis_Code12_POA | Char | 1 |
| Purch Svc Amt | Double | |
| NDCRefIDQualifier | Char | 2 |
| Immunization Batch Number | Char | 50 |
| Internal Message | Char | 100 |
| Customer Message | Char | 100 |
| Confirmation ID | Char | 40 |
| TransactionNote | Memo | |
| StatementNote | Memo | |

MWTRR (Transmission Response)

| Field Name | Data Type | Field Length |
|-------------|-----------|--------------|
| Response ID | Char | 38 |
| Response | Memo | |

MWTSK (Workflow Task)

| Field Name | Data Type | Field Length |
|--------------------|-----------|--------------|
| ID | AutoInc | |
| User | Char | 10 |
| Group | Char | 10 |
| Task_Code | Char | 5 |
| Task_Description | Char | 30 |
| Priority | Integer | |
| Key_Field_1 | Char | 15 |
| Key_Field_2 | Char | 15 |
| Associated_Area | Char | 23 |
| Done | Logical | |
| Date_Completed | Date | |
| Date_Created | Date | |
| Note | Memo | |
| Extra | Char | 5 |
| Date_Due | Date | |
| User_Code | Char | 10 |
| Date_Modified | TimeStamp | |
| Repeat_Description | Char | 55 |
| Repeat_ID | Integer | |
| Remind | Logical | |
| Remind_Days_Count | Integer | |

MWUBF (UB04 Form Fields)

| Field Name | Data Type | Field Length |
|---------------------|-----------|--------------|
| Chart Number | Char | 8 |
| Case Number | Integer | |
| Primary_Bill_Type | Char | 4 |
| Secondary_Bill_Type | Char | 4 |
| Tertiary_Bill_Type | Char | 4 |
| UB04_Box7a | Char | 7 |
| UB04_Box7b | Char | 8 |
| Admission_Date | Date | |
| Admission_Hour | Char | 2 |
| Admission_Type | Char | 1 |
| Admission_Source | Char | 1 |
| Discharge_Hour | Char | 2 |
| Discharge_Status | Char | 2 |
| Condition_Code18 | Char | 2 |
| Condition_Code19 | Char | 2 |
| Condition_Code20 | Char | 2 |
| Condition_Code21 | Char | 2 |
| Condition_Code22 | Char | 2 |
| Condition_Code23 | Char | 2 |
| Condition_Code24 | Char | 2 |
| Condition_Code25 | Char | 2 |
| Condition_Code26 | Char | 2 |
| Condition_Code27 | Char | 2 |
| Condition_Code28 | Char | 2 |
| Occurrence_Code31a | Char | 2 |
| Occurrence_Code32a | Char | 2 |
| Occurrence_Code33a | Char | 2 |

| Field Name | Data Type | Field Length |
|-----------------------------|-----------|--------------|
| Occurrence_Code34a | Char | 2 |
| Occurrence_Code31b | Char | 2 |
| Occurrence_Code32b | Char | 2 |
| Occurrence_Code33b | Char | 2 |
| Occurrence_Code34b | Char | 2 |
| Occurrence_Code31a_Date | Date | |
| Occurrence_Code32a_Date | Date | |
| Occurrence_Code33a_Date | Date | |
| Occurrence_Code34a_Date | Date | |
| Occurrence_Code31b_Date | Date | |
| Occurrence_Code32b_Date | Date | |
| Occurrence_Code33b_Date | Date | |
| Occurrence_Code34b_Date | Date | |
| Occurrence_Code35a | Char | 2 |
| Occurrence_Code36a | Char | 2 |
| Occurrence_Code35a_FromDate | Date | |
| Occurrence_Code35a_ToDate | Date | |
| Occurrence_Code36a_FromDate | Date | |
| Occurrence_Code36a_ToDate | Date | |
| Occurrence_Code35b | Char | 2 |
| Occurrence_Code36b | Char | 2 |
| Occurrence_Code35b_FromDate | Date | |
| Occurrence_Code35b_ToDate | Date | |
| Occurrence_Code36b_FromDate | Date | |
| Occurrence_Code36b_ToDate | Date | |
| Value_Code39a | Char | 2 |
| Value_Code40a | Char | 2 |
| Value_Code41a | Char | 2 |

| Field Name | Data Type | Field Length |
|----------------------|-----------|--------------|
| Value_Code39a_Amount | Char | 9 |
| Value_Code40a_Amount | Char | 9 |
| Value_Code41a_Amount | Char | 9 |
| Value_Code39b | Char | 2 |
| Value_Code40b | Char | 2 |
| Value_Code41b | Char | 2 |
| Value_Code39b_Amount | Char | 9 |
| Value_Code40b_Amount | Char | 9 |
| Value_Code41b_Amount | Char | 9 |
| Value_Code39c | Char | 2 |
| Value_Code40c | Char | 2 |
| Value_Code41c | Char | 2 |
| Value_Code39c_Amount | Char | 9 |
| Value_Code40c_Amount | Char | 9 |
| Value_Code41c_Amount | Char | 9 |
| Value_Code39d | Char | 2 |
| Value_Code40d | Char | 2 |
| Value_Code41d | Char | 2 |
| Value_Code39d_Amount | Char | 9 |
| Value_Code40d_Amount | Char | 9 |
| Value_Code41d_Amount | Char | 9 |
| UB04_Box30a | Char | 12 |
| UB04_Box30b | Char | 12 |
| UB04_Box37a | Char | 8 |
| UB04_Box37b | Char | 8 |
| Diagnosis_CodeH | Char | 10 |
| Diagnosis_CodeI | Char | 10 |
| Diagnosis_CodeJ | Char | 10 |

| Field Name | Data Type | Field Length |
|----------------------|-----------|--------------|
| Diagnosis_CodeK | Char | 10 |
| Diagnosis_CodeL | Char | 10 |
| Diagnosis_CodeM | Char | 10 |
| Diagnosis_CodeN | Char | 10 |
| Diagnosis_CodeO | Char | 10 |
| Diagnosis_CodeP | Char | 10 |
| Diagnosis_CodeQ | Char | 10 |
| Diagnosis_CodeH_POA | Char | 1 |
| Diagnosis_CodeI_POA | Char | 1 |
| Diagnosis_CodeJ_POA | Char | 1 |
| Diagnosis_CodeK_POA | Char | 1 |
| Diagnosis_CodeL_POA | Char | 1 |
| Diagnosis_CodeM_POA | Char | 1 |
| Diagnosis_CodeN_POA | Char | 1 |
| Diagnosis_CodeO_POA | Char | 1 |
| Diagnosis_CodeP_POA | Char | 1 |
| Diagnosis_CodeQ_POA | Char | 1 |
| Admitting_dx | Char | 10 |
| PPS_Code | Integer | |
| UB04_Box73 | Char | 9 |
| Patient_Reason_dx70a | Char | 10 |
| Patient_Reason_dx70b | Char | 10 |
| Patient_Reason_dx70c | Char | 10 |
| ECI_dx72a | Char | 10 |
| ECI_dx72b | Char | 10 |
| ECI_dx72c | Char | 10 |
| ECI_dx72a_POA | Char | 1 |
| ECI_dx72b_POA | Char | 1 |

| Field Name | Data Type | Field Length |
|-------------------------------|-----------|--------------|
| ECI_dx72c_POA | Char | 1 |
| UB04_Box68a | Char | 8 |
| UB04_Box68b | Char | 9 |
| UB04_Box75a | Char | 4 |
| UB04_Box75b | Char | 4 |
| UB04_Box75c | Char | 4 |
| UB04_Box75d | Char | 4 |
| Remarks_Box80a | Char | 19 |
| Remarks_Box80b | Char | 19 |
| Remarks_Box80c | Char | 19 |
| Remarks_Box80d | Char | 19 |
| Other_Procedure_Box74a | Char | 10 |
| Other_Procedure_Box74b | Char | 10 |
| Other_Procedure_Box74c | Char | 10 |
| Other_Procedure_Box74d | Char | 10 |
| Other_Procedure_Box74e | Char | 10 |
| Other_Procedure_Box74a_Date | Date | |
| Other_Procedure_Box74b_Date | Date | |
| Other_Procedure_Box74c_Date | Date | |
| Other_Procedure_Box74d_Date | Date | |
| Other_Procedure_Box74e_Date | Date | |
| Code_to_Code_Box81a_Qualifier | Char | 2 |
| Code_to_Code_Box81b_Qualifier | Char | 2 |
| Code_to_Code_Box81c_Qualifier | Char | 2 |
| Code_to_Code_Box81d_Qualifier | Char | 2 |
| Code_to_Code_Box81a | Char | 10 |
| Code_to_Code_Box81b | Char | 10 |
| Code_to_Code_Box81c | Char | 10 |

| Field Name | Data Type | Field Length |
|---------------------------|-----------|--------------|
| Code_to_Code_Box81d | Char | 10 |
| Code_to_Code_Box81a_Value | Char | 12 |
| Code_to_Code_Box81b_Value | Char | 12 |
| Code_to_Code_Box81c_Value | Char | 12 |
| Code_to_Code_Box81d_Value | Char | 12 |
| User Code | Char | 10 |
| Modified User | Char | 10 |
| Date Created | Date | |
| Date Modified | TimeStamp | |
| UB_ID | Char | 38 |
| Condition_Code29 | Char | 2 |

MWUIR (Unprocessed Invalid Transactions)

| Field Name | Data Type | Field Length |
|--------------------|-----------|--------------|
| ID | Char | 32 |
| Post | Logical | |
| Transaction_Status | Integer | |
| Chart_Number | Char | 15 |
| Case_Number | Integer | |
| Provider | Char | 9 |
| Date_From | TimeStamp | |
| Diagnosis_Code_1 | Char | 16 |
| Diagnosis_Code_2 | Char | 16 |
| Diagnosis_Code_3 | Char | 16 |
| Diagnosis_Code_4 | Char | 16 |
| Procedure_Code | Char | 10 |
| Modifier_1 | Char | 3 |
| Modifier_2 | Char | 3 |
| Modifier_3 | Char | 3 |
| Modifier_4 | Char | 3 |
| Units | Double | |
| Procedure_Order | Integer | |
| Patient_Last_Name | Char | 20 |
| Patient_First_Name | Char | 20 |
| Birth_Date | TimeStamp | |
| SSN | Char | 11 |
| Exception | Integer | |
| Facility | Char | 9 |
| Creating_App | Integer | |
| Amount | Money | |
| HL7MessageID | Char | 32 |

| Field Name | Data Type | Field Length |
|---------------------------|-----------|--------------|
| ErrorMsg | Char | 80 |
| Date_Created | TimeStamp | |
| Date_Modified | TimeStamp | |
| Viewed | Logical | |
| Claim_Status | Integer | |
| Checksum | Char | 20 |
| Diagnosis_Code_5 | Char | 16 |
| Diagnosis_Code_6 | Char | 16 |
| Diagnosis_Code_7 | Char | 16 |
| Diagnosis_Code_8 | Char | 16 |
| Diagnosis_Code_9 | Char | 16 |
| Diagnosis_Code_10 | Char | 16 |
| Diagnosis_Code_11 | Char | 16 |
| Diagnosis_Code_12 | Char | 16 |
| Immunization Batch Number | Char | 50 |
| Mobile Notes | Memo | |

MWUTC (Unprocessed Transactions)

| Field Name | Data Type | Field Length |
|--------------------|-----------|--------------|
| ID | Char | 32 |
| Post | Logical | |
| Transaction_Status | Integer | |
| Chart_Number | Char | 15 |
| Case_Number | Integer | |
| Provider | Char | 9 |
| Date_From | TimeStamp | |
| Diagnosis_Code_1 | Char | 16 |
| Diagnosis_Code_2 | Char | 16 |
| Diagnosis_Code_3 | Char | 16 |
| Diagnosis_Code_4 | Char | 16 |
| Procedure_Code | Char | 10 |
| Modifier_1 | Char | 3 |
| Modifier_2 | Char | 3 |
| Modifier_3 | Char | 3 |
| Modifier_4 | Char | 3 |
| Units | Double | |
| Procedure_Order | Integer | |
| Patient_Last_Name | Char | 20 |
| Patient_First_Name | Char | 20 |
| Birth_Date | TimeStamp | |
| SSN | Char | 11 |
| Exception | Integer | |
| Facility | Char | 9 |
| Creating_App | Integer | |
| Amount | Money | |
| HL7MessageID | Char | 32 |

| Field Name | Data Type | Field Length |
|---------------------------|-----------|--------------|
| ErrorMsg | Char | 80 |
| Date_Created | TimeStamp | |
| Date_Modified | TimeStamp | |
| Viewed | Logical | |
| Claim_Status | Integer | |
| Checksum | Char | 20 |
| Diagnosis_Code_5 | Char | 16 |
| Diagnosis_Code_6 | Char | 16 |
| Diagnosis_Code_7 | Char | 16 |
| Diagnosis_Code_8 | Char | 16 |
| Diagnosis_Code_9 | Char | 16 |
| Diagnosis_Code_10 | Char | 16 |
| Diagnosis_Code_11 | Char | 16 |
| Diagnosis_Code_12 | Char | 16 |
| Immunization Batch Number | Char | 50 |
| Mobile Notes | Memo | |
| TransactionNote | Memo | |
| StatementNote | Memo | |

MWVAL (Value Codes)

| Field Name | Data Type | Field Length |
|---------------|-----------|--------------|
| Code | Char | 2 |
| Description | Char | 80 |
| Usage Note | Memo | |
| User Code | Char | 10 |
| Modified User | Char | 10 |
| Date Created | Date | |
| Date Modified | TimeStamp | |
| Inactive | Logical | |
| Value_Code_ID | Char | 38 |

MWWHS (Warehouse)

| Field Name | Data Type | Field Length |
|------------|-----------|--------------|
| Setting ID | Integer | |
| Value | Memo | |

MWWRK (Work List)

| Field Name | Data Type | Field Length |
|-------------------|-----------|--------------|
| Item Number | AutoInc | |
| Responsible Type | Char | 1 |
| Responsible Party | Char | 8 |
| Guarantor | Char | 8 |
| Patient | Char | 8 |
| Status | Char | 1 |
| Action | Memo | |
| User ID | Char | 20 |
| Follow Up Date | Date | |
| Date Resolved | Date | |

| Field Name | Data Type | Field Length |
|--------------------|-----------|--------------|
| Date Created | Date | |
| Date Deleted | Date | |
| Office Notes | Memo | |
| Balance | Double | |
| Tracer | Integer | |
| Group Number | Char | 20 |
| Policy Number | Char | 20 |
| Modified By | Char | 20 |
| Date Modified | TimeStamp | |
| Claim | Integer | |
| Statement_Number | Integer | |
| Carrier | Integer | |
| Claim_Total | Double | |
| Insurance_Estimate | Double | |

MWWTR (Worklist Tickler)

| Field Name | Data Type | Field Length |
|-------------------|-----------|--------------|
| Item Number | AutoInc | |
| Responsible Party | Char | 8 |
| Patient Chart | Char | 8 |
| Balance | Double | |
| Date Letter Sent | Date | |
| Reasons | Memo | |
| Modified By | Char | 20 |
| Date Modified | TimeStamp | |

MWZIP (Zip Codes)

| Field Name | Data Type | Field Length |
|---------------|-----------|--------------|
| Zip Code | Char | 10 |
| City | Char | 20 |
| State | Char | 2 |
| Country | Char | 10 |
| Date Modified | TimeStamp | |

OHAPP (Appointments)

| Field Name | Data Type | Field Length |
|--------------|-----------|--------------|
| ID | AutoInc | |
| Date | Date | |
| Start Time | Time | |
| Length | Integer | |
| Provider | Char | 8 |
| Chart Number | Char | 8 |
| Name | Char | 40 |
| Phone | Char | 13 |

| Field Name | Data Type | Field Length |
|---------------------------------|-----------|--------------|
| Resource | Char | 8 |
| Procedure Code | Char | 10 |
| Color | Char | 8 |
| Is Break | Logical | |
| All Columns | Logical | |
| Check In | Logical | |
| Case Number | Integer | |
| User Code | Char | 10 |
| Date Created | Date | |
| Status | Char | 1 |
| Date Modified | TimeStamp | |
| Reason Code | Char | 8 |
| Check In Time | Time | |
| Seen Time | Time | |
| Check Out Time | Time | |
| Need Referral | Logical | |
| Note | Memo | |
| Eligibility Verification Status | Integer | |
| ModifiedUser | Char | 10 |
| Cell Phone | Char | 13 |
| Service Type Code | Char | 2 |
| RepeatID | Integer | |
| End Date | Date | |
| Unit | Char | 8 |
| Skips | Integer | |
| Day | Char | 14 |
| AutoRemind_Status | Char | |
| Web Appointment | Logical | |

| | | |
|------------------------|---------|----|
| TeleHealth | Logical | |
| CONNECTION Status | Char | 9 |
| CONNECTION Status Date | Date | |
| Facility | Char | 5 |
| Procedure Code | String | 10 |
| Multi-Link Code | String | 10 |
| Unproc Chgs Created | String | 10 |

OHCHK (Check In)

| Field Name | Data Type | Field Length |
|---------------|-----------|--------------|
| ID | Integer | |
| Date | Date | |
| Status | Char | 1 |
| Date Modified | TimeStamp | |

OHXC (Appointment Exceptions)

| Field Name | Data Type | Field Length |
|------------------|-----------|--------------|
| Recurring Number | Integer | |
| Date | Date | |
| Start Time | Time | |
| Date Modified | TimeStamp | |
| RepeatID | Integer | |

HOPT (Office Hours Options)

| Field Name | Data Type | Field Length |
|-------------------|-----------|--------------|
| Default Interval | Integer | |
| Start Time | Time | |
| End Time | Time | |
| Columns | Integer | |
| Conflict Color | Integer | |
| Appointment Color | Integer | |
| Break Color | Integer | |
| Enter as Tab | Logical | |
| Auto Word Cap | Logical | |
| Refresh | Logical | |
| Refresh Time | Integer | |

| Field Name | Data Type | Field Length |
|---------------------|------------------|---------------------|
| Data Version Number | Integer | |
| Use Zip Code | Logical | |
| Date Modified | TimeStamp | |
| Use_Trans_Entry | Logical | |
| Service Type Code | Char | 2 |
| ARRA Audit | Logical | |

OHRM (Resource)

| Field Name | Data Type | Field Length |
|---------------|-----------|--------------|
| Resource | Char | 6 |
| Description | Char | 30 |
| User Code | Char | 10 |
| Date Created | Date | |
| Date Modified | TimeStamp | |

OHRPTOLD (Old Repeats)

| Field Name | Data Type | Field Length |
|----------------|-----------|--------------|
| ID | AutoInc | |
| Start Date | Date | |
| End Date | Date | |
| Time | Time | |
| Length | Integer | |
| Chart Number | Char | 8 |
| Name | Char | 40 |
| Provider | Char | 8 |
| Resource | Char | 8 |
| Phone | Char | 13 |
| Color | Char | 8 |
| Procedure Code | Char | 10 |
| Unit | Char | 8 |
| Skips | Integer | |
| Day | Char | 14 |
| Is Break | Logical | |
| All Columns | Logical | |
| Case Number | Integer | |
| User Code | Char | 10 |

| Field Name | Data Type | Field Length |
|---------------------------------|-----------|--------------|
| Date Created | Date | |
| Date Modified | TimeStamp | |
| Reason Code | Char | 8 |
| Need Referral | Logical | |
| Note | Memo | |
| Eligibility Verification Status | Integer | |
| ModifiedUser | Char | 10 |
| Cell Phone | Char | 13 |
| Service Type Code | Char | 2 |

OHRSN (Reason)

| Field Name | Data Type | Field Length |
|----------------------------|-----------|--------------|
| Code | Char | 8 |
| Description | Char | 70 |
| Default Appointment Color | Integer | |
| Default Template Color | Integer | |
| Default Appointment Length | Integer | |
| Date Modified | TimeStamp | |
| Date Created | Date | |
| Service Type Code | Char | 2 |

OHRTP (Repeat Template)

| Field Name | Data Type | Field Length |
|---------------|-----------|--------------|
| ID | AutoInc | |
| Start Date | Date | |
| End Date | Date | |
| Time | Time | |
| Length | Integer | |
| Provider | Char | 8 |
| Resource | Char | 8 |
| Color | Char | 8 |
| Unit | Char | 8 |
| Skips | Integer | |
| Day | Char | 14 |
| Is Break | Logical | |
| User Code | Char | 10 |
| Date Created | Date | |
| Date Modified | TimeStamp | |
| Reason | Char | 8 |

| Field Name | Data Type | Field Length |
|-------------|-----------|--------------|
| Reason 2 | Char | 8 |
| Reason 3 | Char | 8 |
| Reason 4 | Char | 8 |
| Reason 5 | Char | 8 |
| Reason 6 | Char | 8 |
| Description | Char | 70 |

OHTEXC (Template Exceptions)

| Field Name | Data Type | Field Length |
|------------------|-----------|--------------|
| Recurring Number | Integer | |
| Date | Date | |
| Start Time | Time | |
| Date Modified | TimeStamp | |

OHTPL (Template)

| Field Name | Data Type | Field Length |
|---------------|-----------|--------------|
| ID | AutoInc | |
| Date | Date | |
| Time | Time | |
| Length | Integer | |
| Provider | Char | 5 |
| Description | Char | 70 |
| Resource | Char | 8 |
| Color | Char | 8 |
| Is Break | Logical | |
| Date Modified | TimeStamp | |
| Date Created | Date | |
| Reason | Char | 8 |
| Reason 2 | Char | 8 |
| Reason 3 | Char | 8 |
| Reason 4 | Char | 8 |
| Reason 5 | Char | 8 |
| Reason 6 | Char | 8 |

OHVIE (View)

| Field Name | Data Type | Field Length |
|---------------|-----------|--------------|
| Name | Char | 20 |
| Column | Integer | |
| Type | Char | 6 |
| Value | Char | 10 |
| Field | Char | 10 |
| Width | Integer | |
| Date Modified | TimeStamp | |

OHWAI (Wait)

| Field Name | Data Type | Field Length |
|-------------------|-----------|--------------|
| ID | AutoInc | |
| Chart Number | Char | 8 |
| Name | Char | 40 |
| Phone 1 | Char | 13 |
| Phone Extension | Char | 4 |
| Phone 2 | Char | 13 |
| Note | Memo | |
| Reason | Char | 8 |
| Length | Integer | |
| Provider | Char | 5 |
| Date Created | Date | |
| Date Modified | TimeStamp | |
| Color | Char | 8 |
| Resource | Char | 6 |
| Case Number | Integer | |
| Need Referral | Logical | |
| User Code | Char | 10 |
| Status | Char | 1 |
| Service Type Code | Char | 2 |
| Facility | Char | 5 |
| Web Request | Char | 10 |
| TeleHealth | Logical | |

ReportTree (Report Tree)

| Field Name | Data Type | Field Length |
|---------------|-----------|--------------|
| UserCode | Char | 128 |
| TreeStructure | Char | 7000 |

| MainFormTop | Integer | |
|--------------------------|-----------|--------------|
| MainFormLeft | Integer | |
| MainFormHeight | Integer | |
| Field Name | Data Type | Field Length |
| MainFormWidth | Integer | |
| ReportSelectorFormTop | Integer | |
| ReportSelectorFormLeft | Integer | |
| ReportSelectorFormHeight | Integer | |
| ReportSelectorFormWidth | Integer | |

ReportUser (Report User)

| Field Name | Data Type | Field Length |
|---------------------|-----------|--------------|
| UserCode | Char | 128 |
| ReportID | Integer | |
| BranchID | Integer | |
| ReportIsVisible | Logical | |
| AssignedBy | Char | 128 |
| AssignedOn | Char | 27 |
| ParameterFormTop | Integer | |
| ParameterFormLeft | Integer | |
| ParameterFormHeight | Integer | |
| ParameterFormWidth | Integer | |
| ParameterFormState | Integer | |
| ViewerFormTop | Integer | |
| ViewerFormLeft | Integer | |
| ViewerFormHeight | Integer | |
| ViewerFormWidth | Integer | |
| ViewerFormState | Integer | |

