

NIST NCPDP Analysis - SCRIPT 10.6 Message Examples

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[Lopressor 50mg tab | Dispensed drug 3](#)

[Lopressor 50mg tab | Dispensed drug 4](#)

[Lopressor 50mg tab | Dispensed drug 5](#)

[Lopressor 50mg tab | Dispensed drug 6](#)

[Lopressor 50mg tab | Dispensed drug 7](#)

[Lopressor 50mg tab | Dispensed drug 8](#)

[Lopressor 50mg tab | Dispensed drug 9](#)

[Lopressor 50mg tab | Dispensed drug 10](#)

[Lopressor 50mg tab | Dispensed drug 11](#)

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[Crestor 10 mg tab | Dispensed drug 13](#)

[Crestor 10 mg tab | Dispensed drug 14](#)

[Crestor 10 mg tab | Dispensed drug 15](#)

[Crestor 10 mg tab | Dispensed drug 16](#)

[Crestor 10 mg tab | Dispensed drug 17](#)

[Crestor 10 mg tab | Dispensed drug 18](#)

[Crestor 10 mg tab | Dispensed drug 19](#)

[Crestor 10 mg tab | Dispensed drug 20](#)

[Crestor 10 mg tab | Dispensed drug 21](#)

[Crestor 10 mg tab | Dispensed drug 22](#)

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[Vasotec 5 mg tab | Dispensed drug 27](#)

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Header

To PAYER100
 From NPI9999999
 MessageID 10001
 SentTime 2011-01-02T10:15:40
 Security
 Sender
 SecondaryIdentification PASSWORD
 TertiaryIdentification 3RYIDENTIFIER
 Receiver [Tag included without value]

Body

RxHistoryRequest
 Prescriber
 Identification
 NPI NPI9999999
 DEANumber DEA9999999
 StateLicenseNumber LIC999999
 ClinicName MOCA COMMUNITY
 Name
 LastName BALZARY
 FirstName MICHAEL
 MiddleName PETER
 Prefix DR
 Address
 AddressLine1 1054 31ST ST NW
 City WASHINGTON
 State DC
 ZipCode 20007
 CommunicationNumbers
 Communication
 Number 2023426230
 Qualifier TE
 Patient
 Identification
 MedicaidNumber FL
 MedicareNumber DC123331
 Name
 LastName DOE
 FirstName MATILDA
 Gender F
 DateOfBirth
 Date 1927-09-03
 Address
 AddressLine1 1358-60 FLORIDA AVE NE
 City WASHINGTON
 State DC
 ZipCode 20006
 CommunicationNumbers
 Communication
 Number 2025888750
 Qualifier TE
 BenefitsCoordination
 PayerIdentification
 PayerID PAYER200
 PayerName USA BENEFITS
 CardholderID 100-19270903-01
 ResponsibleParty
 LastName DOE
 FirstName MATILDA
 EffectiveDate

Date	2010-07-02
ExpirationDate	
Date	2011-01-02
Consent	Y

Scenario: 1: Medication History - Response | 4 meds - 24 dispenses | Facility discharge | Matilda Doe

Header

To	NPI9999999
From	PAYER100
MessageID	200199
RelatesToMessageID	10001
SentTime	2011-01-02T10:15:45
Security	
Sender	
SecondaryIdentification	PASSWORD
TertiaryIdentification	3RYIDENTIFIER
Receiver [Tag included without value]	

Body

RxHistoryResponse	
Response	
Approved [Tag included without value]	
Prescriber	
Identification	
NPI	NPI9999999
DEANumber	DEA999999
StateLicenseNumber	LIC99999
ClinicName	MOCA COMMUNITY
Name	
LastName	BALZARY
FirstName	MICHAEL
MiddleName	PETER
Prefix	DR
Address	
AddressLine1	1054 31ST ST NW
City	WASHINGTON
State	DC
ZipCode	20007
CommunicationNumbers	
Communication	
Number	2023426230
Qualifier	TE
Patient	
PatientRelationship	1
Identification	
MedicaidNumber	FL
MedicareNumber	DC123331
Name	
LastName	DOE
FirstName	MATILDA
Gender	F
DateOfBirth	
Date	1927-09-03
Address	
AddressLine1	1358-60 FLORIDA AVE NE
City	WASHINGTON
State	DC
ZipCode	20006
CommunicationNumbers	
Communication	
Number	2025888750
Qualifier	TE

BenefitsCoordination

PayerIdentification
PayerID PAYER200
PayerName USA BENEFITS
CardholderID 100-19270903-01
ResponsibleParty
LastName DOE
FirstName MATILDA
EffectiveDate
Date 2010-07-02
ExpirationDate
Date 2011-01-02

Coumadin 2 mg tab | Dispensed drug 1

MedicationDispensed

DrugDescription COUMADIN 2 MG TABLET
DrugCoded
ProductCode 00247152930
ProductCodeQualifier ND
Strength 2
DrugDBCode 855304
DrugDBCodeQualifier SBD
FormSourceCode AA
FormCode C42998
StrengthSourceCode AB
StrengthCode C28253
Quantity
Value 30
CodeListQualifier 87
UnitSourceCode AC
PotencyUnitCode C48542
DaysSupply 30
Directions TAKE ONE TABLET DAILY OR AS DIRECTED BASED ON INR
Refills
Qualifier R
Value 3
WrittenDate
Date 2010-09-15
LastFillDate
Date 2010-12-14
Pharmacy
Identification
NCPDPID NCPDP03
NPI NPI3300330
StoreName PHILLIPS PHARMACY
Address
AddressLine1 1600 21ST ST NW
City WASHINGTON
State DC
ZipCode 20009
CommunicationNumbers
Communication
Number 2023872151X238
Qualifier TE
Communication
Number 2023872436
Qualifier FX
Prescriber
Identification
NPI NPI9999999
DEANumber DEA999999
StateLicenseNumber LIC99999

ClinicName	CORCORAN CLINIC
Name	
LastName	BALZARY
FirstName	MICHAEL
MiddleName	PETER
Prefix	DR
Address	
AddressLine1	500 SEVENTEENTH ST NW
City	WASHINGTON
State	DC
ZipCode	20006
CommunicationNumbers	
Communication	
Number	2026391800
Qualifier	TE
Communication	
Number	2026391800
Qualifier	FX

Celebrex 50 mg capsule | Dispensed drug 2

MedicationDispensed	
DrugDescription	CELEBREX 50 MG CAPSULE
DrugCoded	
ProductCode	65427004901
ProductCodeQualifier	ND
Strength	50
DrugDBCode	686381
DrugDBCodeQualifier	SBD
FormSourceCode	AA
FormCode	C25158
StrengthSourceCode	AB
StrengthCode	C28253
Quantity	
Value	60
CodeListQualifier	87
UnitSourceCode	AC
PotencyUnitCode	C48480
DaysSupply	30
Directions	TAKE ONE TABLET TWICE DAILY
Refills	
Qualifier	R
Value	3
WrittenDate	
Date	2010-09-15
LastFillDate	
Date	2010-12-14
Pharmacy	
Identification	
NCPDPID	NCPDP03
NPI	NPI3300330
StoreName	PHILLIPS PHARMACY
Address	
AddressLine1	1600 21ST ST NW
City	WASHINGTON
State	DC
ZipCode	20009
CommunicationNumbers	
Communication	
Number	2023872151X238
Qualifier	TE
Communication	
Number	2023872436

Prescriber	Qualifier	FX
Identification		
NPI		NPI9999999
DEANumber		DEA999999
StateLicenseNumber		LIC99999
ClinicName		CORCORAN CLINIC
Name		
LastName		BALZARY
FirstName		MICHAEL
MiddleName		PETER
Prefix		DR
Address		
AddressLine1		500 SEVENTEENTH ST NW
City		WASHINGTON
State		DC
ZipCode		20006
CommunicationNumbers		
Communication		
Number		2026391800
Qualifier		TE
Communication		
Number		2026391800
Qualifier		FX

Lipitor 40 mg tablet / Dispensed drug 3

MedicationDispensed		
DrugDescription		LIPITOR 40 MG TABLET
DrugCoded		
ProductCode		51129142401
ProductCodeQualifier		ND
Strength		40
DrugDBCCode		617320
DrugDBCCodeQualifier		SBD
FormSourceCode		AA
FormCode		C42998
StrengthSourceCode		AB
StrengthCode		C28253
Quantity		
Value		30
CodeListQualifier		87
UnitSourceCode		AC
PotencyUnitCode		C48542
DaysSupply		30
Directions		TAKE ONE TABLET DAILY
Refills		
Qualifier		R
Value		3
WrittenDate		
Date		2010-09-15
LastFillDate		
Date		2010-12-14
Pharmacy		
Identification		
NCPDPID		NCPDP03
NPI		NPI3300330
StoreName		PHILLIPS PHARMACY
Address		
AddressLine1		1600 21ST ST NW
City		WASHINGTON
State		DC
ZipCode		20009

CommunicationNumbers		
Communication		
Number		2023872151X238
Qualifier		TE
Communication		
Number		2023872436
Qualifier		FX
Prescriber		
Identification		
NPI		NPI9999999
DEANumber		DEA999999
StateLicenseNumber		LIC99999
ClinicName		CORCORAN CLINIC
Name		
LastName		BALZARY
FirstName		MICHAEL
MiddleName		PETER
Prefix		DR
Address		
AddressLine1		500 SEVENTEENTH ST NW
City		WASHINGTON
State		DC
ZipCode		20006
CommunicationNumbers		
Communication		
Number		2026391800
Qualifier		TE
Communication		
Number		2026391800
Qualifier		FX

Caltrate 1500 mg tablet | Dispensed drug 4

MedicationDispensed		
DrugDescription		CALTRATE 1500 MG TABLET
DrugCoded		
ProductCode		54868484500
ProductCodeQualifier		ND
Strength		1500
DrugDBCode		790271
DrugDBCodeQualifier		SBD
FormSourceCode		AA
FormCode		C42998
StrengthSourceCode		AB
StrengthCode		C28253
Quantity		
Value		60
CodeListQualifier		87
UnitSourceCode		AC
PotencyUnitCode		C48542
DaysSupply		30
Directions		TAKE ONE TABLET TWICE DAILY
Refills		
Qualifier		R
Value		3
WrittenDate		
Date		2010-09-15
LastFillDate		
Date		2010-12-14
Pharmacy		
Identification		
NCPDPID		NCPDP03
NPI		NPI3300330

StoreName	PHILLIPS PHARMACY
Address	
AddressLine1	1600 21ST ST NW
City	WASHINGTON
State	DC
ZipCode	20009
CommunicationNumbers	
Communication	
Number	2023872151X238
Qualifier	TE
Communication	
Number	2023872436
Qualifier	FX
Prescriber	
Identification	
NPI	NPI9999999
DEANumber	DEA999999
StateLicenseNumber	LIC99999
ClinicName	CORCORAN CLINIC
Name	
LastName	BALZARY
FirstName	MICHAEL
MiddleName	PETER
Prefix	DR
Address	
AddressLine1	500 SEVENTEENTH ST NW
City	WASHINGTON
State	DC
ZipCode	20006
CommunicationNumbers	
Communication	
Number	2026391800
Qualifier	TE
Communication	
Number	2026391800
Qualifier	FX

Coumadin 2 mg tab | Dispensed drug 5

MedicationDispensed	
DrugDescription	COUMADIN 2 MG TABLET
DrugCoded	
ProductCode	00247152930
ProductCodeQualifier	ND
Strength	2
DrugDBCCode	855304
DrugDBCCodeQualifier	SBD
FormSourceCode	AA
FormCode	C42998
StrengthSourceCode	AB
StrengthCode	C28253
Quantity	
Value	30
CodeListQualifier	87
UnitSourceCode	AC
PotencyUnitCode	C48542
DaysSupply	30
Directions	TAKE ONE TABLET DAILY OR AS DIRECTED BASED ON INR
Refills	
Qualifier	R
Value	3
WrittenDate	
Date	2010-09-15

LastFillDate		
Date		2010-11-13
Pharmacy		
Identification		
NCPDPID		NCPDP03
NPI		NPI3300330
StoreName		PHILLIPS PHARMACY
Address		
AddressLine1		1600 21ST ST NW
City		WASHINGTON
State		DC
ZipCode		20009
CommunicationNumbers		
Communication		
Number		2023872151X238
Qualifier		TE
Communication		
Number		2023872436
Qualifier		FX
Prescriber		
Identification		
NPI		NPI9999999
DEANumber		DEA999999
StateLicenseNumber		LIC99999
ClinicName		CORCORAN CLINIC
Name		
LastName		BALZARY
FirstName		MICHAEL
MiddleName		PETER
Prefix		DR
Address		
AddressLine1		500 SEVENTEENTH ST NW
City		WASHINGTON
State		DC
ZipCode		20006
CommunicationNumbers		
Communication		
Number		2026391800
Qualifier		TE
Communication		
Number		2026391800
Qualifier		FX

Celebrex 50 mg capsule / Dispensed drug 6

MedicationDispensed		
DrugDescription		CELEBREX 50 MG CAPSULE
DrugCoded		
ProductCode		65427004901
ProductCodeQualifier		ND
Strength		50
DrugDBCode		686381
DrugDBCodeQualifier		SBD
FormSourceCode		AA
FormCode		C25158
StrengthSourceCode		AB
StrengthCode		C28253
Quantity		
Value		60
CodeListQualifier		87
UnitSourceCode		AC
PotencyUnitCode		C48480
DaysSupply		30

Directions	TAKE ONE TABLET TWICE DAILY
Refills	
Qualifier	R
Value	3
WrittenDate	
Date	2010-09-15
LastFillDate	
Date	2010-11-13
Pharmacy	
Identification	
NCPDPID	NCPDP03
NPI	NPI3300330
StoreName	PHILLIPS PHARMACY
Address	
AddressLine1	1600 21ST ST NW
City	WASHINGTON
State	DC
ZipCode	20009
CommunicationNumbers	
Communication	
Number	2023872151X238
Qualifier	TE
Communication	
Number	2023872436
Qualifier	FX
Prescriber	
Identification	
NPI	NPI9999999
DEANumber	DEA999999
StateLicenseNumber	LIC99999
ClinicName	CORCORAN CLINIC
Name	
LastName	BALZARY
FirstName	MICHAEL
MiddleName	PETER
Prefix	DR
Address	
AddressLine1	500 SEVENTEENTH ST NW
City	WASHINGTON
State	DC
ZipCode	20006
CommunicationNumbers	
Communication	
Number	2026391800
Qualifier	TE
Communication	
Number	2026391800
Qualifier	FX

Lipitor 40 mg tablet | Dispensed drug 7

MedicationDispensed	
DrugDescription	LIPITOR 40 MG TABLET
DrugCoded	
ProductCode	51129142401
ProductCodeQualifier	ND
Strength	40
DrugDBCode	617320
DrugDBCodeQualifier	SBD
FormSourceCode	AA
FormCode	C42998
StrengthSourceCode	AB
StrengthCode	C28253

Quantity	
Value	30
CodeListQualifier	87
UnitSourceCode	AC
PotencyUnitCode	C48542
DaysSupply	30
Directions	TAKE ONE TABLET DAILY
Refills	
Qualifier	R
Value	3
WrittenDate	
Date	2010-09-15
LastFillDate	
Date	2010-11-13
Pharmacy	
Identification	
NCPDPID	NCPDP03
NPI	NPI3300330
StoreName	PHILLIPS PHARMACY
Address	
AddressLine1	1600 21ST ST NW
City	WASHINGTON
State	DC
ZipCode	20009
CommunicationNumbers	
Communication	
Number	2023872151X238
Qualifier	TE
Communication	
Number	2023872436
Qualifier	FX
Prescriber	
Identification	
NPI	NPI9999999
DEANumber	DEA999999
StateLicenseNumber	LIC99999
ClinicName	CORCORAN CLINIC
Name	
LastName	BALZARY
FirstName	MICHAEL
MiddleName	PETER
Prefix	DR
Address	
AddressLine1	500 SEVENTEENTH ST NW
City	WASHINGTON
State	DC
ZipCode	20006
CommunicationNumbers	
Communication	
Number	2026391800
Qualifier	TE
Communication	
Number	2026391800
Qualifier	FX
<i>Caltrate 1500 mg tablet Dispensed drug 8</i>	
MedicationDispensed	
DrugDescription	CALTRATE 1500 MG TABLET
DrugCoded	
ProductCode	54868484500
ProductCodeQualifier	ND
Strength	1500

DrugDBCode	790271
DrugDBCodeQualifier	SBD
FormSourceCode	AA
FormCode	C42998
StrengthSourceCode	AB
StrengthCode	C28253
Quantity	
Value	60
CodeListQualifier	87
UnitSourceCode	AC
PotencyUnitCode	C48542
DaysSupply	30
Directions	TAKE ONE TABLET TWICE DAILY
Refills	
Qualifier	R
Value	3
WrittenDate	
Date	2010-09-15
LastFillDate	
Date	2010-11-13
Pharmacy	
Identification	
NCPDPID	NCPDP03
NPI	NPI3300330
StoreName	PHILLIPS PHARMACY
Address	
AddressLine1	1600 21ST ST NW
City	WASHINGTON
State	DC
ZipCode	20009
CommunicationNumbers	
Communication	
Number	2023872151X238
Qualifier	TE
Communication	
Number	2023872436
Qualifier	FX
Prescriber	
Identification	
NPI	NPI9999999
DEANumber	DEA999999
StateLicenseNumber	LIC99999
ClinicName	CORCORAN CLINIC
Name	
LastName	BALZARY
FirstName	MICHAEL
MiddleName	PETER
Prefix	DR
Address	
AddressLine1	500 SEVENTEENTH ST NW
City	WASHINGTON
State	DC
ZipCode	20006
CommunicationNumbers	
Communication	
Number	2026391800
Qualifier	TE
Communication	
Number	2026391800
Qualifier	FX

Coumadin 2 mg tab | Dispensed drug 9

MedicationDispensed	
DrugDescription	COUMADIN 2 MG TABLET
DrugCoded	
ProductCode	00247152930
ProductCodeQualifier	ND
Strength	2
DrugDBCode	855304
DrugDBCodeQualifier	SBD
FormSourceCode	AA
FormCode	C42998
StrengthSourceCode	AB
StrengthCode	C28253
Quantity	
Value	30
CodeListQualifier	87
UnitSourceCode	AC
PotencyUnitCode	C48542
DaysSupply	30
Directions	TAKE ONE TABLET DAILY OR AS DIRECTED BASED ON INR
Refills	
Qualifier	R
Value	3
WrittenDate	
Date	2010-09-15
LastFillDate	
Date	2010-10-14
Pharmacy	
Identification	
NCPDPID	NCPDP03
NPI	NPI3300330
StoreName	PHILLIPS PHARMACY
Address	
AddressLine1	1600 21ST ST NW
City	WASHINGTON
State	DC
ZipCode	20009
CommunicationNumbers	
Communication	
Number	2023872151X238
Qualifier	TE
Communication	
Number	2023872436
Qualifier	FX
Prescriber	
Identification	
NPI	NPI9999999
DEANumber	DEA999999
StateLicenseNumber	LIC99999
ClinicName	CORCORAN CLINIC
Name	
LastName	BALZARY
FirstName	MICHAEL
MiddleName	PETER
Prefix	DR
Address	
AddressLine1	500 SEVENTEENTH ST NW
City	WASHINGTON
State	DC
ZipCode	20006
CommunicationNumbers	
Communication	
Number	2026391800

Qualifier	TE
Communication	
Number	2026391800
Qualifier	FX

Celebrex 50 mg capsule | Dispensed drug 10

MedicationDispensed	
DrugDescription	CELEBREX 50 MG CAPSULE
DrugCoded	
ProductCode	65427004901
ProductCodeQualifier	ND
Strength	50
DrugDBCode	686381
DrugDBCodeQualifier	SBD
FormSourceCode	AA
FormCode	C25158
StrengthSourceCode	AB
StrengthCode	C28253
Quantity	
Value	60
CodeListQualifier	87
UnitSourceCode	AC
PotencyUnitCode	C48480
DaysSupply	30
Directions	TAKE ONE TABLET TWICE DAILY
Refills	
Qualifier	R
Value	3
WrittenDate	
Date	2010-09-15
LastFillDate	
Date	2010-10-14
Pharmacy	
Identification	
NCPDPID	NCPDP03
NPI	NPI3300330
StoreName	PHILLIPS PHARMACY
Address	
AddressLine1	1600 21ST ST NW
City	WASHINGTON
State	DC
ZipCode	20009
CommunicationNumbers	
Communication	
Number	2023872151X238
Qualifier	TE
Communication	
Number	2023872436
Qualifier	FX
Prescriber	
Identification	
NPI	NPI9999999
DEANumber	DEA999999
StateLicenseNumber	LIC99999
ClinicName	CORCORAN CLINIC
Name	
LastName	BALZARY
FirstName	MICHAEL
MiddleName	PETER
Prefix	DR
Address	
AddressLine1	500 SEVENTEENTH ST NW

City	WASHINGTON
State	DC
ZipCode	20006
CommunicationNumbers	
Communication	
Number	2026391800
Qualifier	TE
Communication	
Number	2026391800
Qualifier	FX

Lipitor 40 mg tablet | Dispensed drug 11

MedicationDispensed	
DrugDescription	LIPITOR 40 MG TABLET
DrugCoded	
ProductCode	51129142401
ProductCodeQualifier	ND
Strength	40
DrugDBCCode	617320
DrugDBCCodeQualifier	SBD
FormSourceCode	AA
FormCode	C42998
StrengthSourceCode	AB
StrengthCode	C28253
Quantity	
Value	30
CodeListQualifier	87
UnitSourceCode	AC
PotencyUnitCode	C48542
DaysSupply	30
Directions	TAKE ONE TABLET DAILY
Refills	
Qualifier	R
Value	3
WrittenDate	
Date	2010-09-15
LastFillDate	
Date	2010-10-14
Pharmacy	
Identification	
NCPDPID	NCPDP03
NPI	NPI3300330
StoreName	PHILLIPS PHARMACY
Address	
AddressLine1	1600 21ST ST NW
City	WASHINGTON
State	DC
ZipCode	20009
CommunicationNumbers	
Communication	
Number	2023872151X238
Qualifier	TE
Communication	
Number	2023872436
Qualifier	FX
Prescriber	
Identification	
NPI	NPI9999999
DEANumber	DEA999999
StateLicenseNumber	LIC99999
ClinicName	CORCORAN CLINIC
Name	

LastName	BALZARY
FirstName	MICHAEL
MiddleName	PETER
Prefix	DR
Address	
AddressLine1	500 SEVENTEENTH ST NW
City	WASHINGTON
State	DC
ZipCode	20006
CommunicationNumbers	
Communication	
Number	2026391800
Qualifier	TE
Communication	
Number	2026391800
Qualifier	FX

Caltrate 1500 mg tablet | Dispensed drug 12

MedicationDispensed	
DrugDescription	CALTRATE 1500 MG TABLET
DrugCoded	
ProductCode	54868484500
ProductCodeQualifier	ND
Strength	1500
DrugDBCode	790271
DrugDBCodeQualifier	SBD
FormSourceCode	AA
FormCode	C42998
StrengthSourceCode	AB
StrengthCode	C28253
Quantity	
Value	60
CodeListQualifier	87
UnitSourceCode	AC
PotencyUnitCode	C48542
DaysSupply	30
Directions	TAKE ONE TABLET TWICE DAILY
Refills	
Qualifier	R
Value	3
WrittenDate	
Date	2010-09-15
LastFillDate	
Date	2010-10-14
Pharmacy	
Identification	
NCPDPID	NCPDP03
NPI	NPI3300330
StoreName	PHILLIPS PHARMACY
Address	
AddressLine1	1600 21ST ST NW
City	WASHINGTON
State	DC
ZipCode	20009
CommunicationNumbers	
Communication	
Number	2023872151X238
Qualifier	TE
Communication	
Number	2023872436
Qualifier	FX
Prescriber	

Identification	
NPI	NPI9999999
DEANumber	DEA999999
StateLicenseNumber	LIC99999
ClinicName	CORCORAN CLINIC
Name	
LastName	BALZARY
FirstName	MICHAEL
MiddleName	PETER
Prefix	DR
Address	
AddressLine1	500 SEVENTEENTH ST NW
City	WASHINGTON
State	DC
ZipCode	20006
CommunicationNumbers	
Communication	
Number	2026391800
Qualifier	TE
Communication	
Number	2026391800
Qualifier	FX

Coumadin 2 mg tab | Dispensed drug 13

MedicationDispensed	
DrugDescription	COUMADIN 2 MG TABLET
DrugCoded	
ProductCode	00247152930
ProductCodeQualifier	ND
Strength	2
DrugDBCode	855304
DrugDBCodeQualifier	SBD
FormSourceCode	AA
FormCode	C42998
StrengthSourceCode	AB
StrengthCode	C28253
Quantity	
Value	30
CodeListQualifier	87
UnitSourceCode	AC
PotencyUnitCode	C48542
DaysSupply	30
Directions	TAKE ONE TABLET DAILY OR AS DIRECTED BASED ON INR
Refills	
Qualifier	R
Value	3
WrittenDate	
Date	2010-09-15
LastFillDate	
Date	2010-09-15
Pharmacy	
Identification	
NCPDPID	NCPDP03
NPI	NPI3300330
StoreName	PHILLIPS PHARMACY
Address	
AddressLine1	1600 21ST ST NW
City	WASHINGTON
State	DC
ZipCode	20009
CommunicationNumbers	
Communication	

Number	2023872151X238
Qualifier	TE
Communication	
Number	2023872436
Qualifier	FX
Prescriber	
Identification	
NPI	NPI9999999
DEANumber	DEA999999
StateLicenseNumber	LIC99999
ClinicName	CORCORAN CLINIC
Name	
LastName	BALZARY
FirstName	MICHAEL
MiddleName	PETER
Prefix	DR
Address	
AddressLine1	500 SEVENTEENTH ST NW
City	WASHINGTON
State	DC
ZipCode	20006
CommunicationNumbers	
Communication	
Number	2026391800
Qualifier	TE
Communication	
Number	2026391800
Qualifier	FX

Celebrex 50 mg capsule / Dispensed drug 14

MedicationDispensed	
DrugDescription	CELEBREX 50 MG CAPSULE
DrugCoded	
ProductCode	65427004901
ProductCodeQualifier	ND
Strength	50
DrugDBCode	686381
DrugDBCodeQualifier	SBD
FormSourceCode	AA
FormCode	C25158
StrengthSourceCode	AB
StrengthCode	C28253
Quantity	
Value	60
CodeListQualifier	87
UnitSourceCode	AC
PotencyUnitCode	C48480
DaysSupply	30
Directions	TAKE ONE TABLET TWICE DAILY
Refills	
Qualifier	R
Value	3
WrittenDate	
Date	2010-09-15
LastFillDate	
Date	2010-09-15
Pharmacy	
Identification	
NCPDPID	NCPDP03
NPI	NPI3300330
StoreName	PHILLIPS PHARMACY
Address	

AddressLine1	1600 21ST ST NW
City	WASHINGTON
State	DC
ZipCode	20009
CommunicationNumbers	
Communication	
Number	2023872151X238
Qualifier	TE
Communication	
Number	2023872436
Qualifier	FX
Prescriber	
Identification	
NPI	NPI9999999
DEANumber	DEA999999
StateLicenseNumber	LIC99999
ClinicName	CORCORAN CLINIC
Name	
LastName	BALZARY
FirstName	MICHAEL
MiddleName	PETER
Prefix	DR
Address	
AddressLine1	500 SEVENTEENTH ST NW
City	WASHINGTON
State	DC
ZipCode	20006
CommunicationNumbers	
Communication	
Number	2026391800
Qualifier	TE
Communication	
Number	2026391800
Qualifier	FX

Lipitor 40 mg tablet | Dispensed drug 15

MedicationDispensed	
DrugDescription	LIPITOR 40 MG TABLET
DrugCoded	
ProductCode	51129142401
ProductCodeQualifier	ND
Strength	40
DrugDBCode	617320
DrugDBCodeQualifier	SBD
FormSourceCode	AA
FormCode	C42998
StrengthSourceCode	AB
StrengthCode	C28253
Quantity	
Value	30
CodeListQualifier	87
UnitSourceCode	AC
PotencyUnitCode	C48542
DaysSupply	30
Directions	TAKE ONE TABLET DAILY
Refills	
Qualifier	R
Value	3
WrittenDate	
Date	2010-09-15
LastFillDate	
Date	2010-09-15

Pharmacy
 Identification
 NCPDPID NCPDP03
 NPI NPI3300330
 StoreName PHILLIPS PHARMACY
 Address
 AddressLine1 1600 21ST ST NW
 City WASHINGTON
 State DC
 ZipCode 20009
 CommunicationNumbers
 Communication
 Number 2023872151X238
 Qualifier TE
 Communication
 Number 2023872436
 Qualifier FX

Prescriber
 Identification
 NPI NPI9999999
 DEANumber DEA999999
 StateLicenseNumber LIC99999
 ClinicName CORCORAN CLINIC
 Name
 LastName BALZARY
 FirstName MICHAEL
 MiddleName PETER
 Prefix DR
 Address
 AddressLine1 500 SEVENTEENTH ST NW
 City WASHINGTON
 State DC
 ZipCode 20006
 CommunicationNumbers
 Communication
 Number 2026391800
 Qualifier TE
 Communication
 Number 2026391800
 Qualifier FX

Caltrate 1500 mg tablet | Dispensed drug 16

MedicationDispensed
 DrugDescription CALTRATE 1500 MG TABLET
 DrugCoded
 ProductCode 54868484500
 ProductCodeQualifier ND
 Strength 1500
 DrugDBCode 790271
 DrugDBCodeQualifier SBD
 FormSourceCode AA
 FormCode C42998
 StrengthSourceCode AB
 StrengthCode C28253
 Quantity
 Value 60
 CodeListQualifier 87
 UnitSourceCode AC
 PotencyUnitCode C48542
 DaysSupply 30
 Directions TAKE ONE TABLET TWICE DAILY
 Refills

Qualifier	R
Value	3
WrittenDate	
Date	2010-09-15
LastFillDate	
Date	2010-09-15
Pharmacy	
Identification	
NCPDPID	NCPDP03
NPI	NPI3300330
StoreName	PHILLIPS PHARMACY
Address	
AddressLine1	1600 21ST ST NW
City	WASHINGTON
State	DC
ZipCode	20009
CommunicationNumbers	
Communication	
Number	2023872151X238
Qualifier	TE
Communication	
Number	2023872436
Qualifier	FX
Prescriber	
Identification	
NPI	NPI9999999
DEANumber	DEA999999
StateLicenseNumber	LIC99999
ClinicName	CORCORAN CLINIC
Name	
LastName	BALZARY
FirstName	MICHAEL
MiddleName	PETER
Prefix	DR
Address	
AddressLine1	500 SEVENTEENTH ST NW
City	WASHINGTON
State	DC
ZipCode	20006
CommunicationNumbers	
Communication	
Number	2026391800
Qualifier	TE
Communication	
Number	2026391800
Qualifier	FX

Coumadin 2 mg tab | Dispensed drug 17

MedicationDispensed	
DrugDescription	COUMADIN 2 MG TABLET
DrugCoded	
ProductCode	00247152930
ProductCodeQualifier	ND
Strength	2
DrugDBCode	855304
DrugDBCodeQualifier	SBD
FormSourceCode	AA
FormCode	C42998
StrengthSourceCode	AB
StrengthCode	C28253
Quantity	
Value	30

CodeListQualifier	87
UnitSourceCode	AC
PotencyUnitCode	C48542
DaysSupply	30
Directions	TAKE ONE TABLET DAILY OR AS DIRECTED BASED ON INR
Refills	
Qualifier	R
Value	3
WrittenDate	
Date	2010-05-14
LastFillDate	
Date	2010-08-15
Pharmacy	
Identification	
NCPDPID	NCPDP03
NPI	NPI3300330
StoreName	PHILLIPS PHARMACY
Address	
AddressLine1	1600 21ST ST NW
City	WASHINGTON
State	DC
ZipCode	20009
CommunicationNumbers	
Communication	
Number	2023872151X238
Qualifier	TE
Communication	
Number	2023872436
Qualifier	FX
Prescriber	
Identification	
NPI	NPI9999999
DEANumber	DEA999999
StateLicenseNumber	LIC99999
ClinicName	CORCORAN CLINIC
Name	
LastName	BALZARY
FirstName	MICHAEL
MiddleName	PETER
Prefix	DR
Address	
AddressLine1	500 SEVENTEENTH ST NW
City	WASHINGTON
State	DC
ZipCode	20006
CommunicationNumbers	
Communication	
Number	2026391800
Qualifier	TE
Communication	
Number	2026391800
Qualifier	FX
 <i>Celebrex 50 mg capsule / Dispensed drug 18</i>	
MedicationDispensed	
DrugDescription	CELEBREX 50 MG CAPSULE
DrugCoded	
ProductCode	65427004901
ProductCodeQualifier	ND
Strength	50
DrugDBCCode	686381
DrugDBCCodeQualifier	SBD

FormSourceCode	AA
FormCode	C25158
StrengthSourceCode	AB
StrengthCode	C28253
Quantity	
Value	60
CodeListQualifier	87
UnitSourceCode	AC
PotencyUnitCode	C48480
DaysSupply	30
Directions	TAKE ONE TABLET TWICE DAILY
Refills	
Qualifier	R
Value	3
WrittenDate	
Date	2010-05-14
LastFillDate	
Date	2010-08-15
Pharmacy	
Identification	
NCPDPID	NCPDP03
NPI	NPI3300330
StoreName	PHILLIPS PHARMACY
Address	
AddressLine1	1600 21ST ST NW
City	WASHINGTON
State	DC
ZipCode	20009
CommunicationNumbers	
Communication	
Number	2023872151X238
Qualifier	TE
Communication	
Number	2023872436
Qualifier	FX
Prescriber	
Identification	
NPI	NPI9999999
DEANumber	DEA999999
StateLicenseNumber	LIC99999
ClinicName	CORCORAN CLINIC
Name	
LastName	BALZARY
FirstName	MICHAEL
MiddleName	PETER
Prefix	DR
Address	
AddressLine1	500 SEVENTEENTH ST NW
City	WASHINGTON
State	DC
ZipCode	20006
CommunicationNumbers	
Communication	
Number	2026391800
Qualifier	TE
Communication	
Number	2026391800
Qualifier	FX
MedicationDispensed	
DrugDescription	LIPITOR 40 MG TABLET

Lipitor 40 mg tablet | Dispensed drug 19

DrugCoded		
ProductCode		51129142401
ProductCodeQualifier		ND
Strength		40
DrugDBCode		617320
DrugDBCodeQualifier		SBD
FormSourceCode		AA
FormCode		C42998
StrengthSourceCode		AB
StrengthCode		C28253
Quantity		
Value		30
CodeListQualifier		87
UnitSourceCode		AC
PotencyUnitCode		C48542
DaysSupply		30
Directions		TAKE ONE TABLET DAILY
Refills		
Qualifier		R
Value		3
WrittenDate		
Date		2010-05-14
LastFillDate		
Date		2010-08-15
Pharmacy		
Identification		
NCPDPID		NCPDP03
NPI		NPI3300330
StoreName		PHILLIPS PHARMACY
Address		
AddressLine1		1600 21ST ST NW
City		WASHINGTON
State		DC
ZipCode		20009
CommunicationNumbers		
Communication		
Number		2023872151X238
Qualifier		TE
Communication		
Number		2023872436
Qualifier		FX
Prescriber		
Identification		
NPI		NPI9999999
DEANumber		DEA999999
StateLicenseNumber		LIC99999
ClinicName		CORCORAN CLINIC
Name		
LastName		BALZARY
FirstName		MICHAEL
MiddleName		PETER
Prefix		DR
Address		
AddressLine1		500 SEVENTEENTH ST NW
City		WASHINGTON
State		DC
ZipCode		20006
CommunicationNumbers		
Communication		
Number		2026391800
Qualifier		TE
Communication		

Number 2026391800
Qualifier FX

Caltrate 1500 mg tablet | Dispensed drug 20

MedicationDispensed

DrugDescription CALTRATE 1500 MG TABLET
DrugCoded
ProductCode 54868484500
ProductCodeQualifier ND
Strength 1500
DrugDBCode 790271
DrugDBCodeQualifier SBD
FormSourceCode AA
FormCode C42998
StrengthSourceCode AB
StrengthCode C28253
Quantity
Value 60
CodeListQualifier 87
UnitSourceCode AC
PotencyUnitCode C48542
DaysSupply 30
Directions TAKE ONE TABLET TWICE DAILY
Refills
Qualifier R
Value 3
WrittenDate
Date 2010-05-14
LastFillDate
Date 2010-08-15
Pharmacy
Identification
NCPDPID NCPDP03
NPI NPI3300330
StoreName PHILLIPS PHARMACY
Address
AddressLine1 1600 21ST ST NW
City WASHINGTON
State DC
ZipCode 20009
CommunicationNumbers
Communication
Number 2023872151X238
Qualifier TE
Communication
Number 2023872436
Qualifier FX
Prescriber
Identification
NPI NPI9999999
DEANumber DEA999999
StateLicenseNumber LIC99999
ClinicName CORCORAN CLINIC
Name
LastName BALZARY
FirstName MICHAEL
MiddleName PETER
Prefix DR
Address
AddressLine1 500 SEVENTEENTH ST NW
City WASHINGTON
State DC

ZipCode	20006
CommunicationNumbers	
Communication	
Number	2026391800
Qualifier	TE
Communication	
Number	2026391800
Qualifier	FX

Coumadin 2 mg tab / Dispensed drug 21

MedicationDispensed	
DrugDescription	COUMADIN 2 MG TABLET
DrugCoded	
ProductCode	00247152930
ProductCodeQualifier	ND
Strength	2
DrugDBCode	855304
DrugDBCodeQualifier	SBD
FormSourceCode	AA
FormCode	C42998
StrengthSourceCode	AB
StrengthCode	C28253
Quantity	
Value	30
CodeListQualifier	87
UnitSourceCode	AC
PotencyUnitCode	C48542
DaysSupply	30
Directions	TAKE ONE TABLET DAILY OR AS DIRECTED BASED ON INR
Refills	
Qualifier	R
Value	3
WrittenDate	
Date	2010-05-14
LastFillDate	
Date	2010-07-15
Pharmacy	
Identification	
NCPDPID	NCPDP03
NPI	NPI3300330
StoreName	PHILLIPS PHARMACY
Address	
AddressLine1	1600 21ST ST NW
City	WASHINGTON
State	DC
ZipCode	20009
CommunicationNumbers	
Communication	
Number	2023872151X238
Qualifier	TE
Communication	
Number	2023872436
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DEANumber	DEA999999
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FirstName	MICHAEL

MiddleName	PETER
Prefix	DR
Address	
AddressLine1	500 SEVENTEENTH ST NW
City	WASHINGTON
State	DC
ZipCode	20006
CommunicationNumbers	
Communication	
Number	2026391800
Qualifier	TE
Communication	
Number	2026391800
Qualifier	FX

Celebrex 50 mg capsule / Dispensed drug 22

MedicationDispensed	
DrugDescription	CELEBREX 50 MG CAPSULE
DrugCoded	
ProductCode	65427004901
ProductCodeQualifier	ND
Strength	50
DrugDBCode	686381
DrugDBCodeQualifier	SBD
FormSourceCode	AA
FormCode	C25158
StrengthSourceCode	AB
StrengthCode	C28253
Quantity	
Value	60
CodeListQualifier	87
UnitSourceCode	AC
PotencyUnitCode	C48480
DaysSupply	30
Directions	TAKE ONE TABLET TWICE DAILY
Refills	
Qualifier	R
Value	3
WrittenDate	
Date	2010-05-14
LastFillDate	
Date	2010-07-15
Pharmacy	
Identification	
NCPDPID	NCPDP03
NPI	NPI3300330
StoreName	PHILLIPS PHARMACY
Address	
AddressLine1	1600 21ST ST NW
City	WASHINGTON
State	DC
ZipCode	20009
CommunicationNumbers	
Communication	
Number	2023872151X238
Qualifier	TE
Communication	
Number	2023872436
Qualifier	FX
Prescriber	
Identification	
NPI	NPI9999999

DEANumber	DEA999999
StateLicenseNumber	LIC99999
ClinicName	CORCORAN CLINIC
Name	
LastName	BALZARY
FirstName	MICHAEL
MiddleName	PETER
Prefix	DR
Address	
AddressLine1	500 SEVENTEENTH ST NW
City	WASHINGTON
State	DC
ZipCode	20006
CommunicationNumbers	
Communication	
Number	2026391800
Qualifier	TE
Communication	
Number	2026391800
Qualifier	FX

Lipitor 40 mg tablet | Dispensed drug 23

MedicationDispensed	
DrugDescription	LIPITOR 40 MG TABLET
DrugCoded	
ProductCode	51129142401
ProductCodeQualifier	ND
Strength	40
DrugDBCode	617320
DrugDBCodeQualifier	SBD
FormSourceCode	AA
FormCode	C42998
StrengthSourceCode	AB
StrengthCode	C28253
Quantity	
Value	30
CodeListQualifier	87
UnitSourceCode	AC
PotencyUnitCode	C48542
DaysSupply	30
Directions	TAKE ONE TABLET DAILY
Refills	
Qualifier	R
Value	3
WrittenDate	
Date	2010-05-14
LastFillDate	
Date	2010-07-15
Pharmacy	
Identification	
NCPDPID	NCPDP03
NPI	NPI3300330
StoreName	PHILLIPS PHARMACY
Address	
AddressLine1	1600 21ST ST NW
City	WASHINGTON
State	DC
ZipCode	20009
CommunicationNumbers	
Communication	
Number	2023872151X238
Qualifier	TE

Communication	
Number	2023872436
Qualifier	FX
Prescriber	
Identification	
NPI	NPI9999999
DEANumber	DEA999999
StateLicenseNumber	LIC99999
ClinicName	CORCORAN CLINIC
Name	
LastName	BALZARY
FirstName	MICHAEL
MiddleName	PETER
Prefix	DR
Address	
AddressLine1	500 SEVENTEENTH ST NW
City	WASHINGTON
State	DC
ZipCode	20006
CommunicationNumbers	
Communication	
Number	2026391800
Qualifier	TE
Communication	
Number	2026391800
Qualifier	FX

Caltrate 1500 mg tablet | Dispensed drug 24

MedicationDispensed	
DrugDescription	CALTRATE 1500 MG TABLET
DrugCoded	
ProductCode	54868484500
ProductCodeQualifier	ND
Strength	1500
DrugDBCode	790271
DrugDBCodeQualifier	SBD
FormSourceCode	AA
FormCode	C42998
StrengthSourceCode	AB
StrengthCode	C28253
Quantity	
Value	60
CodeListQualifier	87
UnitSourceCode	AC
PotencyUnitCode	C48542
DaysSupply	30
Directions	TAKE ONE TABLET TWICE DAILY
Refills	
Qualifier	R
Value	3
WrittenDate	
Date	2010-05-14
LastFillDate	
Date	2010-07-15
Pharmacy	
Identification	
NCPDPID	NCPDP03
NPI	NPI3300330
StoreName	PHILLIPS PHARMACY
Address	
AddressLine1	1600 21ST ST NW
City	WASHINGTON

State	DC
ZipCode	20009
CommunicationNumbers	
Communication	
Number	2023872151X238
Qualifier	TE
Communication	
Number	2023872436
Qualifier	FX
Prescriber	
Identification	
NPI	NPI9999999
DEANumber	DEA999999
StateLicenseNumber	LIC99999
ClinicName	CORCORAN CLINIC
Name	
LastName	BALZARY
FirstName	MICHAEL
MiddleName	PETER
Prefix	DR
Address	
AddressLine1	500 SEVENTEENTH ST NW
City	WASHINGTON
State	DC
ZipCode	20006
CommunicationNumbers	
Communication	
Number	2026391800
Qualifier	TE
Communication	
Number	2026391800
Qualifier	FX

Scenario: 1: New Prescription - Coumadin 2 mg tablet | Geriatric w Structured Sig | Facility discharge | Matilda Doe

Header

To	NCPDP03
From	NPI9999999
MessageID	3098
SentTime	2011-01-02T10:20:10
Security	
Sender	
SecondaryIdentification	PASSWORD
TertiaryIdentification	3RYIDENTIFIER
Receiver [Tag included without value]	
PrescriberOrderNumber	ORD00400098

Body

NewRx	
Pharmacy	
Identification	
NCPDPID	NCPDP03
NPI	NPI3300330
DEANumber	DEA300330
StoreName	PHILLIPS PHARMACY
Address	
AddressLine1	1600 21ST ST NW
City	WASHINGTON
State	DC
ZipCode	20009
CommunicationNumbers	
Communication	
Number	2023872151X238

Qualifier	TE
Communication	
Number	2023872436
Qualifier	FX
Prescriber	
Identification	
NPI	NPI9999999
DEANumber	DEA999999
StateLicenseNumber	LIC99999
ClinicName	MOCA COMMUNITY
Name	
LastName	BALZARY
FirstName	MICHAEL
MiddleName	PETER
Prefix	DR
Address	
AddressLine1	1054 31ST ST NW
City	WASHINGTON
State	DC
ZipCode	20007
CommunicationNumbers	
Communication	
Number	2023426230
Qualifier	TE
Patient	
DateOfBirth	
Date	1927-09-03
Name	
LastName	DOE
FirstName	MATILDA
Gender	F
Address	
AddressLine1	1358-60 FLORIDA AVE NE
City	WASHINGTON
State	DC
ZipCode	20006
CommunicationNumbers	
Communication	
Number	2025888750
Qualifier	TE
MedicationPrescribed	
DrugDescription	COUMADIN 2 MG TABLET
DrugCoded	
ProductCode	00247152930
ProductCodeQualifier	ND
Strength	2
DrugDBCode	855304
DrugDBCodeQualifier	SBD
FormSourceCode	AA
FormCode	C42998
StrengthSourceCode	AB
StrengthCode	C28253
Quantity	
Value	30
CodeListQualifier	38
UnitSourceCode	AC
PotencyUnitCode	C48542
DaysSupply	30
Directions	TAKE ONE TABLET DAILY OR AS DIRECTED BASED ON INR
Refills	
Qualifier	R
Value	3

WrittenDate		
Date		2011-01-02
StructuredSIG		
RepeatingSIG		
SigSequencePositionNumber		1
MultipleSigModifier		OR
CodeSystem		
SNOMEDVersion		2010_07_31
FMTVersion		2011_04_01
FreeText		
SigFreeTextStringIndicator		1
SigFreeText		TAKE ONE TABLET DAILY OR AS DIRECTED BASED ON INR
Dose		
DoseCompositeIndicator		1
DoseDeliveryMethodText		TAKE
DoseDeliveryMethodCodeQualifier		1
DoseDeliveryMethodCode		419652001
DoseQuantity		1
DoseFormText		TABLET
DoseFormCodeQualifier		2
DoseFormCode		C42998
DoseRangeModifier		OR
RouteofAdministration		
RouteofAdministrationText		BY MOUTH
RouteofAdministrationCodeQualifier		1
RouteofAdministrationCode		26643006
Timing		
FrequencyNumericValue		1
FrequencyUnitsText		Day
FrequencyUnitsCodeQualifier		1
FrequencyUnitsCode		258703001
StructuredSIG		
RepeatingSIG		
SigSequencePositionNumber		2
CodeSystem		
SNOMEDVersion		2010_07_31
FMTVersion		2011_04_01
FreeText		
SigFreeTextStringIndicator		1
SigFreeText		TAKE ONE TABLET DAILY OR AS DIRECTED BASED ON INR
Dose		
DoseCompositeIndicator		3
BenefitsCoordination		
PayerIdentification		
PayerID		PAYER200
PayerName		USA BENEFITS
CardholderID		100-19270903-01
CardHolderName		
LastName		DOE
FirstName		MATILDA

Scenario: 1: New Prescription - MS Contin 30 mg tablet | Controlled substance | Facility discharge | Matilda Doe

Header

To	NCPDP03
From	NPI9999999
MessageID	3099
SentTime	2011-03-29T16:27:32
Security	
Sender	
SecondaryIdentification	PASSWORD
TertiaryIdentification	3RYIDENTIFIER

Receiver [Tag included without value]	
PrescriberOrderNumber	ORD00400099
<i>Body</i>	
NewRx	
Pharmacy	
Identification	
NCPDPID	NCPDP03
NPI	NPI3300330
DEANumber	DEA300330
StoreName	PHILLIPS PHARMACY
Address	
AddressLine1	1600 21ST ST NW
City	WASHINGTON
State	DC
ZipCode	20009
CommunicationNumbers	
Communication	
Number	2023872151X238
Qualifier	TE
Communication	
Number	2023872436
Qualifier	FX
Prescriber	
Identification	
NPI	NPI9999999
DEANumber	DEA999999
StateLicenseNumber	LIC99999
ClinicName	MOCA COMMUNITY
Name	
LastName	BALZARY
FirstName	MICHAEL
MiddleName	PETER
Prefix	DR
Address	
AddressLine1	1054 31ST ST NW
City	WASHINGTON
State	DC
ZipCode	20007
CommunicationNumbers	
Communication	
Number	2023426230
Qualifier	TE
Patient	
DateOfBirth	
Date	1927-09-03
Name	
LastName	DOE
FirstName	MATILDA
Gender	F
Address	
AddressLine1	1358-60 FLORIDA AVE NE
City	WASHINGTON
State	DC
ZipCode	20006
CommunicationNumbers	
Communication	
Number	2025888750
Qualifier	TE
MedicationPrescribed	
DrugDescription	MS CONTIN 30 MG TABLET
DrugCoded	
ProductCode	54868211500

ProductCodeQualifier	ND
Strength	30
DrugDBCode	892660
DrugDBCodeQualifier	SBD
FormSourceCode	AA
FormCode	C42998
StrengthSourceCode	AB
StrengthCode	C28253
DEASchedule	C48675
Quantity	
Value	30
CodeListQualifier	38
UnitSourceCode	AC
PotencyUnitCode	C48542
DaysSupply	15
Directions	TAKE ONE TABLET TWICE DAILY
Refills	
Qualifier	R
Value	0
WrittenDate	
Date	2011-01-02
EffectiveDate	
Date	2011-01-02
DrugCoverageStatusCode	SI

Scenario: 1: New Prescription - Senokot-S 50 mg tablet | Geriatric | Facility discharge | Matilda Doe

Header

To	NCPDP03
From	NPI9999999
MessageID	4000
SentTime	2011-03-29T16:28:49
Security	
Sender	
SecondaryIdentification	PASSWORD
TertiaryIdentification	3RYIDENTIFIER
Receiver [Tag included without value]	
PrescriberOrderNumber	ORD00400100

Body

NewRx	
Pharmacy	
Identification	
NCPDPID	NCPDP03
NPI	NPI3300330
DEANumber	DEA300330
StoreName	PHILLIPS PHARMACY
Address	
AddressLine1	1600 21ST ST NW
City	WASHINGTON
State	DC
ZipCode	20009
CommunicationNumbers	
Communication	
Number	2023872151X238
Qualifier	TE
Communication	
Number	2023872436
Qualifier	FX
Prescriber	
Identification	
NPI	NPI9999999
DEANumber	DEA999999

StateLicenseNumber	LIC99999
ClinicName	MOCA COMMUNITY
Name	
LastName	BALZARY
FirstName	MICHAEL
MiddleName	PETER
Prefix	DR
Address	
AddressLine1	1054 31ST ST NW
City	WASHINGTON
State	DC
ZipCode	20007
CommunicationNumbers	
Communication	
Number	2023426230
Qualifier	TE
Patient	
DateOfBirth	
Date	1927-09-03
Name	
LastName	DOE
FirstName	MATILDA
Gender	F
Address	
AddressLine1	1358-60 FLORIDA AVE NE
City	WASHINGTON
State	DC
ZipCode	20006
CommunicationNumbers	
Communication	
Number	2025888750
Qualifier	TE
MedicationPrescribed	
DrugDescription	SEKOT-S 50 MG TABLET
DrugCoded	
ProductCode	67618031004
ProductCodeQualifier	ND
Strength	50
DrugDBCode	404196
DrugDBCodeQualifier	SBD
FormSourceCode	AA
FormCode	C42998
StrengthSourceCode	AB
StrengthCode	C28253
Quantity	
Value	30
CodeListQualifier	38
UnitSourceCode	AC
PotencyUnitCode	C48542
DaysSupply	30
Directions	TAKE ONE TABLET DAILY
Refills	
Qualifier	R
Value	3
WrittenDate	
Date	2011-01-02

Scenario: 3: Medication History - Request | 4 meds with 46 dispenses | Hospital discharge | John Doe

Header

To	PAYER200
From	NPI4444444

MessageID	101105
SentTime	2011-03-29T16:20:40
Security	
Sender	
SecondaryIdentification	PASSWORD
TertiaryIdentification	3RYIDENTIFIER
Receiver [Tag included without value]	
<i>Body</i>	
RxHistoryRequest	
Prescriber	
Identification	
NPI	NPI44444444
DEANumber	DEA252525-JEM444
ClinicName	ST PAUL GENERAL HOSPITAL
Name	
LastName	GRIFFITHS
FirstName	JEMMA
Suffix	MD
Prefix	DR
Address	
AddressLine1	50 W KELLOGG BLVD
City	ST PAUL
State	MN
ZipCode	55102
CommunicationNumbers	
Communication	
Number	6512661026
Qualifier	TE
Patient	
PatientRelationship	1
Name	
LastName	DOE
FirstName	JOHN
Gender	M
DateOfBirth	
Date	1935-11-07
Address	
AddressLine1	518 SECOND ST SE
City	MINNEAPOLIS
State	MN
ZipCode	55414
CommunicationNumbers	
Communication	
Number	6126239176
Qualifier	TE
BenefitsCoordination	
PayerIdentification	
PayerID	PAYER200
PayerName	NATIONAL PBM
CardholderID	200-19351107-01
ResponsibleParty	
LastName	DOE
FirstName	JOHN
EffectiveDate	
Date	2010-03-29
ExpirationDate	
Date	2011-03-29
Consent	Y

Scenario: 3: Medication History - Response | 4 meds / 46 dispenses | Hospital discharge | John Doe

Header

To NPI4444444
From PAYER200
MessageID 300302
RelatesToMessageID 101105
SentTime 2011-03-29T16:55:20
Security

Sender
SecondaryIdentification PASSWORD
TertiaryIdentification 3RYIDENTIFIER
Receiver [Tag included without value]

Body

RxHistoryResponse

Response
Approved [Tag included without value]

Prescriber

Identification
NPI NPI4444444
DEANumber DEA252525-JEM444
ClinicName ST PAUL GENERAL HOSPITAL
Name
LastName GRIFFITHS
FirstName JEMMA
Suffix MD
Prefix DR
Address
AddressLine1 50 W KELLOGG BLVD
City ST PAUL
State MN
ZipCode 55102

CommunicationNumbers

Communication
Number 6512661026
Qualifier TE

Patient

PatientRelationship 1
Name
LastName DOE
FirstName JOHN
Gender M
DateOfBirth
Date 1935-11-07
Address
AddressLine1 518 SECOND ST SE
City MINNEAPOLIS
State MN
ZipCode 55414

CommunicationNumbers

Communication
Number 6126239176
Qualifier TE

BenefitsCoordination

PayerIdentification
PayerID PAYER200
PayerName NATIONAL PBM
CardholderID 200-19351107-01
ResponsibleParty
LastName DOE
FirstName JOHN
EffectiveDate
Date 2010-03-29
ExpirationDate
Date 2011-03-29

Lopressor 50mg tab / Dispensed drug 1

MedicationDispensed
DrugDescription LOPRESSOR 50 MG TABLET
DrugCoded
ProductCode 17022014924
ProductCodeQualifier ND
Strength 50
DrugDBCode 866516
DrugDBCodeQualifier SBD
FormSourceCode AA
FormCode C42998
StrengthSourceCode AB
StrengthCode 28253
Quantity
Value 30
CodeListQualifier 87
UnitSourceCode AC
PotencyUnitCode C48542
DaysSupply 30
Directions TAKE ONE TABLET DAILY
WrittenDate
Date 2010-01-10
LastFillDate
Date 2010-04-10
Pharmacy
Identification
NCPDPID NCPDP01
NPI NPI1011001
StoreName WALKER PHARMACY
Address
AddressLine1 1750 HENNEPIN AVE
City MINNEAPOLIS
State MN
ZipCode 55403
Prescriber
Identification
NPI NPI7771234
ClinicName MINNEAPOLIS
Name
LastName FEIST
FirstName LESLIE
Suffix MD
Prefix DR
Address
AddressLine1 2400 THIRD AVENUE SO
AddressLine2 STE 400
City MINNEAPOLIS
State MN
ZipCode 55404
CommunicationNumbers
Communication
Number 6128703000
Qualifier TE

Lopressor 50mg tab / Dispensed drug 2

MedicationDispensed
DrugDescription LOPRESSOR 50 MG TABLET
DrugCoded
ProductCode 17022014924
ProductCodeQualifier ND
Strength 50

DrugDBCode	866516
DrugDBCodeQualifier	SBD
FormSourceCode	AA
FormCode	C42998
StrengthSourceCode	AB
StrengthCode	28253
Quantity	
Value	30
CodeListQualifier	87
UnitSourceCode	AC
PotencyUnitCode	C48542
DaysSupply	30
Directions	TAKE ONE TABLET DAILY
WrittenDate	
Date	2010-01-10
LastFillDate	
Date	2010-05-10
Pharmacy	
Identification	
NCPDPID	NCPDP01
NPI	NPI1011001
StoreName	WALKER PHARMACY
Address	
AddressLine1	1750 HENNEPIN AVE
City	MINNEAPOLIS
State	MN
ZipCode	55403
Prescriber	
Identification	
NPI	NPI7771234
ClinicName	MINNEAPOLIS
Name	
LastName	FEIST
FirstName	LESLIE
Suffix	MD
Prefix	DR
Address	
AddressLine1	2400 THIRD AVENUE SO
AddressLine2	STE 400
City	MINNEAPOLIS
State	MN
ZipCode	55404
CommunicationNumbers	
Communication	
Number	6128703000
Qualifier	TE

Lopressor 50mg tab | Dispensed drug 3

MedicationDispensed	
DrugDescription	LOPRESSOR 50 MG TABLET
DrugCoded	
ProductCode	17022014924
ProductCodeQualifier	ND
Strength	50
DrugDBCode	866516
DrugDBCodeQualifier	SBD
FormSourceCode	AA
FormCode	C42998
StrengthSourceCode	AB
StrengthCode	28253
Quantity	
Value	30

CodeListQualifier	87
UnitSourceCode	AC
PotencyUnitCode	C48542
DaysSupply	30
Directions	TAKE ONE TABLET DAILY
WrittenDate	
Date	2010-06-10
LastFillDate	
Date	2010-06-11
Pharmacy	
Identification	
NCPDPID	NCPDP01
NPI	NPI1011001
StoreName	WALKER PHARMACY
Address	
AddressLine1	1750 HENNEPIN AVE
City	MINNEAPOLIS
State	MN
ZipCode	55403
Prescriber	
Identification	
NPI	NPI7771234
ClinicName	MINNEAPOLIS
Name	
LastName	FEIST
FirstName	LESLIE
Suffix	MD
Prefix	DR
Address	
AddressLine1	2400 THIRD AVENUE SO
AddressLine2	STE 400
City	MINNEAPOLIS
State	MN
ZipCode	55404
CommunicationNumbers	
Communication	
Number	6128703000
Qualifier	TE

Lopressor 50mg tab | Dispensed drug 4

MedicationDispensed	
DrugDescription	LOPRESSOR 50 MG TABLET
DrugCoded	
ProductCode	17022014924
ProductCodeQualifier	ND
Strength	50
DrugDBCCode	866516
DrugDBCCodeQualifier	SBD
FormSourceCode	AA
FormCode	C42998
StrengthSourceCode	AB
StrengthCode	28253
Quantity	
Value	30
CodeListQualifier	87
UnitSourceCode	AC
PotencyUnitCode	C48542
DaysSupply	30
Directions	TAKE ONE TABLET DAILY
WrittenDate	
Date	2010-06-10
LastFillDate	

Date	2010-07-10
Pharmacy	
Identification	
NCPDPID	NCPDP01
NPI	NPI1011001
StoreName	WALKER PHARMACY
Address	
AddressLine1	1750 HENNEPIN AVE
City	MINNEAPOLIS
State	MN
ZipCode	55403
Prescriber	
Identification	
NPI	NPI7771234
ClinicName	MINNEAPOLIS
Name	
LastName	FEIST
FirstName	LESLIE
Suffix	MD
Prefix	DR
Address	
AddressLine1	2400 THIRD AVENUE SO
AddressLine2	STE 400
City	MINNEAPOLIS
State	MN
ZipCode	55404
CommunicationNumbers	
Communication	
Number	6128703000
Qualifier	TE

Lopressor 50mg tab | Dispensed drug 5

MedicationDispensed	
DrugDescription	LOPRESSOR 50 MG TABLET
DrugCoded	
ProductCode	17022014924
ProductCodeQualifier	ND
Strength	50
DrugDBCode	866516
DrugDBCodeQualifier	SBD
FormSourceCode	AA
FormCode	C42998
StrengthSourceCode	AB
StrengthCode	28253
Quantity	
Value	30
CodeListQualifier	87
UnitSourceCode	AC
PotencyUnitCode	C48542
DaysSupply	30
Directions	TAKE ONE TABLET DAILY
WrittenDate	
Date	2010-06-10
LastFillDate	
Date	2010-08-09
Pharmacy	
Identification	
NCPDPID	NCPDP01
NPI	NPI1011001
StoreName	WALKER PHARMACY
Address	
AddressLine1	1750 HENNEPIN AVE

City	MINNEAPOLIS
State	MN
ZipCode	55403
Prescriber	
Identification	
NPI	NPI7771234
ClinicName	MINNEAPOLIS
Name	
LastName	FEIST
FirstName	LESLIE
Suffix	MD
Prefix	DR
Address	
AddressLine1	2400 THIRD AVENUE SO
AddressLine2	STE 400
City	MINNEAPOLIS
State	MN
ZipCode	55404
CommunicationNumbers	
Communication	
Number	6128703000
Qualifier	TE

Lopressor 50mg tab / Dispensed drug 6

MedicationDispensed	
DrugDescription	LOPRESSOR 50 MG TABLET
DrugCoded	
ProductCode	17022014924
ProductCodeQualifier	ND
Strength	50
DrugDBCode	866516
DrugDBCodeQualifier	SBD
FormSourceCode	AA
FormCode	C42998
StrengthSourceCode	AB
StrengthCode	28253
Quantity	
Value	30
CodeListQualifier	87
UnitSourceCode	AC
PotencyUnitCode	C48542
DaysSupply	30
Directions	TAKE ONE TABLET DAILY
WrittenDate	
Date	2010-06-10
LastFillDate	
Date	2010-09-10
Pharmacy	
Identification	
NCPDPID	NCPDP01
NPI	NPI1011001
StoreName	WALKER PHARMACY
Address	
AddressLine1	1750 HENNEPIN AVE
City	MINNEAPOLIS
State	MN
ZipCode	55403
Prescriber	
Identification	
NPI	NPI7771234
ClinicName	MINNEAPOLIS
Name	

LastName	FEIST
FirstName	LESLIE
Suffix	MD
Prefix	DR
Address	
AddressLine1	2400 THIRD AVENUE SO
AddressLine2	STE 400
City	MINNEAPOLIS
State	MN
ZipCode	55404
CommunicationNumbers	
Communication	
Number	6128703000
Qualifier	TE

Lopressor 50mg tab / Dispensed drug 7

MedicationDispensed	
DrugDescription	LOPRESSOR 50 MG TABLET
DrugCoded	
ProductCode	17022014924
ProductCodeQualifier	ND
Strength	50
DrugDBCode	866516
DrugDBCodeQualifier	SBD
FormSourceCode	AA
FormCode	C42998
StrengthSourceCode	AB
StrengthCode	28253
Quantity	
Value	30
CodeListQualifier	87
UnitSourceCode	AC
PotencyUnitCode	C48542
DaysSupply	30
Directions	TAKE ONE TABLET DAILY
WrittenDate	
Date	2010-06-10
LastFillDate	
Date	2010-10-12
Pharmacy	
Identification	
NCPDPID	NCPDP01
NPI	NPI1011001
StoreName	WALKER PHARMACY
Address	
AddressLine1	1750 HENNEPIN AVE
City	MINNEAPOLIS
State	MN
ZipCode	55403
Prescriber	
Identification	
NPI	NPI7771234
ClinicName	MINNEAPOLIS
Name	
LastName	FEIST
FirstName	LESLIE
Suffix	MD
Prefix	DR
Address	
AddressLine1	2400 THIRD AVENUE SO
AddressLine2	STE 400
City	MINNEAPOLIS

State	MN
ZipCode	55404
CommunicationNumbers	
Communication	
Number	6128703000
Qualifier	TE

Lopressor 50mg tab | Dispensed drug 8

MedicationDispensed	
DrugDescription	LOPRESSOR 50 MG TABLET
DrugCoded	
ProductCode	17022014924
ProductCodeQualifier	ND
Strength	50
DrugDBCode	866516
DrugDBCodeQualifier	SBD
FormSourceCode	AA
FormCode	C42998
StrengthSourceCode	AB
StrengthCode	28253
Quantity	
Value	30
CodeListQualifier	87
UnitSourceCode	AC
PotencyUnitCode	C48542
DaysSupply	30
Directions	TAKE ONE TABLET DAILY
WrittenDate	
Date	2010-06-10
LastFillDate	
Date	2010-11-10
Pharmacy	
Identification	
NCPDPID	NCPDP01
NPI	NPI1011001
StoreName	WALKER PHARMACY
Address	
AddressLine1	1750 HENNEPIN AVE
City	MINNEAPOLIS
State	MN
ZipCode	55403
Prescriber	
Identification	
NPI	NPI7771234
ClinicName	MINNEAPOLIS
Name	
LastName	FEIST
FirstName	LESLIE
Suffix	MD
Prefix	DR
Address	
AddressLine1	2400 THIRD AVENUE SO
AddressLine2	STE 400
City	MINNEAPOLIS
State	MN
ZipCode	55404
CommunicationNumbers	
Communication	
Number	6128703000
Qualifier	TE

Lopressor 50mg tab | Dispensed drug 9

MedicationDispensed	
DrugDescription	LOPRESSOR 50 MG TABLET
DrugCoded	
ProductCode	17022014924
ProductCodeQualifier	ND
Strength	50
DrugDBCode	866516
DrugDBCodeQualifier	SBD
FormSourceCode	AA
FormCode	C42998
StrengthSourceCode	AB
StrengthCode	28253
Quantity	
Value	30
CodeListQualifier	87
UnitSourceCode	AC
PotencyUnitCode	C48542
DaysSupply	30
Directions	TAKE ONE TABLET DAILY
WrittenDate	
Date	2010-12-10
LastFillDate	
Date	2010-12-11
Pharmacy	
Identification	
NCPDPID	NCPDP01
NPI	NPI1011001
StoreName	WALKER PHARMACY
Address	
AddressLine1	1750 HENNEPIN AVE
City	MINNEAPOLIS
State	MN
ZipCode	55403
Prescriber	
Identification	
NPI	NPI7771234
ClinicName	MINNEAPOLIS
Name	
LastName	FEIST
FirstName	LESLIE
Suffix	MD
Prefix	DR
Address	
AddressLine1	2400 THIRD AVENUE SO
AddressLine2	STE 400
City	MINNEAPOLIS
State	MN
ZipCode	55404
CommunicationNumbers	
Communication	
Number	6128703000
Qualifier	TE

Lopressor 50mg tab / Dispensed drug 10

MedicationDispensed	
DrugDescription	LOPRESSOR 50 MG TABLET
DrugCoded	
ProductCode	17022014924
ProductCodeQualifier	ND
Strength	50
DrugDBCode	866516
DrugDBCodeQualifier	SBD

FormSourceCode	AA
FormCode	C42998
StrengthSourceCode	AB
StrengthCode	28253
Quantity	
Value	30
CodeListQualifier	87
UnitSourceCode	AC
PotencyUnitCode	C48542
DaysSupply	30
Directions	TAKE ONE TABLET DAILY
WrittenDate	
Date	2010-12-10
LastFillDate	
Date	2011-01-12
Pharmacy	
Identification	
NCPDPID	NCPDP01
NPI	NPI1011001
StoreName	WALKER PHARMACY
Address	
AddressLine1	1750 HENNEPIN AVE
City	MINNEAPOLIS
State	MN
ZipCode	55403
Prescriber	
Identification	
NPI	NPI7771234
ClinicName	MINNEAPOLIS
Name	
LastName	FEIST
FirstName	LESLIE
Suffix	MD
Prefix	DR
Address	
AddressLine1	2400 THIRD AVENUE SO
AddressLine2	STE 400
City	MINNEAPOLIS
State	MN
ZipCode	55404
CommunicationNumbers	
Communication	
Number	6128703000
Qualifier	TE

Lopressor 50mg tab | Dispensed drug 11

MedicationDispensed	
DrugDescription	LOPRESSOR 50 MG TABLET
DrugCoded	
ProductCode	17022014924
ProductCodeQualifier	ND
Strength	50
DrugDBCode	866516
DrugDBCodeQualifier	SBD
FormSourceCode	AA
FormCode	C42998
StrengthSourceCode	AB
StrengthCode	28253
Quantity	
Value	30
CodeListQualifier	87
UnitSourceCode	AC

PotencyUnitCode	C48542
DaysSupply	30
Directions	TAKE ONE TABLET DAILY
WrittenDate	
Date	2010-12-10
LastFillDate	
Date	2011-02-10
Pharmacy	
Identification	
NCPDPID	NCPDP01
NPI	NPI1011001
StoreName	WALKER PHARMACY
Address	
AddressLine1	1750 HENNEPIN AVE
City	MINNEAPOLIS
State	MN
ZipCode	55403
Prescriber	
Identification	
NPI	NPI7771234
ClinicName	MINNEAPOLIS
Name	
LastName	FEIST
FirstName	LESLIE
Suffix	MD
Prefix	DR
Address	
AddressLine1	2400 THIRD AVENUE SO
AddressLine2	STE 400
City	MINNEAPOLIS
State	MN
ZipCode	55404
CommunicationNumbers	
Communication	
Number	6128703000
Qualifier	TE

Lopressor 50mg tab / Dispensed drug 12

MedicationDispensed	
DrugDescription	LOPRESSOR 50 MG TABLET
DrugCoded	
ProductCode	17022014924
ProductCodeQualifier	ND
Strength	50
DrugDBCode	866516
DrugDBCodeQualifier	SBD
FormSourceCode	AA
FormCode	C42998
StrengthSourceCode	AB
StrengthCode	28253
Quantity	
Value	30
CodeListQualifier	87
UnitSourceCode	AC
PotencyUnitCode	C48542
DaysSupply	30
Directions	TAKE ONE TABLET DAILY
WrittenDate	
Date	2011-03-15
LastFillDate	
Date	2011-03-15
Pharmacy	

Identification	
NCPDPID	NCPDP01
NPI	NPI1011001
StoreName	WALKER PHARMACY
Address	
AddressLine1	1750 HENNEPIN AVE
City	MINNEAPOLIS
State	MN
ZipCode	55403
Prescriber	
Identification	
NPI	NPI7771234
ClinicName	MINNEAPOLIS
Name	
LastName	FEIST
FirstName	LESLIE
Suffix	MD
Prefix	DR
Address	
AddressLine1	2400 THIRD AVENUE SO
AddressLine2	STE 400
City	MINNEAPOLIS
State	MN
ZipCode	55404
CommunicationNumbers	
Communication	
Number	6128703000
Qualifier	TE

Crestor 10 mg tab | Dispensed drug 13

MedicationDispensed	
DrugDescription	CRESTOR 10 MG TABLET
DrugCoded	
ProductCode	49999087390
ProductCodeQualifier	ND
Strength	10
DrugDBCode	859749
DrugDBCodeQualifier	SBD
FormSourceCode	AA
FormCode	C42998
StrengthSourceCode	AB
StrengthCode	C28253
Quantity	
Value	30
CodeListQualifier	87
UnitSourceCode	AC
PotencyUnitCode	C48542
DaysSupply	30
Directions	TAKE ONE TABLET DAILY
WrittenDate	
Date	2010-06-10
LastFillDate	
Date	2010-06-11
Pharmacy	
Identification	
NCPDPID	NCPDP01
NPI	NPI1011001
StoreName	WALKER PHARMACY
Address	
AddressLine1	1750 HENNEPIN AVE
City	MINNEAPOLIS
State	MN

ZipCode	55403
Prescriber	
Identification	
NPI	NPI3333333
ClinicName	MINNEAPOLIS CLINIC
Name	
LastName	BAKER
FirstName	CHET
Suffix	MD
Prefix	DR
Address	
AddressLine1	2400 THIRD AVENUE SO
AddressLine2	STE 400
City	MINNEAPOLIS
State	MN
ZipCode	55404
CommunicationNumbers	
Communication	
Number	6128703000
Qualifier	TE

Crestor 10 mg tab | Dispensed drug 14

MedicationDispensed	
DrugDescription	CRESTOR 10 MG TABLET
DrugCoded	
ProductCode	49999087390
ProductCodeQualifier	ND
Strength	10
DrugDBCode	859749
DrugDBCodeQualifier	SBD
FormSourceCode	AA
FormCode	C42998
StrengthSourceCode	AB
StrengthCode	C28253
Quantity	
Value	30
CodeListQualifier	87
UnitSourceCode	AC
PotencyUnitCode	C48542
DaysSupply	30
Directions	TAKE ONE TABLET DAILY
WrittenDate	
Date	2010-06-10
LastFillDate	
Date	2010-07-10
Pharmacy	
Identification	
NCPDPID	NCPDP01
NPI	NPI1011001
StoreName	WALKER PHARMACY
Address	
AddressLine1	1750 HENNEPIN AVE
City	MINNEAPOLIS
State	MN
ZipCode	55403
Prescriber	
Identification	
NPI	NPI3333333
ClinicName	MINNEAPOLIS CLINIC
Name	
LastName	BAKER
FirstName	CHET

Suffix	MD
Prefix	DR
Address	
AddressLine1	2400 THIRD AVENUE SO
AddressLine2	STE 400
City	MINNEAPOLIS
State	MN
ZipCode	55404
CommunicationNumbers	
Communication	
Number	6128703000
Qualifier	TE

Crestor 10 mg tab | Dispensed drug 15

MedicationDispensed	
DrugDescription	CRESTOR 10 MG TABLET
DrugCoded	
ProductCode	49999087390
ProductCodeQualifier	ND
Strength	10
DrugDBCode	859749
DrugDBCodeQualifier	SBD
FormSourceCode	AA
FormCode	C42998
StrengthSourceCode	AB
StrengthCode	C28253
Quantity	
Value	30
CodeListQualifier	87
UnitSourceCode	AC
PotencyUnitCode	C48542
DaysSupply	30
Directions	TAKE ONE TABLET DAILY
WrittenDate	
Date	2010-06-10
LastFillDate	
Date	2010-08-09
Pharmacy	
Identification	
NCPDPID	NCPDP01
NPI	NPI1011001
StoreName	WALKER PHARMACY
Address	
AddressLine1	1750 HENNEPIN AVE
City	MINNEAPOLIS
State	MN
ZipCode	55403
Prescriber	
Identification	
NPI	NPI3333333
ClinicName	MINNEAPOLIS CLINIC
Name	
LastName	BAKER
FirstName	CHET
Suffix	MD
Prefix	DR
Address	
AddressLine1	2400 THIRD AVENUE SO
AddressLine2	STE 400
City	MINNEAPOLIS
State	MN
ZipCode	55404

CommunicationNumbers	
Communication	
Number	6128703000
Qualifier	TE

Crestor 10 mg tab | Dispensed drug 16

MedicationDispensed	
DrugDescription	CRESTOR 10 MG TABLET
DrugCoded	
ProductCode	49999087390
ProductCodeQualifier	ND
Strength	10
DrugDBCode	859749
DrugDBCodeQualifier	SBD
FormSourceCode	AA
FormCode	C42998
StrengthSourceCode	AB
StrengthCode	C28253
Quantity	
Value	30
CodeListQualifier	87
UnitSourceCode	AC
PotencyUnitCode	C48542
DaysSupply	30
Directions	TAKE ONE TABLET DAILY
WrittenDate	
Date	2010-06-10
LastFillDate	
Date	2010-09-10
Pharmacy	
Identification	
NCPDPID	NCPDP01
NPI	NPI1011001
StoreName	WALKER PHARMACY
Address	
AddressLine1	1750 HENNEPIN AVE
City	MINNEAPOLIS
State	MN
ZipCode	55403
Prescriber	
Identification	
NPI	NPI3333333
ClinicName	MINNEAPOLIS CLINIC
Name	
LastName	BAKER
FirstName	CHET
Suffix	MD
Prefix	DR
Address	
AddressLine1	2400 THIRD AVENUE SO
AddressLine2	STE 400
City	MINNEAPOLIS
State	MN
ZipCode	55404
CommunicationNumbers	
Communication	
Number	6128703000
Qualifier	TE

Crestor 10 mg tab | Dispensed drug 17

MedicationDispensed	
DrugDescription	CRESTOR 10 MG TABLET

DrugCoded	
ProductCode	49999087390
ProductCodeQualifier	ND
Strength	10
DrugDBCode	859749
DrugDBCodeQualifier	SBD
FormSourceCode	AA
FormCode	C42998
StrengthSourceCode	AB
StrengthCode	C28253
Quantity	
Value	30
CodeListQualifier	87
UnitSourceCode	AC
PotencyUnitCode	C48542
DaysSupply	30
Directions	TAKE ONE TABLET DAILY
WrittenDate	
Date	2010-06-10
LastFillDate	
Date	2010-10-12
Pharmacy	
Identification	
NCPDPID	NCPDP01
NPI	NPI1011001
StoreName	WALKER PHARMACY
Address	
AddressLine1	1750 HENNEPIN AVE
City	MINNEAPOLIS
State	MN
ZipCode	55403
Prescriber	
Identification	
NPI	NPI3333333
ClinicName	MINNEAPOLIS CLINIC
Name	
LastName	BAKER
FirstName	CHET
Suffix	MD
Prefix	DR
Address	
AddressLine1	2400 THIRD AVENUE SO
AddressLine2	STE 400
City	MINNEAPOLIS
State	MN
ZipCode	55404
CommunicationNumbers	
Communication	
Number	6128703000
Qualifier	TE

Crestor 10 mg tab | Dispensed drug 18

MedicationDispensed	
DrugDescription	CRESTOR 10 MG TABLET
DrugCoded	
ProductCode	49999087390
ProductCodeQualifier	ND
Strength	10
DrugDBCode	859749
DrugDBCodeQualifier	SBD
FormSourceCode	AA
FormCode	C42998

StrengthSourceCode	AB
StrengthCode	C28253
Quantity	
Value	30
CodeListQualifier	87
UnitSourceCode	AC
PotencyUnitCode	C48542
DaysSupply	30
Directions	TAKE ONE TABLET DAILY
WrittenDate	
Date	2010-06-10
LastFillDate	
Date	2010-11-10
Pharmacy	
Identification	
NCPDPID	NCPDP01
NPI	NPI1011001
StoreName	WALKER PHARMACY
Address	
AddressLine1	1750 HENNEPIN AVE
City	MINNEAPOLIS
State	MN
ZipCode	55403
Prescriber	
Identification	
NPI	NPI3333333
ClinicName	MINNEAPOLIS CLINIC
Name	
LastName	BAKER
FirstName	CHET
Suffix	MD
Prefix	DR
Address	
AddressLine1	2400 THIRD AVENUE SO
AddressLine2	STE 400
City	MINNEAPOLIS
State	MN
ZipCode	55404
CommunicationNumbers	
Communication	
Number	6128703000
Qualifier	TE

Crestor 10 mg tab | Dispensed drug 19

MedicationDispensed	
DrugDescription	CRESTOR 10 MG TABLET
DrugCoded	
ProductCode	49999087390
ProductCodeQualifier	ND
Strength	10
DrugDBCode	859749
DrugDBCodeQualifier	SBD
FormSourceCode	AA
FormCode	C42998
StrengthSourceCode	AB
StrengthCode	C28253
Quantity	
Value	30
CodeListQualifier	87
UnitSourceCode	AC
PotencyUnitCode	C48542
DaysSupply	30

Directions	TAKE ONE TABLET DAILY
WrittenDate	
Date	2010-06-10
LastFillDate	
Date	2010-12-11
Pharmacy	
Identification	
NCPDPID	NCPDP01
NPI	NPI1011001
StoreName	WALKER PHARMACY
Address	
AddressLine1	1750 HENNEPIN AVE
City	MINNEAPOLIS
State	MN
ZipCode	55403
Prescriber	
Identification	
NPI	NPI3333333
ClinicName	MINNEAPOLIS CLINIC
Name	
LastName	BAKER
FirstName	CHET
Suffix	MD
Prefix	DR
Address	
AddressLine1	2400 THIRD AVENUE SO
AddressLine2	STE 400
City	MINNEAPOLIS
State	MN
ZipCode	55404
CommunicationNumbers	
Communication	
Number	6128703000
Qualifier	TE

Crestor 10 mg tab | Dispensed drug 20

MedicationDispensed	
DrugDescription	CRESTOR 10 MG TABLET
DrugCoded	
ProductCode	49999087390
ProductCodeQualifier	ND
Strength	10
DrugDBCode	859749
DrugDBCodeQualifier	SBD
FormSourceCode	AA
FormCode	C42998
StrengthSourceCode	AB
StrengthCode	C28253
Quantity	
Value	30
CodeListQualifier	87
UnitSourceCode	AC
PotencyUnitCode	C48542
DaysSupply	30
Directions	TAKE ONE TABLET DAILY
WrittenDate	
Date	2010-06-10
LastFillDate	
Date	2011-01-12
Pharmacy	
Identification	
NCPDPID	NCPDP01

NPI	NPI1011001
StoreName	WALKER PHARMACY
Address	
AddressLine1	1750 HENNEPIN AVE
City	MINNEAPOLIS
State	MN
ZipCode	55403
Prescriber	
Identification	
NPI	NPI3333333
ClinicName	MINNEAPOLIS CLINIC
Name	
LastName	BAKER
FirstName	CHET
Suffix	MD
Prefix	DR
Address	
AddressLine1	2400 THIRD AVENUE SO
AddressLine2	STE 400
City	MINNEAPOLIS
State	MN
ZipCode	55404
CommunicationNumbers	
Communication	
Number	6128703000
Qualifier	TE

Crestor 10 mg tab | Dispensed drug 21

MedicationDispensed	
DrugDescription	CRESTOR 10 MG TABLET
DrugCoded	
ProductCode	49999087390
ProductCodeQualifier	ND
Strength	10
DrugDBCode	859749
DrugDBCodeQualifier	SBD
FormSourceCode	AA
FormCode	C42998
StrengthSourceCode	AB
StrengthCode	C28253
Quantity	
Value	30
CodeListQualifier	87
UnitSourceCode	AC
PotencyUnitCode	C48542
DaysSupply	30
Directions	TAKE ONE TABLET DAILY
WrittenDate	
Date	2010-06-10
LastFillDate	
Date	2011-02-10
Pharmacy	
Identification	
NCPDPID	NCPDP01
NPI	NPI1011001
StoreName	WALKER PHARMACY
Address	
AddressLine1	1750 HENNEPIN AVE
City	MINNEAPOLIS
State	MN
ZipCode	55403
Prescriber	

Identification	
NPI	NPI3333333
ClinicName	MINNEAPOLIS CLINIC
Name	
LastName	BAKER
FirstName	CHET
Suffix	MD
Prefix	DR
Address	
AddressLine1	2400 THIRD AVENUE SO
AddressLine2	STE 400
City	MINNEAPOLIS
State	MN
ZipCode	55404
CommunicationNumbers	
Communication	
Number	6128703000
Qualifier	TE

Crestor 10 mg tab | Dispensed drug 22

MedicationDispensed	
DrugDescription	CRESTOR 10 MG TABLET
DrugCoded	
ProductCode	49999087390
ProductCodeQualifier	ND
Strength	10
DrugDBCode	859749
DrugDBCodeQualifier	SBD
FormSourceCode	AA
FormCode	C42998
StrengthSourceCode	AB
StrengthCode	C28253
Quantity	
Value	30
CodeListQualifier	87
UnitSourceCode	AC
PotencyUnitCode	C48542
DaysSupply	30
Directions	TAKE ONE TABLET DAILY
WrittenDate	
Date	2010-06-10
LastFillDate	
Date	2011-03-15
Pharmacy	
Identification	
NCPDPID	NCPDP01
NPI	NPI1011001
StoreName	WALKER PHARMACY
Address	
AddressLine1	1750 HENNEPIN AVE
City	MINNEAPOLIS
State	MN
ZipCode	55403
Prescriber	
Identification	
NPI	NPI3333333
ClinicName	MINNEAPOLIS CLINIC
Name	
LastName	BAKER
FirstName	CHET
Suffix	MD
Prefix	DR

Address	
AddressLine1	2400 THIRD AVENUE SO
AddressLine2	STE 400
City	MINNEAPOLIS
State	MN
ZipCode	55404
CommunicationNumbers	
Communication	
Number	6128703000
Qualifier	TE

Vasotec 5 mg tab / Dispensed drug 23

MedicationDispensed	
DrugDescription	VASOTEC 5 MG TABLET
DrugCoded	
ProductCode	00247057830
ProductCodeQualifier	ND
Strength	5
DrugDBCCode	858815
DrugDBCCodeQualifier	SBD
FormSourceCode	AA
FormCode	C42998
StrengthSourceCode	AB
StrengthCode	C28253
Quantity	
Value	30
CodeListQualifier	87
UnitSourceCode	AC
PotencyUnitCode	C48542
DaysSupply	30
Directions	TAKE ONE TABLET DAILY
WrittenDate	
Date	2009-12-14
LastFillDate	
Date	2010-04-10
Pharmacy	
Identification	
NCPDPID	NCPDP01
NPI	NPI1011001
StoreName	WALKER PHARMACY
Address	
AddressLine1	1750 HENNEPIN AVE
City	MINNEAPOLIS
State	MN
ZipCode	55403
Prescriber	
Identification	
NPI	NPI1010101
ClinicName	CORCORAN CLINIC
Name	
LastName	HARTLEY
FirstName	ANNA-KATHERINE
Suffix	MD
Prefix	DR
Address	
AddressLine1	500 SEVENTEENTH ST NW
City	WASHINGTON
State	DC
ZipCode	20006
CommunicationNumbers	
Communication	
Number	2026391800

Qualifier TE

Vasotec 5 mg tab / Dispensed drug 24

MedicationDispensed
DrugDescription VASOTEC 5 MG TABLET
DrugCoded
ProductCode 00247057830
ProductCodeQualifier ND
Strength 5
DrugDBCode 858815
DrugDBCodeQualifier SBD
FormSourceCode AA
FormCode C42998
StrengthSourceCode AB
StrengthCode C28253
Quantity
Value 30
CodeListQualifier 87
UnitSourceCode AC
PotencyUnitCode C48542
DaysSupply 30
Directions TAKE ONE TABLET DAILY
WrittenDate
Date 2009-12-14
LastFillDate
Date 2010-05-10
Pharmacy
Identification
NCPDPID NCPDP01
NPI NPI1011001
StoreName WALKER PHARMACY
Address
AddressLine1 1750 HENNEPIN AVE
City MINNEAPOLIS
State MN
ZipCode 55403
Prescriber
Identification
NPI NPI1010101
ClinicName CORCORAN CLINIC
Name
LastName HARTLEY
FirstName ANNA-KATHERINE
Suffix MD
Prefix DR
Address
AddressLine1 500 SEVENTEENTH ST NW
City WASHINGTON
State DC
ZipCode 20006
CommunicationNumbers
Communication
Number 2026391800
Qualifier TE

Vasotec 5 mg tab / Dispensed drug 25

MedicationDispensed
DrugDescription VASOTEC 5 MG TABLET
DrugCoded
ProductCode 00247057830
ProductCodeQualifier ND
Strength 5

DrugDBCode	858815
DrugDBCodeQualifier	SBD
FormSourceCode	AA
FormCode	C42998
StrengthSourceCode	AB
StrengthCode	C28253
Quantity	
Value	30
CodeListQualifier	87
UnitSourceCode	AC
PotencyUnitCode	C48542
DaysSupply	30
Directions	TAKE ONE TABLET DAILY
WrittenDate	
Date	2010-06-10
LastFillDate	
Date	2010-06-11
Pharmacy	
Identification	
NCPDPID	NCPDP01
NPI	NPI1011001
StoreName	WALKER PHARMACY
Address	
AddressLine1	1750 HENNEPIN AVE
City	MINNEAPOLIS
State	MN
ZipCode	55403
Prescriber	
Identification	
NPI	NPI1010101
ClinicName	CORCORAN CLINIC
Name	
LastName	HARTLEY
FirstName	ANNA-KATHERINE
Suffix	MD
Prefix	DR
Address	
AddressLine1	500 SEVENTEENTH ST NW
City	WASHINGTON
State	DC
ZipCode	20006
CommunicationNumbers	
Communication	
Number	2026391800
Qualifier	TE

Vasotec 5 mg tab | Dispensed drug 26

MedicationDispensed	
DrugDescription	VASOTEC 5 MG TABLET
DrugCoded	
ProductCode	00247057830
ProductCodeQualifier	ND
Strength	5
DrugDBCode	858815
DrugDBCodeQualifier	SBD
FormSourceCode	AA
FormCode	C42998
StrengthSourceCode	AB
StrengthCode	C28253
Quantity	
Value	30
CodeListQualifier	87

UnitSourceCode	AC
PotencyUnitCode	C48542
DaysSupply	30
Directions	TAKE ONE TABLET DAILY
WrittenDate	
Date	2010-06-10
LastFillDate	
Date	2010-07-10
Pharmacy	
Identification	
NCPDPID	NCPDP01
NPI	NPI1011001
StoreName	WALKER PHARMACY
Address	
AddressLine1	1750 HENNEPIN AVE
City	MINNEAPOLIS
State	MN
ZipCode	55403
Prescriber	
Identification	
NPI	NPI1010101
ClinicName	CORCORAN CLINIC
Name	
LastName	HARTLEY
FirstName	ANNA-KATHERINE
Suffix	MD
Prefix	DR
Address	
AddressLine1	500 SEVENTEENTH ST NW
City	WASHINGTON
State	DC
ZipCode	20006
CommunicationNumbers	
Communication	
Number	2026391800
Qualifier	TE

Vasotec 5 mg tab | Dispensed drug 27

MedicationDispensed	
DrugDescription	VASOTEC 5 MG TABLET
DrugCoded	
ProductCode	00247057830
ProductCodeQualifier	ND
Strength	5
DrugDBCCode	858815
DrugDBCCodeQualifier	SBD
FormSourceCode	AA
FormCode	C42998
StrengthSourceCode	AB
StrengthCode	C28253
Quantity	
Value	30
CodeListQualifier	87
UnitSourceCode	AC
PotencyUnitCode	C48542
DaysSupply	30
Directions	TAKE ONE TABLET DAILY
WrittenDate	
Date	2010-06-10
LastFillDate	
Date	2010-08-09
Pharmacy	

Identification	
NCPDPID	NCPDP01
NPI	NPI1011001
StoreName	WALKER PHARMACY
Address	
AddressLine1	1750 HENNEPIN AVE
City	MINNEAPOLIS
State	MN
ZipCode	55403
Prescriber	
Identification	
NPI	NPI1010101
ClinicName	CORCORAN CLINIC
Name	
LastName	HARTLEY
FirstName	ANNA-KATHERINE
Suffix	MD
Prefix	DR
Address	
AddressLine1	500 SEVENTEENTH ST NW
City	WASHINGTON
State	DC
ZipCode	20006
CommunicationNumbers	
Communication	
Number	2026391800
Qualifier	TE

Vasotec 5 mg tab | Dispensed drug 28

MedicationDispensed	
DrugDescription	VASOTEC 5 MG TABLET
DrugCoded	
ProductCode	00247057830
ProductCodeQualifier	ND
Strength	5
DrugDBCode	858815
DrugDBCodeQualifier	SBD
FormSourceCode	AA
FormCode	C42998
StrengthSourceCode	AB
StrengthCode	C28253
Quantity	
Value	30
CodeListQualifier	87
UnitSourceCode	AC
PotencyUnitCode	C48542
DaysSupply	30
Directions	TAKE ONE TABLET DAILY
WrittenDate	
Date	2010-06-10
LastFillDate	
Date	2010-09-10
Pharmacy	
Identification	
NCPDPID	NCPDP01
NPI	NPI1011001
StoreName	WALKER PHARMACY
Address	
AddressLine1	1750 HENNEPIN AVE
City	MINNEAPOLIS
State	MN
ZipCode	55403

Prescriber		
Identification		
NPI		NPI1010101
ClinicName		CORCORAN CLINIC
Name		
LastName		HARTLEY
FirstName		ANNA-KATHERINE
Suffix		MD
Prefix		DR
Address		
AddressLine1		500 SEVENTEENTH ST NW
City		WASHINGTON
State		DC
ZipCode		20006
CommunicationNumbers		
Communication		
Number		2026391800
Qualifier		TE

Vasotec 5 mg tab | Dispensed drug 29

MedicationDispensed		
DrugDescription		VASOTEC 5 MG TABLET
DrugCoded		
ProductCode		00247057830
ProductCodeQualifier		ND
Strength		5
DrugDBCode		858815
DrugDBCodeQualifier		SBD
FormSourceCode		AA
FormCode		C42998
StrengthSourceCode		AB
StrengthCode		C28253
Quantity		
Value		30
CodeListQualifier		87
UnitSourceCode		AC
PotencyUnitCode		C48542
DaysSupply		30
Directions		TAKE ONE TABLET DAILY
WrittenDate		
Date		2010-06-10
LastFillDate		
Date		2010-10-12
Pharmacy		
Identification		
NCPDPID		NCPDP01
NPI		NPI1011001
StoreName		WALKER PHARMACY
Address		
AddressLine1		1750 HENNEPIN AVE
City		MINNEAPOLIS
State		MN
ZipCode		55403
Prescriber		
Identification		
NPI		NPI1010101
ClinicName		CORCORAN CLINIC
Name		
LastName		HARTLEY
FirstName		ANNA-KATHERINE
Suffix		MD
Prefix		DR

Address	
AddressLine1	500 SEVENTEENTH ST NW
City	WASHINGTON
State	DC
ZipCode	20006
CommunicationNumbers	
Communication	
Number	2026391800
Qualifier	TE

Vasotec 5 mg tab | Dispensed drug 30

MedicationDispensed	
DrugDescription	VASOTEC 5 MG TABLET
DrugCoded	
ProductCode	00247057830
ProductCodeQualifier	ND
Strength	5
DrugDBCode	858815
DrugDBCodeQualifier	SBD
FormSourceCode	AA
FormCode	C42998
StrengthSourceCode	AB
StrengthCode	C28253
Quantity	
Value	30
CodeListQualifier	87
UnitSourceCode	AC
PotencyUnitCode	C48542
DaysSupply	30
Directions	TAKE ONE TABLET DAILY
WrittenDate	
Date	2010-06-10
LastFillDate	
Date	2010-11-10
Pharmacy	
Identification	
NCPDPID	NCPDP01
NPI	NPI1011001
StoreName	WALKER PHARMACY
Address	
AddressLine1	1750 HENNEPIN AVE
City	MINNEAPOLIS
State	MN
ZipCode	55403
Prescriber	
Identification	
NPI	NPI1010101
ClinicName	CORCORAN CLINIC
Name	
LastName	HARTLEY
FirstName	ANNA-KATHERINE
Suffix	MD
Prefix	DR
Address	
AddressLine1	500 SEVENTEENTH ST NW
City	WASHINGTON
State	DC
ZipCode	20006
CommunicationNumbers	
Communication	
Number	2026391800
Qualifier	TE

Vasotec 5 mg tab / Dispensed drug 31

MedicationDispensed
DrugDescription VASOTEC 5 MG TABLET
DrugCoded
ProductCode 00247057830
ProductCodeQualifier ND
Strength 5
DrugDBCode 858815
DrugDBCodeQualifier SBD
FormSourceCode AA
FormCode C42998
StrengthSourceCode AB
StrengthCode C28253
Quantity
Value 30
CodeListQualifier 87
UnitSourceCode AC
PotencyUnitCode C48542
DaysSupply 30
Directions TAKE ONE TABLET DAILY
WrittenDate
Date 2010-06-10
LastFillDate
Date 2010-12-11
Pharmacy
Identification
NCPDPID NCPDP01
NPI NPI1011001
StoreName WALKER PHARMACY
Address
AddressLine1 1750 HENNEPIN AVE
City MINNEAPOLIS
State MN
ZipCode 55403
Prescriber
Identification
NPI NPI1010101
ClinicName CORCORAN CLINIC
Name
LastName HARTLEY
FirstName ANNA-KATHERINE
Suffix MD
Prefix DR
Address
AddressLine1 500 SEVENTEENTH ST NW
City WASHINGTON
State DC
ZipCode 20006
CommunicationNumbers
Communication
Number 2026391800
Qualifier TE

Vasotec 5 mg tab / Dispensed drug 32

MedicationDispensed
DrugDescription VASOTEC 5 MG TABLET
DrugCoded
ProductCode 00247057830
ProductCodeQualifier ND
Strength 5
DrugDBCode 858815

DrugDBCodeQualifier	SBD
FormSourceCode	AA
FormCode	C42998
StrengthSourceCode	AB
StrengthCode	C28253
Quantity	
Value	30
CodeListQualifier	87
UnitSourceCode	AC
PotencyUnitCode	C48542
DaysSupply	30
Directions	TAKE ONE TABLET DAILY
WrittenDate	
Date	2010-06-10
LastFillDate	
Date	2011-01-12
Pharmacy	
Identification	
NCPDPID	NCPDP01
NPI	NPI1011001
StoreName	WALKER PHARMACY
Address	
AddressLine1	1750 HENNEPIN AVE
City	MINNEAPOLIS
State	MN
ZipCode	55403
Prescriber	
Identification	
NPI	NPI1010101
ClinicName	CORCORAN CLINIC
Name	
LastName	HARTLEY
FirstName	ANNA-KATHERINE
Suffix	MD
Prefix	DR
Address	
AddressLine1	500 SEVENTEENTH ST NW
City	WASHINGTON
State	DC
ZipCode	20006
CommunicationNumbers	
Communication	
Number	2026391800
Qualifier	TE

Vasotec 5 mg tab | Dispensed drug 33

MedicationDispensed	
DrugDescription	VASOTEC 5 MG TABLET
DrugCoded	
ProductCode	00247057830
ProductCodeQualifier	ND
Strength	5
DrugDBCode	858815
DrugDBCodeQualifier	SBD
FormSourceCode	AA
FormCode	C42998
StrengthSourceCode	AB
StrengthCode	C28253
Quantity	
Value	30
CodeListQualifier	87
UnitSourceCode	AC

PotencyUnitCode	C48542
DaysSupply	30
Directions	TAKE ONE TABLET DAILY
WrittenDate	
Date	2010-06-10
LastFillDate	
Date	2011-02-10
Pharmacy	
Identification	
NCPDPID	NCPDP01
NPI	NPI1011001
StoreName	WALKER PHARMACY
Address	
AddressLine1	1750 HENNEPIN AVE
City	MINNEAPOLIS
State	MN
ZipCode	55403
Prescriber	
Identification	
NPI	NPI1010101
ClinicName	CORCORAN CLINIC
Name	
LastName	HARTLEY
FirstName	ANNA-KATHERINE
Suffix	MD
Prefix	DR
Address	
AddressLine1	500 SEVENTEENTH ST NW
City	WASHINGTON
State	DC
ZipCode	20006
CommunicationNumbers	
Communication	
Number	2026391800
Qualifier	TE

Vasotec 5 mg tab | Dispensed drug 34

MedicationDispensed	
DrugDescription	VASOTEC 5 MG TABLET
DrugCoded	
ProductCode	00247057830
ProductCodeQualifier	ND
Strength	5
DrugDBCode	858815
DrugDBCodeQualifier	SBD
FormSourceCode	AA
FormCode	C42998
StrengthSourceCode	AB
StrengthCode	C28253
Quantity	
Value	30
CodeListQualifier	87
UnitSourceCode	AC
PotencyUnitCode	C48542
DaysSupply	30
Directions	TAKE ONE TABLET DAILY
WrittenDate	
Date	2010-06-10
LastFillDate	
Date	2011-03-15
Pharmacy	
Identification	

NCPDPID	NCPDP01
NPI	NPI1011001
StoreName	WALKER PHARMACY
Address	
AddressLine1	1750 HENNEPIN AVE
City	MINNEAPOLIS
State	MN
ZipCode	55403
Prescriber	
Identification	
NPI	NPI1010101
ClinicName	CORCORAN CLINIC
Name	
LastName	HARTLEY
FirstName	ANNA-KATHERINE
Suffix	MD
Prefix	DR
Address	
AddressLine1	500 SEVENTEENTH ST NW
City	WASHINGTON
State	DC
ZipCode	20006
CommunicationNumbers	
Communication	
Number	2026391800
Qualifier	TE

Advair inhaler | Dispensed drug 35

MedicationDispensed	
DrugDescription	ADVAIR HPA 115/21 60 ACTUAT
DrugCoded	
ProductCode	00173071661
ProductCodeQualifier	ND
DrugDBCode	896243
DrugDBCodeQualifier	SBD
Quantity	
Value	2
CodeListQualifier	87
UnitSourceCode	AC
PotencyUnitCode	C62275
Directions	TAKE TWO PUFFS TWICE DAILY
WrittenDate	
Date	2010-03-15
LastFillDate	
Date	2010-04-10
Pharmacy	
Identification	
NCPDPID	NCPDP01
NPI	NPI1011001
StoreName	WALKER PHARMACY
Address	
AddressLine1	1750 HENNEPIN AVE
City	MINNEAPOLIS
State	MN
ZipCode	55403
Prescriber	
Identification	
NPI	NPI8888999
ClinicName	MINNEAPOLIS CLINIC
Name	
LastName	FERGUSON
FirstName	STACY

MiddleName	ANN
Suffix	MD
Prefix	DR
Address	
AddressLine1	2400 THIRD AVENUE SO
AddressLine2	STE 400
City	MINNEAPOLIS
State	MN
ZipCode	55404
CommunicationNumbers	
Communication	
Number	6128703000
Qualifier	TE

Advair inhaler | Dispensed drug 36

MedicationDispensed	
DrugDescription	ADVAIR HPA 115/21 60 ACTUAT
DrugCoded	
ProductCode	00173071661
ProductCodeQualifier	ND
DrugDBCode	896243
DrugDBCodeQualifier	SBD
Quantity	
Value	2
CodeListQualifier	87
UnitSourceCode	AC
PotencyUnitCode	C62275
Directions	TAKE TWO PUFFS TWICE DAILY
WrittenDate	
Date	2010-03-15
LastFillDate	
Date	2010-05-10
Pharmacy	
Identification	
NCPDPID	NCPDP01
NPI	NPI1011001
StoreName	WALKER PHARMACY
Address	
AddressLine1	1750 HENNEPIN AVE
City	MINNEAPOLIS
State	MN
ZipCode	55403
Prescriber	
Identification	
NPI	NPI8888999
ClinicName	MINNEAPOLIS CLINIC
Name	
LastName	FERGUSON
FirstName	STACY
MiddleName	ANN
Suffix	MD
Prefix	DR
Address	
AddressLine1	2400 THIRD AVENUE SO
AddressLine2	STE 400
City	MINNEAPOLIS
State	MN
ZipCode	55404
CommunicationNumbers	
Communication	
Number	6128703000
Qualifier	TE

Advair inhaler | Dispensed drug 37

MedicationDispensed	
DrugDescription	ADVAIR HPA 115/21 60 ACTUAT
DrugCoded	
ProductCode	00173071661
ProductCodeQualifier	ND
DrugDBCode	896243
DrugDBCodeQualifier	SBD
Quantity	
Value	2
CodeListQualifier	87
UnitSourceCode	AC
PotencyUnitCode	C62275
Directions	TAKE TWO PUFFS TWICE DAILY
WrittenDate	
Date	2010-03-15
LastFillDate	
Date	2010-06-11
Pharmacy	
Identification	
NCPDPID	NCPDP01
NPI	NPI1011001
StoreName	WALKER PHARMACY
Address	
AddressLine1	1750 HENNEPIN AVE
City	MINNEAPOLIS
State	MN
ZipCode	55403
Prescriber	
Identification	
NPI	NPI8888999
ClinicName	MINNEAPOLIS CLINIC
Name	
LastName	FERGUSON
FirstName	STACY
MiddleName	ANN
Suffix	MD
Prefix	DR
Address	
AddressLine1	2400 THIRD AVENUE SO
AddressLine2	STE 400
City	MINNEAPOLIS
State	MN
ZipCode	55404
CommunicationNumbers	
Communication	
Number	6128703000
Qualifier	TE

Advair inhaler | Dispensed drug 38

MedicationDispensed	
DrugDescription	ADVAIR HPA 115/21 60 ACTUAT
DrugCoded	
ProductCode	00173071661
ProductCodeQualifier	ND
DrugDBCode	896243
DrugDBCodeQualifier	SBD
Quantity	
Value	2
CodeListQualifier	87
UnitSourceCode	AC

PotencyUnitCode	C62275
Directions	TAKE TWO PUFFS TWICE DAILY
WrittenDate	
Date	2010-03-15
LastFillDate	
Date	2010-07-10
Pharmacy	
Identification	
NCPDPID	NCPDP01
NPI	NPI1011001
StoreName	WALKER PHARMACY
Address	
AddressLine1	1750 HENNEPIN AVE
City	MINNEAPOLIS
State	MN
ZipCode	55403
Prescriber	
Identification	
NPI	NPI8888999
ClinicName	MINNEAPOLIS CLINIC
Name	
LastName	FERGUSON
FirstName	STACY
MiddleName	ANN
Suffix	MD
Prefix	DR
Address	
AddressLine1	2400 THIRD AVENUE SO
AddressLine2	STE 400
City	MINNEAPOLIS
State	MN
ZipCode	55404
CommunicationNumbers	
Communication	
Number	6128703000
Qualifier	TE

Advair inhaler | Dispensed drug 39

MedicationDispensed	
DrugDescription	ADVAIR HPA 115/21 60 ACTUAT
DrugCoded	
ProductCode	00173071661
ProductCodeQualifier	ND
DrugDBCode	896243
DrugDBCodeQualifier	SBD
Quantity	
Value	2
CodeListQualifier	87
UnitSourceCode	AC
PotencyUnitCode	C62275
Directions	TAKE TWO PUFFS TWICE DAILY
WrittenDate	
Date	2010-08-09
LastFillDate	
Date	2010-08-09
Pharmacy	
Identification	
NCPDPID	NCPDP01
NPI	NPI1011001
StoreName	WALKER PHARMACY
Address	
AddressLine1	1750 HENNEPIN AVE

City	MINNEAPOLIS
State	MN
ZipCode	55403
Prescriber	
Identification	
NPI	NPI8888999
ClinicName	MINNEAPOLIS CLINIC
Name	
LastName	FERGUSON
FirstName	STACY
MiddleName	ANN
Suffix	MD
Prefix	DR
Address	
AddressLine1	2400 THIRD AVENUE SO
AddressLine2	STE 400
City	MINNEAPOLIS
State	MN
ZipCode	55404
CommunicationNumbers	
Communication	
Number	6128703000
Qualifier	TE

Advair inhaler | Dispensed drug 40

MedicationDispensed	
DrugDescription	ADVAIR HPA 115/21 60 ACTUAT
DrugCoded	
ProductCode	00173071661
ProductCodeQualifier	ND
DrugDBCode	896243
DrugDBCodeQualifier	SBD
Quantity	
Value	2
CodeListQualifier	87
UnitSourceCode	AC
PotencyUnitCode	C62275
Directions	TAKE TWO PUFFS TWICE DAILY
WrittenDate	
Date	2010-08-09
LastFillDate	
Date	2010-09-10
Pharmacy	
Identification	
NCPDPID	NCPDP01
NPI	NPI1011001
StoreName	WALKER PHARMACY
Address	
AddressLine1	1750 HENNEPIN AVE
City	MINNEAPOLIS
State	MN
ZipCode	55403
Prescriber	
Identification	
NPI	NPI8888999
ClinicName	MINNEAPOLIS CLINIC
Name	
LastName	FERGUSON
FirstName	STACY
MiddleName	ANN
Suffix	MD
Prefix	DR

Address	
AddressLine1	2400 THIRD AVENUE SO
AddressLine2	STE 400
City	MINNEAPOLIS
State	MN
ZipCode	55404
CommunicationNumbers	
Communication	
Number	6128703000
Qualifier	TE

Advair inhaler | Dispensed drug 41

MedicationDispensed	
DrugDescription	ADVAIR HPA 115/21 60 ACTUAT
DrugCoded	
ProductCode	00173071661
ProductCodeQualifier	ND
DrugDBCode	896243
DrugDBCodeQualifier	SBD
Quantity	
Value	2
CodeListQualifier	87
UnitSourceCode	AC
PotencyUnitCode	C62275
Directions	TAKE TWO PUFFS TWICE DAILY
WrittenDate	
Date	2010-08-09
LastFillDate	
Date	2010-10-12
Pharmacy	
Identification	
NCPDPID	NCPDP01
NPI	NPI1011001
StoreName	WALKER PHARMACY
Address	
AddressLine1	1750 HENNEPIN AVE
City	MINNEAPOLIS
State	MN
ZipCode	55403
Prescriber	
Identification	
NPI	NPI8888999
ClinicName	MINNEAPOLIS CLINIC
Name	
LastName	FERGUSON
FirstName	STACY
MiddleName	ANN
Suffix	MD
Prefix	DR
Address	
AddressLine1	2400 THIRD AVENUE SO
AddressLine2	STE 400
City	MINNEAPOLIS
State	MN
ZipCode	55404
CommunicationNumbers	
Communication	
Number	6128703000
Qualifier	TE

Advair inhaler | Dispensed drug 42

MedicationDispensed

DrugDescription	ADVAIR HPA 115/21 60 ACTUAT
DrugCoded	
ProductCode	00173071661
ProductCodeQualifier	ND
DrugDBCode	896243
DrugDBCodeQualifier	SBD
Quantity	
Value	2
CodeListQualifier	87
UnitSourceCode	AC
PotencyUnitCode	C62275
Directions	TAKE TWO PUFFS TWICE DAILY
WrittenDate	
Date	2010-11-09
LastFillDate	
Date	2010-11-10
Pharmacy	
Identification	
NCPDPID	NCPDP01
NPI	NPI1011001
StoreName	WALKER PHARMACY
Address	
AddressLine1	1750 HENNEPIN AVE
City	MINNEAPOLIS
State	MN
ZipCode	55403
Prescriber	
Identification	
NPI	NPI8888999
ClinicName	MINNEAPOLIS CLINIC
Name	
LastName	FERGUSON
FirstName	STACY
MiddleName	ANN
Suffix	MD
Prefix	DR
Address	
AddressLine1	2400 THIRD AVENUE SO
AddressLine2	STE 400
City	MINNEAPOLIS
State	MN
ZipCode	55404
CommunicationNumbers	
Communication	
Number	6128703000
Qualifier	TE

Advair inhaler | Dispensed drug 43

MedicationDispensed	
DrugDescription	ADVAIR HPA 115/21 60 ACTUAT
DrugCoded	
ProductCode	00173071661
ProductCodeQualifier	ND
DrugDBCode	896243
DrugDBCodeQualifier	SBD
Quantity	
Value	2
CodeListQualifier	87
UnitSourceCode	AC
PotencyUnitCode	C62275
Directions	TAKE TWO PUFFS TWICE DAILY
WrittenDate	

Date	2010-11-09
LastFillDate	
Date	2010-12-11
Pharmacy	
Identification	
NCPDPID	NCPDP01
NPI	NPI1011001
StoreName	WALKER PHARMACY
Address	
AddressLine1	1750 HENNEPIN AVE
City	MINNEAPOLIS
State	MN
ZipCode	55403
Prescriber	
Identification	
NPI	NPI8888999
ClinicName	MINNEAPOLIS CLINIC
Name	
LastName	FERGUSON
FirstName	STACY
MiddleName	ANN
Suffix	MD
Prefix	DR
Address	
AddressLine1	2400 THIRD AVENUE SO
AddressLine2	STE 400
City	MINNEAPOLIS
State	MN
ZipCode	55404
CommunicationNumbers	
Communication	
Number	6128703000
Qualifier	TE

Advair inhaler | Dispensed drug 44

MedicationDispensed	
DrugDescription	ADVAIR HPA 115/21 60 ACTUAT
DrugCoded	
ProductCode	00173071661
ProductCodeQualifier	ND
DrugDBCode	896243
DrugDBCodeQualifier	SBD
Quantity	
Value	2
CodeListQualifier	87
UnitSourceCode	AC
PotencyUnitCode	C62275
Directions	TAKE TWO PUFFS TWICE DAILY
WrittenDate	
Date	2010-11-09
LastFillDate	
Date	2011-01-12
Pharmacy	
Identification	
NCPDPID	NCPDP01
NPI	NPI1011001
StoreName	WALKER PHARMACY
Address	
AddressLine1	1750 HENNEPIN AVE
City	MINNEAPOLIS
State	MN
ZipCode	55403

Prescriber	
Identification	
NPI	NPI8888999
ClinicName	MINNEAPOLIS CLINIC
Name	
LastName	FERGUSON
FirstName	STACY
MiddleName	ANN
Suffix	MD
Prefix	DR
Address	
AddressLine1	2400 THIRD AVENUE SO
AddressLine2	STE 400
City	MINNEAPOLIS
State	MN
ZipCode	55404
CommunicationNumbers	
Communication	
Number	6128703000
Qualifier	TE

Advair inhaler | Dispensed drug 45

MedicationDispensed	
DrugDescription	ADVAIR HPA 115/21 60 ACTUAT
DrugCoded	
ProductCode	00173071661
ProductCodeQualifier	ND
DrugDBCode	896243
DrugDBCodeQualifier	SBD
Quantity	
Value	2
CodeListQualifier	87
UnitSourceCode	AC
PotencyUnitCode	C62275
Directions	TAKE TWO PUFFS TWICE DAILY
WrittenDate	
Date	2010-11-09
LastFillDate	
Date	2011-02-10
Pharmacy	
Identification	
NCPDPID	NCPDP01
NPI	NPI1011001
StoreName	WALKER PHARMACY
Address	
AddressLine1	1750 HENNEPIN AVE
City	MINNEAPOLIS
State	MN
ZipCode	55403
Prescriber	
Identification	
NPI	NPI8888999
ClinicName	MINNEAPOLIS CLINIC
Name	
LastName	FERGUSON
FirstName	STACY
MiddleName	ANN
Suffix	MD
Prefix	DR
Address	
AddressLine1	2400 THIRD AVENUE SO
AddressLine2	STE 400

City	MINNEAPOLIS
State	MN
ZipCode	55404
CommunicationNumbers	
Communication	
Number	6128703000
Qualifier	TE

Advair inhaler | Dispensed drug 46

MedicationDispensed	
DrugDescription	ADVAIR HPA 115/21 60 ACTUAT
DrugCoded	
ProductCode	00173071661
ProductCodeQualifier	ND
DrugDBCode	896243
DrugDBCodeQualifier	SBD
Quantity	
Value	2
CodeListQualifier	87
UnitSourceCode	AC
PotencyUnitCode	C62275
Directions	TAKE TWO PUFFS TWICE DAILY
WrittenDate	
Date	2011-03-15
LastFillDate	
Date	2011-03-15
Pharmacy	
Identification	
NCPDPID	NCPDP01
NPI	NPI1011001
StoreName	WALKER PHARMACY
Address	
AddressLine1	1750 HENNEPIN AVE
City	MINNEAPOLIS
State	MN
ZipCode	55403
Prescriber	
Identification	
NPI	NPI3333333
ClinicName	MINNEAPOLIS CLINIC
Name	
LastName	BAKER
FirstName	CHET
Suffix	MD
Prefix	DR
Address	
AddressLine1	2400 THIRD AVENUE SO
AddressLine2	STE 400
City	MINNEAPOLIS
State	MN
ZipCode	55404
CommunicationNumbers	
Communication	
Number	6128703000
Qualifier	TE

Scenario: 3: New Prescription - Vasotec 5 mg tablet | Resident w/supervisor | Hospital discharge | John Doe

Header

To	NCPDP01
From	NPI4444444
MessageID	101106

SentTime	2011-03-29T16:25:02
Security	
Sender	
SecondaryIdentification	PASSWORD
TertiaryIdentification	3RYIDENTIFIER
Receiver [Tag included without value]	
PrescriberOrderNumber	ORDSPG1001
<i>Body</i>	
NewRx	
Pharmacy	
Identification	
NCPDPID	NCPDP01
NPI	NPI1011001
StoreName	WALKER PHARMACY
Address	
AddressLine1	1750 HENNEPIN AVE
City	MINNEAPOLIS
State	MN
ZipCode	55403
CommunicationNumbers	
Communication	
Number	6123757600
Qualifier	TE
Communication	
Number	6123757633
Qualifier	FX
Prescriber	
Identification	
NPI	NPI4444444
DEANumber	DEA252525-JEM444
ClinicName	ST PAUL GENERAL HOSPITAL
Name	
LastName	GRIFFITHS
FirstName	JEMMA
Suffix	MD
Prefix	DR
Address	
AddressLine1	50 W KELLOGG BLVD
City	ST PAUL
State	MN
ZipCode	55102
CommunicationNumbers	
Communication	
Number	6512661026
Qualifier	TE
PrescriberAgent	
LastName	CHERRY
FirstName	DON
Suffix	RN
Supervisor	
Identification	
NPI	NPI5435435
Name	
LastName	BLACKWELL
FirstName	ED
Prefix	DR
ClinicName	ST PAUL GENERAL HOSPITAL
Address	
AddressLine1	50 W KELLOGG BLVD
City	ST PAUL
State	MN
ZipCode	55102

CommunicationNumbers		
Communication		
Number		6512661026
Qualifier		TE
Patient		
DateOfBirth		
Date		1935-11-07
Name		
LastName		DOE
FirstName		JOHN
Gender		M
Address		
AddressLine1		518 SECOND ST SE
City		MINNEAPOLIS
State		MN
ZipCode		55414
CommunicationNumbers		
Communication		
Number		6126239176
Qualifier		TE
MedicationPrescribed		
DrugDescription		VASOTEC 5 MG TABLET
DrugCoded		
ProductCode		00247057830
ProductCodeQualifier		ND
Strength		5
DrugDBCode		858815
DrugDBCodeQualifier		SBD
FormSourceCode		AA
FormCode		C42998
StrengthSourceCode		AB
StrengthCode		C28253
Quantity		
Value		60
CodeListQualifier		38
UnitSourceCode		AC
PotencyUnitCode		C48542
DaysSupply		30
Directions		TAKE ONE TABLET TWICE DAILY
Refills		
Qualifier		R
Value		3
WrittenDate		
Date		2011-03-29

Scenario: 3: New Prescription - Lopressor 50 mg tab | Resident w/supervisor | Hospital discharge | John Doe

Header

To	NCPDP01
From	NPI44444444
MessageID	101107
SentTime	2011-03-29T16:27:32
Security	
Sender	
SecondaryIdentification	PASSWORD
TertiaryIdentification	3RYIDENTIFIER
Receiver [Tag included without value]	
PrescriberOrderNumber	ORDSPG1002

Body

NewRx	
Pharmacy	
Identification	

NCPDPID	NCPDP01
NPI	NPI1011001
StoreName	WALKER PHARMACY
Address	
AddressLine1	1750 HENNEPIN AVE
City	MINNEAPOLIS
State	MN
ZipCode	55403
CommunicationNumbers	
Communication	
Number	6123757600
Qualifier	TE
Communication	
Number	6123757633
Qualifier	FX
Prescriber	
Identification	
NPI	NPI4444444
DEANumber	DEA252525-JEM444
ClinicName	ST PAUL GENERAL HOSPITAL
Name	
LastName	GRIFFITHS
FirstName	JEMMA
Suffix	MD
Prefix	DR
Address	
AddressLine1	50 W KELLOGG BLVD
City	ST PAUL
State	MN
ZipCode	55102
CommunicationNumbers	
Communication	
Number	6512661026
Qualifier	TE
PrescriberAgent	
LastName	CHERRY
FirstName	DON
Suffix	RN
Supervisor	
Identification	
NPI	NPI5435435
Name	
LastName	BLACKWELL
FirstName	ED
Prefix	DR
ClinicName	ST PAUL GENERAL HOSPITAL
Address	
AddressLine1	50 W KELLOGG BLVD
City	ST PAUL
State	MN
ZipCode	55102
CommunicationNumbers	
Communication	
Number	6512661026
Qualifier	TE
Patient	
DateOfBirth	
Date	1935-11-07
Name	
LastName	DOE
FirstName	JOHN
Gender	M

Address	
AddressLine1	518 SECOND ST SE
City	MINNEAPOLIS
State	MN
ZipCode	55414
CommunicationNumbers	
Communication	
Number	6126239176
Qualifier	TE
MedicationPrescribed	
DrugDescription	LOPRESSOR 50 MG TABLET
DrugCoded	
ProductCode	17022014924
ProductCodeQualifier	ND
Strength	50
DrugDBCode	866516
DrugDBCodeQualifier	SBD
FormSourceCode	AA
FormCode	C42998
StrengthSourceCode	AB
StrengthCode	C28253
Quantity	
Value	60
CodeListQualifier	38
UnitSourceCode	AC
PotencyUnitCode	C48542
DaysSupply	30
Directions	TAKE ONE TABLET TWICE DAILY
Refills	
Qualifier	R
Value	0
WrittenDate	
Date	2011-03-29

Scenario: 3: New Prescription - Crestor 10 mg tab | Resident w/supervisor | Hospital discharge | John Doe

Header

To	NCPDP01
From	NPI44444444
MessageID	101108
SentTime	2011-03-29T16:28:49
Security	
Sender	
SecondaryIdentification	PASSWORD
TertiaryIdentification	3RYIDENTIFIER
Receiver [Tag included without value]	
PrescriberOrderNumber	ORDSPG1003

Body

NewRx	
Pharmacy	
Identification	
NCPDPID	NCPDP01
NPI	NPI1011001
StoreName	WALKER PHARMACY
Address	
AddressLine1	1750 HENNEPIN AVE
City	MINNEAPOLIS
State	MN
ZipCode	55403
CommunicationNumbers	
Communication	
Number	6123757600

Qualifier	TE
Communication	
Number	6123757633
Qualifier	FX
Prescriber	
Identification	
NPI	NPI4444444
DEANumber	DEA252525-JEM444
ClinicName	ST PAUL GENERAL HOSPITAL
Name	
LastName	GRIFFITHS
FirstName	JEMMA
Suffix	MD
Prefix	DR
Address	
AddressLine1	50 W KELLOGG BLVD
City	ST PAUL
State	MN
ZipCode	55102
CommunicationNumbers	
Communication	
Number	6512661026
Qualifier	TE
PrescriberAgent	
LastName	CHERRY
FirstName	DON
Suffix	RN
Supervisor	
Identification	
NPI	NPI5435435
Name	
LastName	BLACKWELL
FirstName	ED
Prefix	DR
ClinicName	ST PAUL GENERAL HOSPITAL
Address	
AddressLine1	50 W KELLOGG BLVD
City	ST PAUL
State	MN
ZipCode	55102
CommunicationNumbers	
Communication	
Number	6512661026
Qualifier	TE
Patient	
DateOfBirth	
Date	1935-11-07
Name	
LastName	DOE
FirstName	JOHN
Gender	M
Address	
AddressLine1	518 SECOND ST SE
City	MINNEAPOLIS
State	MN
ZipCode	55414
CommunicationNumbers	
Communication	
Number	6126239176
Qualifier	TE
MedicationPrescribed	
DrugDescription	CRESTOR 10 MG TABLET

DrugCoded	
ProductCode	49999087390
ProductCodeQualifier	ND
Strength	10
DrugDBCode	859749
DrugDBCodeQualifier	SBD
FormSourceCode	AA
FormCode	C42998
StrengthSourceCode	AB
StrengthCode	C28253
Quantity	
Value	60
CodeListQualifier	87
UnitSourceCode	AC
PotencyUnitCode	C48542
DaysSupply	30
Directions	TAKE ONE TABLET TWICE DAILY
Refills	
Qualifier	R
Value	3
WrittenDate	
Date	2011-03-29

Scenario: 4: Refill Request - Lopressor 50 mg tab | Approved | Ambulatory | John Doe

Header

To	NPI7771234
From	NCPDP01
MessageID	108001
SentTime	2011-04-27T14:30:20
Security	
Sender	
SecondaryIdentification	PASSWORD
TertiaryIdentification	3RYIDENTIFIER
Receiver [Tag included without value]	
RxReferenceNumber	PHARMSPG1002
PrescriberOrderNumber	ORDSPG1002

Body

RefillRequest	
Pharmacy	
Identification	
NCPDPID	NCPDP01
NPI	NPI1011001
StoreName	WALKER PHARMACY
Address	
AddressLine1	1750 HENNEPIN AVE
City	MINNEAPOLIS
State	MN
ZipCode	55403
CommunicationNumbers	
Communication	
Number	6123757600
Qualifier	TE
Communication	
Number	6123757633
Qualifier	FX
Prescriber	
Identification	
NPI	NPI7771234
DEANumber	DEA777123
ClinicName	MINNEAPOLIS CLINIC
Name	

LastName	FEIST
FirstName	LESLIE
Suffix	MD
Address	
AddressLine1	2400 THIRD AVENUE SO
AddressLine2	STE 400
City	MINNEAPOLIS
State	MN
ZipCode	55404
CommunicationNumbers	
Communication	
Number	6128703000
Qualifier	TE
Patient	
DateOfBirth	
Date	1935-11-07
Name	
LastName	DOE
FirstName	JOHN
Gender	M
Address	
AddressLine1	518 SECOND ST SE
City	MINNEAPOLIS
State	MN
ZipCode	55414
CommunicationNumbers	
Communication	
Number	6126239176
Qualifier	TE
MedicationPrescribed	
DrugDescription	LOPRESSOR 50 MG TABLET
DrugCoded	
ProductCode	17022014924
ProductCodeQualifier	ND
Strength	50
DrugDBCode	866516
DrugDBCodeQualifier	SBD
FormSourceCode	AA
FormCode	C42998
StrengthSourceCode	AB
StrengthCode	C28253
Quantity	
Value	60
CodeListQualifier	38
UnitSourceCode	AC
PotencyUnitCode	C48542
DaysSupply	30
Directions	TAKE ONE TABLET TWICE DAILY
Refills	
Qualifier	P
Value	2
WrittenDate	
Date	2011-03-29
MedicationDispensed	
DrugDescription	LOPRESSOR 50 MG TABLET
DrugCoded	
ProductCode	17022014924
ProductCodeQualifier	ND
Strength	50
DrugDBCode	866516
DrugDBCodeQualifier	SBD
FormSourceCode	AA

FormCode	C42998
StrengthSourceCode	AB
StrengthCode	C28253
Quantity	
Value	60
CodeListQualifier	87
UnitSourceCode	AC
PotencyUnitCode	C48542
Directions	TAKE ONE TABLET TWICE DAILY
Refills	
Qualifier	P
Value	3
LastFillDate	
Date	2011-03-29

Scenario: 4: Refill Response - Lopressor 50 mg tab | Approved response | Ambulatory | John Doe

Header

To	NCPDP01
From	NPI7771234
MessageID	1007
RelatesToMessageID	108001
SentTime	2011-04-27T15:20:10
Security	
Sender	
SecondaryIdentification	PASSWORD
TertiaryIdentification	3RYIDENTIFIER
Receiver [Tag included without value]	
RxReferenceNumber	PHARMSPG1002
PrescriberOrderNumber	ORD00100101

Body

RefillResponse	
Response	
Approved [Tag included without value]	
Pharmacy	
Identification	
NCPDPID	NCPDP01
NPI	NPI1011001
StoreName	WALKER PHARMACY
Address	
AddressLine1	1750 HENNEPIN AVE
City	MINNEAPOLIS
State	MN
ZipCode	55403
CommunicationNumbers	
Communication	
Number	6123757600
Qualifier	TE
Communication	
Number	6123757633
Qualifier	FX
Prescriber	
Identification	
NPI	NPI7771234
DEANumber	DEA777123
ClinicName	MINNEAPOLIS CLINIC
Name	
LastName	FEIST
FirstName	LESLIE
Suffix	MD
Address	
AddressLine1	2400 THIRD AVENUE SO

AddressLine2	STE 400
City	MINNEAPOLIS
State	MN
ZipCode	55404
CommunicationNumbers	
Communication	
Number	6128703000
Qualifier	TE
Patient	
DateOfBirth	
Date	1935-11-07
Name	
LastName	DOE
FirstName	JOHN
Gender	M
Address	
AddressLine1	518 SECOND ST SE
City	MINNEAPOLIS
State	MN
ZipCode	55414
CommunicationNumbers	
Communication	
Number	6126239176
Qualifier	TE
MedicationPrescribed	
DrugDescription	LOPRESSOR 50 MG TABLET
DrugCoded	
ProductCode	17022014924
ProductCodeQualifier	ND
Strength	50
DrugDBCode	866516
DrugDBCodeQualifier	SBD
FormSourceCode	AA
FormCode	C42998
StrengthSourceCode	AB
StrengthCode	C28253
Quantity	
Value	60
CodeListQualifier	87
UnitSourceCode	AC
PotencyUnitCode	C48542
DaysSupply	30
Directions	TAKE ONE TABLET TWICE DAILY
Refills	
Qualifier	A
Value	3
WrittenDate	
Date	2011-04-27

Scenario: 4: Refill Request - Advair inhaler | Denied | Ambulatory | John Doe

Header

To	NPI8888999
From	NCPDP01
MessageID	108002
SentTime	2011-04-27T14:31:10
Security	
Sender	
SecondaryIdentification	PASSWORD
TertiaryIdentification	3RYIDENTIFIER
Receiver [Tag included without value]	
RxReferenceNumber	PHARM0000099

PrescriberOrderNumber	ORD0000099
<i>Body</i>	
RefillRequest	
Pharmacy	
Identification	
NCPDPID	NCPDP01
NPI	NPI1011001
StoreName	WALKER PHARMACY
Address	
AddressLine1	1750 HENNEPIN AVE
City	MINNEAPOLIS
State	MN
ZipCode	55403
CommunicationNumbers	
Communication	
Number	6123757600
Qualifier	TE
Communication	
Number	6123757633
Qualifier	FX
Prescriber	
Identification	
NPI	NPI8888999
DEANumber	DEA888899
ClinicName	MINNEAPOLIS CLINIC
Name	
LastName	FERGUSON
FirstName	STACY
MiddleName	ANN
Suffix	MD
Prefix	DR
Address	
AddressLine1	2400 THIRD AVENUE SO
AddressLine2	STE 400
City	MINNEAPOLIS
State	MN
ZipCode	55404
CommunicationNumbers	
Communication	
Number	6128703000
Qualifier	TE
Patient	
DateOfBirth	
Date	1935-11-07
Name	
LastName	DOE
FirstName	JOHN
Gender	M
Address	
AddressLine1	518 SECOND ST SE
City	MINNEAPOLIS
State	MN
ZipCode	55414
CommunicationNumbers	
Communication	
Number	6126239176
Qualifier	TE
MedicationPrescribed	
DrugDescription	ADVAIR HPA 115/21 60 ACTUAT
DrugCoded	
ProductCode	00173071661
ProductCodeQualifier	ND

Strength	0.115
DrugDBCode	896243
DrugDBCodeQualifier	SBD
FormSourceCode	AA
FormCode	C91148
StrengthSourceCode	AB
StrengthCode	C28253
Quantity	
Value	2
CodeListQualifier	38
UnitSourceCode	AC
PotencyUnitCode	C62275
DaysSupply	30
Directions	TAKE TWO PUFFS TWICE DAILY
Refills	
Qualifier	P
Value	3
WrittenDate	
Date	2011-03-15
MedicationDispensed	
DrugDescription	ADVAIR HPA 115/21 60 ACTUAT
DrugCoded	
ProductCode	00173071661
ProductCodeQualifier	ND
Strength	0.115
DrugDBCode	896243
DrugDBCodeQualifier	SBD
FormSourceCode	AA
FormCode	C91148
StrengthSourceCode	AB
StrengthCode	C28253
Quantity	
Value	2
CodeListQualifier	38
UnitSourceCode	AC
PotencyUnitCode	C62275
DaysSupply	30
Directions	TAKE TWO PUFFS TWICE DAILY
Refills	
Qualifier	P
Value	3
LastFillDate	
Date	2011-03-15

Scenario: 4: Refill Response - Advair inhaler | Denied response | Ambulatory | John Doe

Header

To	NCPDP01
From	NPI8888999
MessageID	1008
RelatesToMessageID	108002
SentTime	2011-04-27T15:20:10
Security	
Sender	
SecondaryIdentification	PASSWORD
TertiaryIdentification	3RYIDENTIFIER
Receiver [Tag included without value]	
RxReferenceNumber	PHARM0000099
PrescriberOrderNumber	ORD0000099

Body

RefillResponse
Response

Denied		
DenialReasonCode		AM
DenialReason		PATIENT VISIT NEEDED
Pharmacy		
Identification		
NCPDPID		NCPDP01
NPI		NPI1011001
StoreName		WALKER PHARMACY
Address		
AddressLine1		1750 HENNEPIN AVE
City		MINNEAPOLIS
State		MN
ZipCode		55403
CommunicationNumbers		
Communication		
Number		6123757600
Qualifier		TE
Communication		
Number		6123757633
Qualifier		FX
Prescriber		
Identification		
NPI		NPI8888999
DEANumber		DEA888899
ClinicName		MINNEAPOLIS CLINIC
Name		
LastName		FERGUSON
FirstName		STACY
MiddleName		ANN
Suffix		MD
Prefix		DR
Address		
AddressLine1		2400 THIRD AVENUE SO
AddressLine2		STE 400
City		MINNEAPOLIS
State		MN
ZipCode		55404
CommunicationNumbers		
Communication		
Number		6128703000
Qualifier		TE
Patient		
DateOfBirth		
Date		1935-11-07
Name		
LastName		DOE
FirstName		JOHN
Gender		M
Address		
AddressLine1		518 SECOND ST SE
City		MINNEAPOLIS
State		MN
ZipCode		55414
CommunicationNumbers		
Communication		
Number		6126239176
Qualifier		TE
MedicationPrescribed		
DrugDescription		ADVAIR HPA 115/21 60 ACTUAT
DrugCoded		
ProductCode		00173071661
ProductCodeQualifier		ND

Strength	0.115
DrugDBCode	896243
DrugDBCodeQualifier	SBD
FormSourceCode	AA
FormCode	C91148
StrengthSourceCode	AB
StrengthCode	C28253
Quantity	
Value	0
CodeListQualifier	38
UnitSourceCode	AC
PotencyUnitCode	C62275
Directions	TAKE TWO PUFFS TWICE DAILY
Refills	
Qualifier	A
Value	0
WrittenDate	
Date	2011-04-27

Scenario: 5: Refill Request - Advair inhaler | Approved | Ambulatory | John Doe

Header

To	NPI3333333
From	NCPDP01
MessageID	108003
SentTime	2011-04-27T16:35:10
Security	
Sender	
SecondaryIdentification	PASSWORD
TertiaryIdentification	3RYIDENTIFIER
Receiver [Tag included without value]	
RxReferenceNumber	PHARM0000099
PrescriberOrderNumber	ORD0000099

Body

RefillRequest	
Pharmacy	
Identification	
NCPDPID	NCPDP01
NPI	NPI1011001
StoreName	WALKER PHARMACY
Address	
AddressLine1	1750 HENNEPIN AVE
City	MINNEAPOLIS
State	MN
ZipCode	55403
CommunicationNumbers	
Communication	
Number	6123757600
Qualifier	TE
Communication	
Number	6123757633
Qualifier	FX
Prescriber	
Identification	
NPI	NPI3333333
DEANumber	DEA333333
StateLicenseNumber	LIC33333
ClinicName	MINNEAPOLIS CLINIC
Name	
LastName	BAKER
FirstName	CHET
Suffix	MD

Prefix	DR
Address	
AddressLine1	2400 THIRD AVENUE SO
AddressLine2	STE 400
City	MINNEAPOLIS
State	MN
ZipCode	55404
CommunicationNumbers	
Communication	
Number	6128703000
Qualifier	TE
Patient	
DateOfBirth	
Date	1935-11-07
Name	
LastName	DOE
FirstName	JOHN
Gender	M
Address	
AddressLine1	518 SECOND ST SE
City	MINNEAPOLIS
State	MN
ZipCode	55414
CommunicationNumbers	
Communication	
Number	6126239176
Qualifier	TE
MedicationPrescribed	
DrugDescription	ADVAIR HPA 115/21 60 ACTUAT
DrugCoded	
ProductCode	00173071661
ProductCodeQualifier	ND
Strength	0.115
DrugDBCode	896243
DrugDBCodeQualifier	SBD
FormSourceCode	AA
FormCode	C91148
StrengthSourceCode	AB
StrengthCode	C28253
Quantity	
Value	2
CodeListQualifier	38
UnitSourceCode	AC
PotencyUnitCode	C62275
DaysSupply	30
Directions	TAKE TWO PUFFS TWICE DAILY
Refills	
Qualifier	P
Value	3
WrittenDate	
Date	2011-03-15
MedicationDispensed	
DrugDescription	ADVAIR HPA 115/21 60 ACTUAT
DrugCoded	
ProductCode	00173071661
ProductCodeQualifier	ND
Strength	0.115
DrugDBCode	896243
DrugDBCodeQualifier	SBD
FormSourceCode	AA
FormCode	C91148
StrengthSourceCode	AB

StrengthCode	C28253
Quantity	
Value	2
CodeListQualifier	38
UnitSourceCode	AC
PotencyUnitCode	C62275
DaysSupply	30
Directions	TAKE TWO PUFFS TWICE DAILY
Refills	
Qualifier	P
Value	3
LastFillDate	
Date	2011-03-15

Scenario: 5: Refill Response - Advair inhaler | Approved response | Ambulatory | John Doe

Header

To	NCPDP01
From	NPI3333333
MessageID	1007
RelatesToMessageID	108003
SentTime	2011-04-27T17:05:14
Security	
Sender	
SecondaryIdentification	PASSWORD
TertiaryIdentification	3RYIDENTIFIER
Receiver [Tag included without value]	
RxReferenceNumber	PHARM0000099
PrescriberOrderNumber	ORD00100102

Body

RefillResponse	
Response	
Approved [Tag included without value]	
Pharmacy	
Identification	
NCPDPID	NCPDP01
NPI	NPI1011001
StoreName	WALKER PHARMACY
Address	
AddressLine1	1750 HENNEPIN AVE
City	MINNEAPOLIS
State	MN
ZipCode	55403
CommunicationNumbers	
Communication	
Number	6123757600
Qualifier	TE
Communication	
Number	6123757633
Qualifier	FX
Prescriber	
Identification	
NPI	NPI3333333
DEANumber	DEA3333333
StateLicenseNumber	LIC33333
ClinicName	MINNEAPOLIS CLINIC
Name	
LastName	BAKER
FirstName	CHET
Suffix	MD
Prefix	DR
Address	

AddressLine1	2400 THIRD AVENUE SO
AddressLine2	STE 400
City	MINNEAPOLIS
State	MN
ZipCode	55404
CommunicationNumbers	
Communication	
Number	6128703000
Qualifier	TE
Patient	
DateOfBirth	
Date	1935-11-07
Name	
LastName	DOE
FirstName	JOHN
Gender	M
Address	
AddressLine1	518 SECOND ST SE
City	MINNEAPOLIS
State	MN
ZipCode	55414
CommunicationNumbers	
Communication	
Number	6126239176
Qualifier	TE
MedicationPrescribed	
DrugDescription	ADVAIR HPA 115/21 60 ACTUAT
DrugCoded	
ProductCode	00173071661
ProductCodeQualifier	ND
Strength	0.115
DrugDBCode	896243
DrugDBCodeQualifier	SBD
FormSourceCode	AA
FormCode	C91148
StrengthSourceCode	AB
StrengthCode	C28253
Quantity	
Value	2
CodeListQualifier	38
UnitSourceCode	AC
PotencyUnitCode	C62275
DaysSupply	30
Directions	TAKE TWO PUFFS TWICE DAILY
Refills	
Qualifier	A
Value	3
WrittenDate	
Date	2011-04-27

Scenario: 6: Medication History - Request | 2 medications found | Emergency Dept | Jane Doe

Header

To	PAYER300
From	NPI2020202
MessageID	3001
SentTime	2011-03-22T22:01:20
Security	
Sender	
SecondaryIdentification	PASSWORD
TertiaryIdentification	3RYIDENTIFIER
Receiver [Tag included without value]	

Body

RxHistoryRequest
Prescriber
Identification
NPI NPI2020202
DEANumber DEA202020-BC202
ClinicName CORCORAN HOSPITAL EMERGENCY DEPT
Name
LastName CAMPBELL
FirstName BEK
MiddleName DAVID
Address
AddressLine1 500 SEVENTEENTH ST NW
City WASHINGTON
State DC
ZipCode 20006
CommunicationNumbers
Communication
Number 2026391800
Qualifier TE
Communication
Number 2026391800
Qualifier FX
Patient
PatientRelationship 1
Name
LastName DOE
FirstName JANE
Gender F
DateOfBirth
Date 1985-11-30
Address
AddressLine1 2401 FOXHALL RD NW
City WASHINGTON
State DC
ZipCode 20007
CommunicationNumbers
Communication
Number 2023373051
Qualifier TE
BenefitsCoordination
PayerIdentification
PayerID PAYER300
PayerName PHARMA BENEFITS
CardholderID 100-19681102
ResponsibleParty
LastName DOE
FirstName JANE
EffectiveDate
Date 2010-03-22
ExpirationDate
Date 2011-03-22
Consent Y

Scenario: 6: Medication History - Response | 2 medications found | Emergency Dept | Jane Doe

Header

To NPI2020202
From PAYER300
MessageID 400401
RelatesToMessageID 3001
SentTime 2011-03-22T22:01:23

Security

Sender
SecondaryIdentification PASSWORD
TertiaryIdentification 3RYIDENTIFIER
Receiver [Tag included without value]

Body

RxHistoryResponse

Response
Approved [Tag included without value]

Prescriber

Identification
NPI NPI2020202
DEANumber DEA202020-BC202
ClinicName CORCORAN HOSPITAL EMERGENCY DEPT
Name
LastName CAMPBELL
FirstName BEK
MiddleName DAVID
Address
AddressLine1 500 SEVENTEENTH ST NW
City WASHINGTON
State DC
ZipCode 20006
CommunicationNumbers
Communication
Number 2026391800
Qualifier TE
Communication
Number 2026391800
Qualifier FX

Patient

PatientRelationship 1
Name
LastName DOE
FirstName JANE
Gender F
DateOfBirth
Date 1985-11-30
Address
AddressLine1 2401 FOXHALL RD NW
City WASHINGTON
State DC
ZipCode 20007
CommunicationNumbers
Communication
Number 2023373051
Qualifier TE

BenefitsCoordination

PayerIdentification
PayerID PAYER300
PayerName PHARMA BENEFITS
CardholderID 100-19681102
ResponsibleParty
LastName DOE
FirstName JANE
EffectiveDate
Date 2010-03-22
ExpirationDate
Date 2011-03-22

Triphasil-21 | Dispensed drug 1
MedicationDispensed

DrugDescription	TRIPHASIL-21
DrugCoded	
ProductCode	00008253505
ProductCodeQualifier	ND
DrugDBCode	748867
DrugDBCodeQualifier	BPK
Quantity	
Value	1
CodeListQualifier	87
UnitSourceCode	AC
PotencyUnitCode	C48520
Directions	TAKE ONE TABLET DAILY AS DIRECTED FOR 3 WEEKS. DISCONTINUE FOR 1 WEEK. REPEAT
WrittenDate	
Date	2010-04-01
LastFillDate	
Date	2010-04-01
Pharmacy	
Identification	
NCPDPID	NCPDP03
StoreName	PHILLIPS PHARMACY
Address	
AddressLine1	1600 21ST ST NW
City	WASHINGTON
State	DC
ZipCode	20009
Prescriber	
Identification	
NPI	NPI8888888
ClinicName	CORCORAN CLINIC
Name	
LastName	HEWSON
FirstName	PAUL
MiddleName	DAVID
Suffix	MD
Prefix	DR
Address	
AddressLine1	500 SEVENTEENTH ST NW
City	WASHINGTON
State	DC
ZipCode	20006
CommunicationNumbers	
Communication	
Number	2026391800
Qualifier	TE

Triphasil-21 | Dispensed drug 2

MedicationDispensed	
DrugDescription	TRIPHASIL-21
DrugCoded	
ProductCode	00008253505
ProductCodeQualifier	ND
DrugDBCode	748867
DrugDBCodeQualifier	BPK
Quantity	
Value	1
CodeListQualifier	87
UnitSourceCode	AC
PotencyUnitCode	C48520
Directions	TAKE ONE TABLET DAILY AS DIRECTED FOR 3 WEEKS. DISCONTINUE FOR 1 WEEK. REPEAT
WrittenDate	

Date	2010-04-01
LastFillDate	
Date	2010-05-01
Pharmacy	
Identification	
NCPDPID	NCPDP03
StoreName	PHILLIPS PHARMACY
Address	
AddressLine1	1600 21ST ST NW
City	WASHINGTON
State	DC
ZipCode	20009
Prescriber	
Identification	
NPI	NPI8888888
ClinicName	CORCORAN CLINIC
Name	
LastName	HEWSON
FirstName	PAUL
MiddleName	DAVID
Suffix	MD
Prefix	DR
Address	
AddressLine1	500 SEVENTEENTH ST NW
City	WASHINGTON
State	DC
ZipCode	20006
CommunicationNumbers	
Communication	
Number	2026391800
Qualifier	TE

Triphasil-21 | Dispensed drug 3

MedicationDispensed	
DrugDescription	TRIPHASIL-21
DrugCoded	
ProductCode	00008253505
ProductCodeQualifier	ND
DrugDBCode	748867
DrugDBCodeQualifier	BPK
Quantity	
Value	1
CodeListQualifier	87
UnitSourceCode	AC
PotencyUnitCode	C48520
Directions	TAKE ONE TABLET DAILY AS DIRECTED FOR 3 WEEKS. DISCONTINUE FOR 1 WEEK. REPEAT
WrittenDate	
Date	2010-04-01
LastFillDate	
Date	2010-06-02
Pharmacy	
Identification	
NCPDPID	NCPDP03
StoreName	PHILLIPS PHARMACY
Address	
AddressLine1	1600 21ST ST NW
City	WASHINGTON
State	DC
ZipCode	20009
Prescriber	
Identification	

NPI	NPI8888888
ClinicName	CORCORAN CLINIC
Name	
LastName	HEWSON
FirstName	PAUL
MiddleName	DAVID
Suffix	MD
Prefix	DR
Address	
AddressLine1	500 SEVENTEENTH ST NW
City	WASHINGTON
State	DC
ZipCode	20006
CommunicationNumbers	
Communication	
Number	2026391800
Qualifier	TE

Triphasil-21 | Dispensed drug 4

MedicationDispensed	
DrugDescription	TRIPHASIL-21
DrugCoded	
ProductCode	00008253505
ProductCodeQualifier	ND
DrugDBCode	748867
DrugDBCodeQualifier	BPK
Quantity	
Value	1
CodeListQualifier	87
UnitSourceCode	AC
PotencyUnitCode	C48520
Directions	TAKE ONE TABLET DAILY AS DIRECTED FOR 3 WEEKS. DISCONTINUE FOR 1 WEEK. REPEAT
WrittenDate	
Date	2010-04-01
LastFillDate	
Date	2010-06-30
Pharmacy	
Identification	
NCPDPID	NCPDP03
StoreName	PHILLIPS PHARMACY
Address	
AddressLine1	1600 21ST ST NW
City	WASHINGTON
State	DC
ZipCode	20009
Prescriber	
Identification	
NPI	NPI8888888
ClinicName	CORCORAN CLINIC
Name	
LastName	HEWSON
FirstName	PAUL
MiddleName	DAVID
Suffix	MD
Prefix	DR
Address	
AddressLine1	500 SEVENTEENTH ST NW
City	WASHINGTON
State	DC
ZipCode	20006
CommunicationNumbers	

Communication
Number 2026391800
Qualifier TE

Triphasil-21 | Dispensed drug 5

MedicationDispensed
DrugDescription TRIPHASIL-21
DrugCoded
ProductCode 00008253505
ProductCodeQualifier ND
DrugDBCode 748867
DrugDBCodeQualifier BPK
Quantity
Value 1
CodeListQualifier 87
UnitSourceCode AC
PotencyUnitCode C48520
Directions TAKE ONE TABLET DAILY AS DIRECTED FOR 3 WEEKS.
DISCONTINUE FOR 1 WEEK. REPEAT
WrittenDate
Date 2010-04-01
LastFillDate
Date 2010-08-01
Pharmacy
Identification
NCPDPID NCPDP03
StoreName PHILLIPS PHARMACY
Address
AddressLine1 1600 21ST ST NW
City WASHINGTON
State DC
ZipCode 20009
Prescriber
Identification
NPI NPI8888888
ClinicName CORCORAN CLINIC
Name
LastName HEWSON
FirstName PAUL
MiddleName DAVID
Suffix MD
Prefix DR
Address
AddressLine1 500 SEVENTEENTH ST NW
City WASHINGTON
State DC
ZipCode 20006
CommunicationNumbers
Communication
Number 2026391800
Qualifier TE

Triphasil-21 | Dispensed drug 6

MedicationDispensed
DrugDescription TRIPHASIL-21
DrugCoded
ProductCode 00008253505
ProductCodeQualifier ND
DrugDBCode 748867
DrugDBCodeQualifier BPK
Quantity
Value 1

CodeListQualifier	87
UnitSourceCode	AC
PotencyUnitCode	C48520
Directions	TAKE ONE TABLET DAILY AS DIRECTED FOR 3 WEEKS. DISCONTINUE FOR 1 WEEK. REPEAT
WrittenDate	
Date	2010-04-01
LastFillDate	
Date	2010-09-02
Pharmacy	
Identification	
NCPDPID	NCPDP03
StoreName	PHILLIPS PHARMACY
Address	
AddressLine1	1600 21ST ST NW
City	WASHINGTON
State	DC
ZipCode	20009
Prescriber	
Identification	
NPI	NPI8888888
ClinicName	CORCORAN CLINIC
Name	
LastName	HEWSON
FirstName	PAUL
MiddleName	DAVID
Suffix	MD
Prefix	DR
Address	
AddressLine1	500 SEVENTEENTH ST NW
City	WASHINGTON
State	DC
ZipCode	20006
CommunicationNumbers	
Communication	
Number	2026391800
Qualifier	TE

Triphasil-21 | Dispensed drug 7

MedicationDispensed	
DrugDescription	TRIPHASIL-21
DrugCoded	
ProductCode	00008253505
ProductCodeQualifier	ND
DrugDBCode	748867
DrugDBCodeQualifier	BPK
Quantity	
Value	1
CodeListQualifier	87
UnitSourceCode	AC
PotencyUnitCode	C48520
Directions	TAKE ONE TABLET DAILY AS DIRECTED FOR 3 WEEKS. DISCONTINUE FOR 1 WEEK. REPEAT
WrittenDate	
Date	2010-04-01
LastFillDate	
Date	2010-10-01
Pharmacy	
Identification	
NCPDPID	NCPDP03
StoreName	PHILLIPS PHARMACY
Address	

AddressLine1	1600 21ST ST NW
City	WASHINGTON
State	DC
ZipCode	20009
Prescriber	
Identification	
NPI	NPI8888888
ClinicName	CORCORAN CLINIC
Name	
LastName	HEWSON
FirstName	PAUL
MiddleName	DAVID
Suffix	MD
Prefix	DR
Address	
AddressLine1	500 SEVENTEENTH ST NW
City	WASHINGTON
State	DC
ZipCode	20006
CommunicationNumbers	
Communication	
Number	2026391800
Qualifier	TE

Triphasil-21 | Dispensed drug 8

MedicationDispensed	
DrugDescription	TRIPHASIL-21
DrugCoded	
ProductCode	00008253505
ProductCodeQualifier	ND
DrugDBCode	748867
DrugDBCodeQualifier	BPK
Quantity	
Value	1
CodeListQualifier	87
UnitSourceCode	AC
PotencyUnitCode	C48520
Directions	TAKE ONE TABLET DAILY AS DIRECTED FOR 3 WEEKS. DISCONTINUE FOR 1 WEEK. REPEAT
WrittenDate	
Date	2010-04-01
LastFillDate	
Date	2010-11-03
Pharmacy	
Identification	
NCPDPID	NCPDP03
StoreName	PHILLIPS PHARMACY
Address	
AddressLine1	1600 21ST ST NW
City	WASHINGTON
State	DC
ZipCode	20009
Prescriber	
Identification	
NPI	NPI8888888
ClinicName	CORCORAN CLINIC
Name	
LastName	HEWSON
FirstName	PAUL
MiddleName	DAVID
Suffix	MD
Prefix	DR

Address	
AddressLine1	500 SEVENTEENTH ST NW
City	WASHINGTON
State	DC
ZipCode	20006
CommunicationNumbers	
Communication	
Number	2026391800
Qualifier	TE

Triphasil-21 | Dispensed drug 9

MedicationDispensed	
DrugDescription	TRIPHASIL-21
DrugCoded	
ProductCode	00008253505
ProductCodeQualifier	ND
DrugDBCode	748867
DrugDBCodeQualifier	BPK
Quantity	
Value	1
CodeListQualifier	87
UnitSourceCode	AC
PotencyUnitCode	C48520
Directions	TAKE ONE TABLET DAILY AS DIRECTED FOR 3 WEEKS. DISCONTINUE FOR 1 WEEK. REPEAT
WrittenDate	
Date	2010-04-01
LastFillDate	
Date	2010-12-01
Pharmacy	
Identification	
NCPDPID	NCPDP03
StoreName	PHILLIPS PHARMACY
Address	
AddressLine1	1600 21ST ST NW
City	WASHINGTON
State	DC
ZipCode	20009
Prescriber	
Identification	
NPI	NPI8888888
ClinicName	CORCORAN CLINIC
Name	
LastName	HEWSON
FirstName	PAUL
MiddleName	DAVID
Suffix	MD
Prefix	DR
Address	
AddressLine1	500 SEVENTEENTH ST NW
City	WASHINGTON
State	DC
ZipCode	20006
CommunicationNumbers	
Communication	
Number	2026391800
Qualifier	TE

Triphasil-21 | Dispensed drug 10

MedicationDispensed	
DrugDescription	TRIPHASIL-21
DrugCoded	

ProductCode	00008253505
ProductCodeQualifier	ND
DrugDBCode	748867
DrugDBCodeQualifier	BPK
Quantity	
Value	1
CodeListQualifier	87
UnitSourceCode	AC
PotencyUnitCode	C48520
Directions	TAKE ONE TABLET DAILY AS DIRECTED FOR 3 WEEKS. DISCONTINUE FOR 1 WEEK. REPEAT
WrittenDate	
Date	2010-04-01
LastFillDate	
Date	2011-01-02
Pharmacy	
Identification	
NCPDPID	NCPDP03
StoreName	PHILLIPS PHARMACY
Address	
AddressLine1	1600 21ST ST NW
City	WASHINGTON
State	DC
ZipCode	20009
Prescriber	
Identification	
NPI	NPI8888888
ClinicName	CORCORAN CLINIC
Name	
LastName	HEWSON
FirstName	PAUL
MiddleName	DAVID
Suffix	MD
Prefix	DR
Address	
AddressLine1	500 SEVENTEENTH ST NW
City	WASHINGTON
State	DC
ZipCode	20006
CommunicationNumbers	
Communication	
Number	2026391800
Qualifier	TE

Triphasil-21 | Dispensed drug 11

MedicationDispensed	
DrugDescription	TRIPHASIL-21
DrugCoded	
ProductCode	00008253505
ProductCodeQualifier	ND
DrugDBCode	748867
DrugDBCodeQualifier	BPK
Quantity	
Value	1
CodeListQualifier	87
UnitSourceCode	AC
PotencyUnitCode	C48520
Directions	TAKE ONE TABLET DAILY AS DIRECTED FOR 3 WEEKS. DISCONTINUE FOR 1 WEEK. REPEAT
WrittenDate	
Date	2010-04-01
LastFillDate	

Date	2011-02-01
Pharmacy	
Identification	
NCPDPID	NCPDP03
StoreName	PHILLIPS PHARMACY
Address	
AddressLine1	1600 21ST ST NW
City	WASHINGTON
State	DC
ZipCode	20009
Prescriber	
Identification	
NPI	NPI8888888
ClinicName	CORCORAN CLINIC
Name	
LastName	HEWSON
FirstName	PAUL
MiddleName	DAVID
Suffix	MD
Prefix	DR
Address	
AddressLine1	500 SEVENTEENTH ST NW
City	WASHINGTON
State	DC
ZipCode	20006
CommunicationNumbers	
Communication	
Number	2026391800
Qualifier	TE

Triphasil-21 | Dispensed drug 12

MedicationDispensed	
DrugDescription	TRIPHASIL-21
DrugCoded	
ProductCode	00008253505
ProductCodeQualifier	ND
DrugDBCode	748867
DrugDBCodeQualifier	BPK
Quantity	
Value	1
CodeListQualifier	87
UnitSourceCode	AC
PotencyUnitCode	C48520
Directions	TAKE ONE TABLET DAILY AS DIRECTED FOR 3 WEEKS. DISCONTINUE FOR 1 WEEK. REPEAT
WrittenDate	
Date	2010-04-01
LastFillDate	
Date	2011-03-03
Pharmacy	
Identification	
NCPDPID	NCPDP03
StoreName	PHILLIPS PHARMACY
Address	
AddressLine1	1600 21ST ST NW
City	WASHINGTON
State	DC
ZipCode	20009
Prescriber	
Identification	
NPI	NPI8888888
ClinicName	CORCORAN CLINIC

Name		
LastName		HEWSON
FirstName		PAUL
MiddleName		DAVID
Suffix		MD
Prefix		DR
Address		
AddressLine1		500 SEVENTEENTH ST NW
City		WASHINGTON
State		DC
ZipCode		20006
CommunicationNumbers		
Communication		
Number		2026391800
Qualifier		TE

Multigen Plus / Dispensed drug 13

MedicationDispensed		
DrugDescription		MULTIGEN PLUS
DrugCoded		
ProductCode		10267349400
ProductCodeQualifier		ND
DrugDBCode		802748
DrugDBCodeQualifier		SBD
Quantity		
Value		90
CodeListQualifier		87
UnitSourceCode		AC
PotencyUnitCode		C48542
DaysSupply		90
Directions		TAKE ONE TABLET DAILY
WrittenDate		
Date		2010-09-07
LastFillDate		
Date		2010-09-08
Pharmacy		
Identification		
NCPDPID		NCPDP03
StoreName		PHILLIPS PHARMACY
Address		
AddressLine1		1600 21ST ST NW
City		WASHINGTON
State		DC
ZipCode		20009
Prescriber		
Identification		
NPI		NPI8888888
ClinicName		CORCORAN CLINIC
Name		
LastName		HEWSON
FirstName		PAUL
MiddleName		DAVID
Suffix		MD
Prefix		DR
Address		
AddressLine1		500 SEVENTEENTH ST NW
City		WASHINGTON
State		DC
ZipCode		20006
CommunicationNumbers		
Communication		
Number		2026391800

Qualifier TE

Multigen Plus / Dispensed drug 14

MedicationDispensed
DrugDescription MULTIGEN PLUS
DrugCoded
ProductCode 10267349400
ProductCodeQualifier ND
DrugDBCode 802748
DrugDBCodeQualifier SBD
Quantity
Value 90
CodeListQualifier 87
UnitSourceCode AC
PotencyUnitCode C48542
DaysSupply 90
Directions TAKE ONE TABLET DAILY
WrittenDate
Date 2010-09-07
LastFillDate
Date 2010-12-01
Pharmacy
Identification
NCPDPID NCPDP03
StoreName PHILLIPS PHARMACY
Address
AddressLine1 1600 21ST ST NW
City WASHINGTON
State DC
ZipCode 20009
Prescriber
Identification
NPI NPI8888888
ClinicName CORCORAN CLINIC
Name
LastName HEWSON
FirstName PAUL
MiddleName DAVID
Suffix MD
Prefix DR
Address
AddressLine1 500 SEVENTEENTH ST NW
City WASHINGTON
State DC
ZipCode 20006
CommunicationNumbers
Communication
Number 2026391800
Qualifier TE

Multigen Plus / Dispensed drug 15

MedicationDispensed
DrugDescription MULTIGEN PLUS
DrugCoded
ProductCode 10267349400
ProductCodeQualifier ND
DrugDBCode 802748
DrugDBCodeQualifier SBD
Quantity
Value 90
CodeListQualifier 87
UnitSourceCode AC

PotencyUnitCode	C48542
DaysSupply	90
Directions	TAKE ONE TABLET DAILY
WrittenDate	
Date	2010-09-07
LastFillDate	
Date	2011-03-03
Pharmacy	
Identification	
NCPDPID	NCPDP03
StoreName	PHILLIPS PHARMACY
Address	
AddressLine1	1600 21ST ST NW
City	WASHINGTON
State	DC
ZipCode	20009
Prescriber	
Identification	
NPI	NPI8888888
ClinicName	CORCORAN CLINIC
Name	
LastName	HEWSON
FirstName	PAUL
MiddleName	DAVID
Suffix	MD
Prefix	DR
Address	
AddressLine1	500 SEVENTEENTH ST NW
City	WASHINGTON
State	DC
ZipCode	20006
CommunicationNumbers	
Communication	
Number	2026391800
Qualifier	TE

Scenario: 6: New Prescription - Deltasone tapered dose | Structured SIG | Emergency Dept | Jane Doe

Header

To	NCPDP03
From	NPI2020202
MessageID	3002
SentTime	2011-03-22T22:30:20
Security	
Sender	
SecondaryIdentification	PASSWORD
TertiaryIdentification	3RYIDENTIFIER
Receiver [Tag included without value]	
PrescriberOrderNumber	ORD00300101

Body

NewRx	
Pharmacy	
Identification	
NCPDPID	NCPDP03
NPI	NPI3300330
StoreName	PHILLIPS PHARMACY
Address	
AddressLine1	1600 21ST ST NW
City	WASHINGTON
State	DC
ZipCode	20009
CommunicationNumbers	

Communication		
Number		2023872151X238
Qualifier		TE
Communication		
Number		2023872436
Qualifier		FX
Prescriber		
Identification		
NPI		NPI2020202
DEANumber		DEA202020-BC202
ClinicName		CORCORAN HOSPITAL EMERGENCY DEPT
Name		
LastName		CAMPBELL
FirstName		BEK
MiddleName		DAVID
Address		
AddressLine1		500 SEVENTEENTH ST NW
City		WASHINGTON
State		DC
ZipCode		20006
CommunicationNumbers		
Communication		
Number		2026391800
Qualifier		TE
Communication		
Number		2026391800
Qualifier		FX
Supervisor		
Identification		
NPI		NPI4321321
DEANumber		DEA432121
Name		
LastName		LAWRIE
FirstName		MARIE
MiddleName		MCDONALD MCLAUGHLIN
Prefix		MD
ClinicName		CORCORAN HOSPITAL EMERGENCY DEPT
Address		
AddressLine1		500 SEVENTEENTH ST NW
City		WASHINGTON
State		DC
ZipCode		20006
CommunicationNumbers		
Communication		
Number		2026391800
Qualifier		TE
Communication		
Number		2026391800
Qualifier		FX
Patient		
DateOfBirth		
Date		1985-11-30
Name		
LastName		DOE
FirstName		JANE
Gender		F
Address		
AddressLine1		2401 FOXHALL RD NW
City		WASHINGTON
State		DC
ZipCode		20007
CommunicationNumbers		

Communication	
Number	2023373051
Qualifier	TE
MedicationPrescribed	
DrugDescription	DELTASONE 10 MG TABLET
DrugCoded	
ProductCode	66267041230
ProductCodeQualifier	ND
Strength	10
DrugDBCode	206988
DrugDBCodeQualifier	SBD
FormSourceCode	AA
FormCode	C42998
StrengthSourceCode	AB
StrengthCode	C28253
Quantity	
Value	30
CodeListQualifier	38
UnitSourceCode	AC
PotencyUnitCode	C48542
DaysSupply	12
Directions	TAKE 4 TABLETS DAILY FOR 3 DAYS. THEN 3 TABLETS DAILY FOR THREE DAYS. THEN 2 TABLETS DAILY FOR 3 DAYS. THEN 1 TABLET DAILY FOR 3 DAYS - STOP
Refills	
Qualifier	R
Value	0
WrittenDate	
Date	2011-03-22
StructuredSIG	
RepeatingSIG	
SigSequencePositionNumber	1
MultipleSigModifier	THEN
CodeSystem	
SNOMEDVersion	2010_07_31
FMTVersion	2011_04_01
FreeText	
SigFreeTextStringIndicator	2
SigFreeText	TAKE 4 TABLETS DAILY FOR 3 DAYS. THEN 3 TABLETS DAILY FOR THREE DAYS. THEN 2 TABLETS DAILY FOR 3 DAYS. THEN 1 TABLET DAILY FOR 3 DAYS - STOP
Dose	
DoseCompositeIndicator	1
DoseDeliveryMethodText	TAKE
DoseDeliveryMethodCodeQualifier	1
DoseDeliveryMethodCode	419652001
DoseQuantity	4
DoseFormText	TABLET
DoseFormCodeQualifier	2
DoseFormCode	C42998
RouteofAdministration	
RouteofAdministrationText	BY MOUTH
RouteofAdministrationCodeQualifier	1
RouteofAdministrationCode	26643006
Timing	
FrequencyNumericValue	1
FrequencyUnitsText	Day
FrequencyUnitsCodeQualifier	1
FrequencyUnitsCode	258703001
Duration	
DurationNumericValue	3
DurationText	DAY

DurationTextCodeQualifier	1
DurationTextCode	258703001
StructuredSIG	
RepeatingSIG	
SigSequencePositionNumber	2
MultipleSigModifier	THEN
CodeSystem	
SNOMEDVersion	2010_07_31
FMTVersion	2011_04_01
FreeText	
SigFreeTextStringIndicator	2
SigFreeText	TAKE 4 TABLETS DAILY FOR 3 DAYS. THEN 3 TABLETS DAILY FOR THREE DAYS. THEN 2 TABLETS DAILY FOR 3 DAYS. THEN 1 TABLET DAILY FOR 3 DAYS - STOP
Dose	
DoseCompositeIndicator	1
DoseDeliveryMethodText	TAKE
DoseDeliveryMethodCodeQualifier	1
DoseDeliveryMethodCode	419652001
DoseQuantity	3
DoseFormText	TABLET
DoseFormCodeQualifier	2
DoseFormCode	C42998
RouteofAdministration	
RouteofAdministrationText	BY MOUTH
RouteofAdministrationCodeQualifier	1
RouteofAdministrationCode	26643006
Timing	
FrequencyNumericValue	1
FrequencyUnitsText	Day
FrequencyUnitsCodeQualifier	1
FrequencyUnitsCode	258703001
Duration	
DurationNumericValue	3
DurationText	DAY
DurationTextCodeQualifier	1
DurationTextCode	258703001
StructuredSIG	
RepeatingSIG	
SigSequencePositionNumber	3
MultipleSigModifier	THEN
CodeSystem	
SNOMEDVersion	2010_07_31
FMTVersion	2011_04_01
FreeText	
SigFreeTextStringIndicator	2
SigFreeText	TAKE 4 TABLETS DAILY FOR 3 DAYS. THEN 3 TABLETS DAILY FOR THREE DAYS. THEN 2 TABLETS DAILY FOR 3 DAYS. THEN 1 TABLET DAILY FOR 3 DAYS - STOP
Dose	
DoseCompositeIndicator	1
DoseDeliveryMethodText	TAKE
DoseDeliveryMethodCodeQualifier	1
DoseDeliveryMethodCode	419652001
DoseQuantity	2
DoseFormText	TABLET
DoseFormCodeQualifier	2
DoseFormCode	C42998
RouteofAdministration	
RouteofAdministrationText	BY MOUTH
RouteofAdministrationCodeQualifier	1
RouteofAdministrationCode	26643006

Timing		
FrequencyNumericValue	1	
FrequencyUnitsText	Day	
FrequencyUnitsCodeQualifier	1	
FrequencyUnitsCode	258703001	
Duration		
DurationNumericValue	3	
DurationText	DAY	
DurationTextCodeQualifier	1	
DurationTextCode	258703001	
StructuredSIG		
RepeatingSIG		
SigSequencePositionNumber	4	
MultipleSigModifier	THEN	
CodeSystem		
SNOMEDVersion	2010_07_31	
FMTVersion	2011_04_01	
FreeText		
SigFreeTextStringIndicator	2	
SigFreeText	TAKE 4 TABLETS DAILY FOR 3 DAYS. THEN 3 TABLETS DAILY FOR THREE DAYS. THEN 2 TABLETS DAILY FOR 3 DAYS. THEN 1 TABLET DAILY FOR 3 DAYS - STOP	
Dose		
DoseCompositeIndicator	1	
DoseDeliveryMethodText	TAKE	
DoseDeliveryMethodCodeQualifier	1	
DoseDeliveryMethodCode	419652001	
DoseQuantity	1	
DoseFormText	TABLET	
DoseFormCodeQualifier	2	
DoseFormCode	C42998	
RouteofAdministration		
RouteofAdministrationText	BY MOUTH	
RouteofAdministrationCodeQualifier	1	
RouteofAdministrationCode	26643006	
Timing		
FrequencyNumericValue	1	
FrequencyUnitsText	Day	
FrequencyUnitsCodeQualifier	1	
FrequencyUnitsCode	258703001	
Duration		
DurationNumericValue	3	
DurationText	DAY	
DurationTextCodeQualifier	1	
DurationTextCode	258703001	
StructuredSIG		
RepeatingSIG		
SigSequencePositionNumber	5	
CodeSystem		
SNOMEDVersion	2010_07_31	
FMTVersion	2011_04_01	
FreeText		
SigFreeTextStringIndicator	2	
SigFreeText	TAKE 4 TABLETS DAILY FOR 3 DAYS. THEN 3 TABLETS DAILY FOR THREE DAYS. THEN 2 TABLETS DAILY FOR 3 DAYS. THEN 1 TABLET DAILY FOR 3 DAYS - STOP	
Dose		
DoseCompositeIndicator	1	
Stop		
StopIndicator	Y	

Scenario: 7: New Prescription - Allegra 60 mg tab | Simple dose | Ambulatory | Jane Doe

Header

To NCPDP03
From NPI1010101
MessageID 4001
SentTime 2011-03-24T14:05:00
Security
Sender
SecondaryIdentification PASSWORD
TertiaryIdentification 3RYIDENTIFIER
Receiver [Tag included without value]
PrescriberOrderNumber ORD00400101

Body

NewRx
Pharmacy
Identification
NCPDPID NCPDP03
NPI NPI3300330
StoreName PHILLIPS PHARMACY
Address
AddressLine1 1600 21ST ST NW
City WASHINGTON
State DC
ZipCode 20009
CommunicationNumbers
Communication
Number 2023872151X238
Qualifier TE
Communication
Number 2023872436
Qualifier FX
Prescriber
Identification
NPI NPI1010101
DEANumber DEA101010
StateLicenseNumber LIC101010
ClinicName CORCORAN CLINIC
Name
LastName HARTLEY
FirstName ANNA-KATHERINE
Suffix MD
Address
AddressLine1 500 SEVENTEENTH ST NW
City WASHINGTON
State DC
ZipCode 20006
CommunicationNumbers
Communication
Number 2026391800
Qualifier TE
Communication
Number 2026391800
Qualifier FX
Patient
DateOfBirth
Date 1985-11-30
Name
LastName DOE
FirstName JANE
Gender F
Address
AddressLine1 2401 FOXHALL RD NW

City	WASHINGTON
State	DC
ZipCode	20007
CommunicationNumbers	
Communication	
Number	2023373051
Qualifier	TE
MedicationPrescribed	
DrugDescription	ALLEGRA 60 MG TABLET
DrugCoded	
ProductCode	00247197020
ProductCodeQualifier	ND
Strength	60
DrugDBCode	997502
DrugDBCodeQualifier	SBD
FormSourceCode	AA
FormCode	C42998
StrengthSourceCode	AB
StrengthCode	C28253
Quantity	
Value	14
CodeListQualifier	38
UnitSourceCode	AC
PotencyUnitCode	C48542
DaysSupply	7
Directions	TAKE ONE TABLET TWICE DAILY
Refills	
Qualifier	R
Value	0
WrittenDate	
Date	2011-03-24

Scenario: 7: New Prescription - EpiPen Injection | Take if needed | Ambulatory | Jane Doe

Header

To	NCPDP03
From	NPI1010101
MessageID	4002
SentTime	2011-03-24T14:08:40
Security	
Sender	
SecondaryIdentification	PASSWORD
TertiaryIdentification	3RYIDENTIFIER
Receiver [Tag included without value]	
PrescriberOrderNumber	ORD00400102

Body

NewRx	
Pharmacy	
Identification	
NCPDPID	NCPDP03
NPI	NPI3300330
StoreName	PHILLIPS PHARMACY
Address	
AddressLine1	1600 21ST ST NW
City	WASHINGTON
State	DC
ZipCode	20009
CommunicationNumbers	
Communication	
Number	2023872151X238
Qualifier	TE
Communication	

Number	2023872436
Qualifier	FX
Prescriber	
Identification	
NPI	NPI1010101
DEANumber	DEA101010
StateLicenseNumber	LIC101010
ClinicName	
Name	CORCORAN CLINIC
Name	
LastName	HARTLEY
FirstName	ANNA-KATHERINE
Suffix	MD
Address	
AddressLine1	500 SEVENTEENTH ST NW
City	WASHINGTON
State	DC
ZipCode	20006
CommunicationNumbers	
Communication	
Number	2026391800
Qualifier	TE
Communication	
Number	2026391800
Qualifier	FX
Patient	
DateOfBirth	
Date	1985-11-30
Name	
LastName	DOE
FirstName	JANE
Gender	F
Address	
AddressLine1	2401 FOXHALL RD NW
City	WASHINGTON
State	DC
ZipCode	20007
CommunicationNumbers	
Communication	
Number	2023373051
Qualifier	TE
MedicationPrescribed	
DrugDescription	EPIPEN INJECTION
DrugCoded	
ProductCode	11704050001
ProductCodeQualifier	ND
Strength	5
DrugDBCode	727347
DrugDBCodeQualifier	SBD
FormSourceCode	AA
FormCode	C42946
StrengthSourceCode	AB
StrengthCode	C91131
Quantity	
Value	1
CodeListQualifier	38
UnitSourceCode	AC
PotencyUnitCode	C48540
Directions	INJECT FULL SYRINGE IF NEEDED
Refills	
Qualifier	R
Value	0
WrittenDate	

Date

2011-03-24

Scenario: 8: Change Request - Allegra 60 mg tab | Prescribed med | Ambulatory | Jane Doe

Header

To	NPI1010101
From	NCPDP03
MessageID	8015
RelatesToMessageID	4001
SentTime	2011-03-26T09:45:11
Security	
Sender	
SecondaryIdentification	PASSWORD
TertiaryIdentification	3RYIDENTIFIER
Receiver [Tag included without value]	
RxReferenceNumber	PHARM00400101
PrescriberOrderNumber	ORD00400101

Body

RxChangeRequest	
Pharmacy	
Identification	
NCPDPID	NCPDP03
NPI	NPI3300330
StoreName	PHILLIPS PHARMACY
Address	
AddressLine1	1600 21ST ST NW
City	WASHINGTON
State	DC
ZipCode	20009
CommunicationNumbers	
Communication	
Number	2023872151X238
Qualifier	TE
Communication	
Number	2023872436
Qualifier	FX
Prescriber	
Identification	
NPI	NPI1010101
DEANumber	DEA101010
StateLicenseNumber	LIC101010
ClinicName	CORCORAN CLINIC
Name	
LastName	HARTLEY
FirstName	ANNA-KATHERINE
Suffix	MD
Address	
AddressLine1	500 SEVENTEENTH ST NW
City	WASHINGTON
State	DC
ZipCode	20006
CommunicationNumbers	
Communication	
Number	2026391800
Qualifier	TE
Communication	
Number	2026391800
Qualifier	FX
Patient	
DateOfBirth	
Date	1985-11-30
Name	

LastName	DOE
FirstName	JANE
Gender	F
Address	
AddressLine1	2401 FOXHALL RD NW
City	WASHINGTON
State	DC
ZipCode	20007
CommunicationNumbers	
Communication	
Number	2023373051
Qualifier	TE
MedicationPrescribed	
DrugDescription	ALLEGRA 60 MG TABLET
DrugCoded	
ProductCode	00247197020
ProductCodeQualifier	ND
Strength	60
DrugDBCode	997502
DrugDBCodeQualifier	SBD
FormSourceCode	AA
FormCode	C42998
StrengthSourceCode	AB
StrengthCode	C28253
Quantity	
Value	14
CodeListQualifier	38
UnitSourceCode	AC
PotencyUnitCode	C48542
DaysSupply	7
Directions	TAKE ONE TABLET TWICE DAILY
Refills	
Qualifier	R
Value	0
WrittenDate	
Date	2011-03-24
LastFillDate	
Date	2011-03-24

Zyrtec 10 mg tab | Requested med

MedicationRequested	
DrugDescription	ZYRTEC 10 MG TABLET
DrugCoded	
ProductCode	00247147907
ProductCodeQualifier	ND
Strength	10
DrugDBCode	1020026
DrugDBCodeQualifier	SBD
FormSourceCode	AA
FormCode	C42998
StrengthSourceCode	AB
StrengthCode	C28253
Quantity	
Value	7
CodeListQualifier	38
UnitSourceCode	AC
PotencyUnitCode	C48542
DaysSupply	7
Directions	TAKE ONE TABLET DAILY
Refills	
Qualifier	R
Value	0

Scenario: 8: Change Response - Zyrtec 10 mg tab | Approved | Ambulatory | Jane Doe

Header

To	NCPDP03
From	NPI1010101
MessageID	4003
RelatesToMessageID	8015
SentTime	2011-03-26T10:43:35
Security	
Sender	
SecondaryIdentification	PASSWORD
TertiaryIdentification	3RYIDENTIFIER
Receiver [Tag included without value]	
RxReferenceNumber	PHARM00400101
PrescriberOrderNumber	ORD00400103

Body

RxChangeResponse	
Response	
Approved [Tag included without value]	
Pharmacy	
Identification	
NCPDPID	NCPDP03
NPI	NPI3300330
StoreName	PHILLIPS PHARMACY
Address	
AddressLine1	1600 21ST ST NW
City	WASHINGTON
State	DC
ZipCode	20009
CommunicationNumbers	
Communication	
Number	2023872151X238
Qualifier	TE
Communication	
Number	2023872436
Qualifier	FX
Prescriber	
Identification	
NPI	NPI1010101
DEANumber	DEA101010
StateLicenseNumber	LIC101010
ClinicName	CORCORAN CLINIC
Name	
LastName	HARTLEY
FirstName	ANNA-KATHERINE
Suffix	MD
Address	
AddressLine1	500 SEVENTEENTH ST NW
City	WASHINGTON
State	DC
ZipCode	20006
CommunicationNumbers	
Communication	
Number	2026391800
Qualifier	TE
Communication	
Number	2026391800
Qualifier	FX
Patient	
DateOfBirth	
Date	1985-11-30

Name		
LastName		DOE
FirstName		JANE
Gender		F
Address		
AddressLine1		2401 FOXHALL RD NW
City		WASHINGTON
State		DC
ZipCode		20007
CommunicationNumbers		
Communication		
Number		2023373051
Qualifier		TE
MedicationPrescribed		
DrugDescription		ZYRTEC 10 MG TABLET
DrugCoded		
ProductCode		00247147907
ProductCodeQualifier		ND
Strength		10
DrugDBCode		1020026
DrugDBCodeQualifier		SBD
FormSourceCode		AA
FormCode		C42998
StrengthSourceCode		AB
StrengthCode		C28253
Quantity		
Value		7
CodeListQualifier		38
UnitSourceCode		AC
PotencyUnitCode		C48542
DaysSupply		7
Directions		TAKE ONE TABLET DAILY
Refills		
Qualifier		R
Value		0
WrittenDate		
Date		2011-03-26

Scenario: 9: Medication History - Request | No medications found | Ambulatory | James Doe

Header

To Qualifier="P"	PAYER100
From Qualifier="D"	NPI1111111
MessageID	1001
SentTime	2011-01-15T10:30:30
Security	
Sender	
SecondaryIdentification	PASSWORD
TertiaryIdentification	3RYIDENTIFIER
Receiver [Tag included without value]	

Body

RxHistoryRequest	
Prescriber	
Identification	
NPI	NPI1111111
Name	
LastName	BROADUS
FirstName	CALVIN
MiddleName	C
Suffix	JR
Prefix	DR
Address	

AddressLine1	2400 THIRD AVENUE SO
AddressLine2	STE 400
City	MINNEAPOLIS
State	MN
ZipCode	55404
CommunicationNumbers	
Communication	
Number	6128703000
Qualifier	TE
Communication	
Number	6128703100
Qualifier	FX
Patient	
PatientRelationship	1
Name	
LastName	DOE
FirstName	JAMES
Gender	M
DateOfBirth	
Date	1968-11-01
Address	
AddressLine1	333 EAST RIVER PARKWAY
City	MINNEAPOLIS
State	MN
ZipCode	55455
CommunicationNumbers	
Communication	
Number	6126259494
Qualifier	TE
BenefitsCoordination	
PayerIdentification	
PayerID	PAYER100
PayerName	USA BENEFITS
CardholderID	100-19681101
ResponsibleParty	
LastName	DOE
FirstName	JAMES
EffectiveDate	
Date	2010-01-15
ExpirationDate	
Date	2011-01-15
Consent	Y

Scenario: 9: Medication History - Response | No medications found | Ambulatory | James Doe

Header

To Qualifier="P"	NPI1111111
From Qualifier="D"	PAYER100
MessageID	200200
RelatesToMessageID	1001
SentTime	2011-01-15T10:30:34
Security	
Sender	
SecondaryIdentification	PASSWORD
TertiaryIdentification	3RYIDENTIFIER
Receiver [Tag included without value]	

Body

RxHistoryResponse	
Response	
Approved [Tag included without value]	
Prescriber	
Identification	

NPI	NPI1111111
Name	
LastName	BROADUS
FirstName	CALVIN
MiddleName	C
Suffix	JR
Prefix	DR
Address	
AddressLine1	2400 THIRD AVENUE SO
AddressLine2	STE 400
City	MINNEAPOLIS
State	MN
ZipCode	55404
CommunicationNumbers	
Communication	
Number	6128703000
Qualifier	TE
Communication	
Number	6128703100
Qualifier	FX
Patient	
PatientRelationship	1
Name	
LastName	DOE
FirstName	JAMES
Gender	M
DateOfBirth	
Date	1968-11-01
Address	
AddressLine1	333 EAST RIVER PARKWAY
City	MINNEAPOLIS
State	MN
ZipCode	55455
CommunicationNumbers	
Communication	
Number	6126259494
Qualifier	TE
BenefitsCoordination	
PayerIdentification	
PayerID	PAYER100
PayerName	USA BENEFITS
CardholderID	100-19681101
ResponsibleParty	
LastName	DOE
FirstName	JAMES
EffectiveDate	
Date	2010-01-15
ExpirationDate	
Date	2011-01-15

Scenario: 9: New Prescription - Diclofenac 75 mg tab | Simple dose | Ambulatory | James Doe

Header

To Qualifier="P"	NCPDP01
From Qualifier="D"	NPI1111111
MessageID	1002
SentTime	2011-01-15T10:40:09
Security	
Sender	
SecondaryIdentification	PASSWORD
TertiaryIdentification	3RYIDENTIFIER
Receiver [Tag included without value]	

PrescriberOrderNumber	ORD00100103
<i>Body</i>	
NewRx	
Pharmacy	
Identification	
NCPDPID	NCPDP01
NPI	NPI1011001
StoreName	WALKER PHARMACY
CommunicationNumbers	
Communication	
Number	6123757600
Qualifier	TE
Prescriber	
Identification	
NPI	NPI1111111
DEANumber	DEA111111
StateLicenseNumber	LIC11111
ClinicName	MINNEAPOLIS CLINIC
Name	
LastName	BROADUS
FirstName	CALVIN
MiddleName	C
Suffix	JR
Prefix	DR
Address	
AddressLine1	2400 THIRD AVENUE SO
AddressLine2	STE 400
City	MINNEAPOLIS
State	MN
ZipCode	55404
CommunicationNumbers	
Communication	
Number	6128703000
Qualifier	TE
Communication	
Number	6128703100
Qualifier	FX
Patient	
DateOfBirth	
Date	1968-11-01
Name	
LastName	DOE
FirstName	JAMES
Gender	M
Address	
AddressLine1	333 EAST RIVER PARKWAY
City	MINNEAPOLIS
State	MN
ZipCode	55455
CommunicationNumbers	
Communication	
Number	6126259494
Qualifier	TE
MedicationPrescribed	
DrugDescription	DICLOFENAC SODIUM 75MG ENTERIC COATED TABLET
DrugCoded	
ProductCode	00054422225
ProductCodeQualifier	ND
Strength	75
DrugDBCode	855926
DrugDBCodeQualifier	SCD
FormSourceCode	AA

FormCode	C42758
StrengthSourceCode	AB
StrengthCode	C28253
Quantity	
Value	28
CodeListQualifier	38
UnitSourceCode	AC
PotencyUnitCode	C48542
DaysSupply	28
Directions	TAKE ONE TABLET TWICE DAILY FOR 14 DAYS
Refills	
Qualifier	R
Value	0
WrittenDate	
Date	2011-01-15

Scenario: 10: Medication History - Request | 1 medication found | Ambulatory | Mary Doe

Header

To Qualifier="P"	PAYER100
From Qualifier="D"	NPI1111111
MessageID	1003
SentTime	2011-01-20T11:01:00
Security	
Sender	
SecondaryIdentification	PASSWORD
TertiaryIdentification	3RYIDENTIFIER
Receiver [Tag included without value]	

Body

RxHistoryRequest	
Prescriber	
Identification	
NPI	NPI1111111
DEANumber	DEA1111111
StateLicenseNumber	LIC11111
ClinicName	MINNEAPOLIS CLINIC
Name	
LastName	BROADUS
FirstName	CALVIN
MiddleName	C
Suffix	JR
Prefix	DR
Address	
AddressLine1	2400 THIRD AVENUE SO
AddressLine2	STE 400
City	MINNEAPOLIS
State	MN
ZipCode	55404
CommunicationNumbers	
Communication	
Number	6128703000
Qualifier	TE
Communication	
Number	6128703100
Qualifier	FX
Patient	
PatientRelationship	2
Name	
LastName	DOE
FirstName	MARY
Gender	F
DateOfBirth	

Date	1956-10-14
Address	
AddressLine1	333 EAST RIVER PARKWAY
City	MINNEAPOLIS
State	MN
ZipCode	55455
CommunicationNumbers	
Communication	
Number	6126259494
Qualifier	TE
BenefitsCoordination	
PayerIdentification	
PayerID	PAYER100
PayerName	USA BENEFITS
CardholderID	100-19681102
ResponsibleParty	
LastName	DOE
FirstName	MARY
EffectiveDate	
Date	2010-01-20
ExpirationDate	
Date	2011-01-20
Consent	Y

Scenario: 10: Medication History - Response | 1 medication found | Ambulatory | Mary Doe

Header

To Qualifier="P"	NPI1111111
From Qualifier="D"	PAYER100
MessageID	200201
RelatesToMessageID	1003
SentTime	2011-01-20T11:01:04
Security	
Sender	
SecondaryIdentification	PASSWORD
TertiaryIdentification	3RYIDENTIFIER
Receiver [Tag included without value]	

Body

RxHistoryResponse	
Response	
Approved [Tag included without value]	
Prescriber	
Identification	
NPI	NPI1111111
Name	
LastName	BROADUS
FirstName	CALVIN
MiddleName	C
Suffix	JR
Prefix	DR
Address	
AddressLine1	2400 THIRD AVENUE SO
AddressLine2	STE 400
City	MINNEAPOLIS
State	MN
ZipCode	55404
CommunicationNumbers	
Communication	
Number	6128703000
Qualifier	TE
Communication	
Number	6128703100

Qualifier	FX
Patient	
PatientRelationship	2
Name	
LastName	DOE
FirstName	MARY
Gender	F
DateOfBirth	
Date	1956-10-14
Address	
AddressLine1	333 EAST RIVER PARKWAY
City	MINNEAPOLIS
State	MN
ZipCode	55455
CommunicationNumbers	
Communication	
Number	6126259494
Qualifier	TE
BenefitsCoordination	
PayerIdentification	
PayerID	PAYER100
PayerName	USA BENEFITS
CardholderID	100-19681102
ResponsibleParty	
LastName	DOE
FirstName	MARY
EffectiveDate	
Date	2010-01-20
ExpirationDate	
Date	2011-01-20
 <i>Diclofenac 75 mg tab Dispensed drug</i>	
MedicationDispensed	
DrugDescription	DICLOFENAC SODIUM 75MG ENTERIC COATED TABLET
DrugCoded	
ProductCode	00054422225
ProductCodeQualifier	ND
Quantity	
Value	28
CodeListQualifier	87
UnitSourceCode	AC
PotencyUnitCode	C48542
Directions	TAKE ONE TABLET TWO TIMES A DAY
WrittenDate	
Date	2010-12-30
LastFillDate	
Date	2010-12-30
Pharmacy	
Identification	
NCPDPID	NCPDP87
StoreName	USA PHARMACY #24
Address	
AddressLine1	100 1ST ST
City	PHOENIX
State	AZ
ZipCode	85001
Prescriber	
Identification	
NPI	NPI3134158
ClinicName	PHOENIX GENERAL HOSPITAL EMERGENCY
Name	
LastName	GILBERTSON

FirstName	LYNNE
Suffix	MD
CommunicationNumbers	
Communication	
Number	6025551212
Qualifier	TE

Scenario: 10: New Prescription - Vaserecic 25 mg tab | Simple dose | Ambulatory | Mary Doe

Header

To Qualifier="D"	NCPDP01
From Qualifier="P"	NPI1111111
MessageID	1004
SentTime	2011-01-20T11:15:00
Security	
Sender	
SecondaryIdentification	PASSWORD
TertiaryIdentification	3RYIDENTIFIER
Receiver [Tag included without value]	
PrescriberOrderNumber	ORD00100104

Body

NewRx	
Pharmacy	
Identification	
NCPDPID	NCPDP01
NPI	NPI1011001
StoreName	WALKER PHARMACY
CommunicationNumbers	
Communication	
Number	6123757600
Qualifier	TE
Prescriber	
Identification	
NPI	NPI1111111
DEANumber	DEA111111
StateLicenseNumber	LIC11111
ClinicName	MINNEAPOLIS CLINIC
Name	
LastName	BROADUS
FirstName	CALVIN
MiddleName	C
Suffix	JR
Prefix	DR
Address	
AddressLine1	2400 THIRD AVENUE SO
AddressLine2	STE 400
City	MINNEAPOLIS
State	MN
ZipCode	55404
CommunicationNumbers	
Communication	
Number	6128703000
Qualifier	TE
Communication	
Number	6128703100
Qualifier	FX
Patient	
DateOfBirth	
Date	1956-10-14
Name	
LastName	DOE
FirstName	MARY

Gender	F
Address	
AddressLine1	333 EAST RIVER PARKWAY
City	MINNEAPOLIS
State	MN
ZipCode	55455
CommunicationNumbers	
Communication	
Number	6126259494
Qualifier	TE
MedicationPrescribed	
DrugDescription	VASERETIC 10/25 TABLET
DrugCoded	
ProductCode	00247144004
ProductCodeQualifier	ND
Strength	10-25
DrugDBCode	858830
DrugDBCodeQualifier	SBD
FormSourceCode	AA
FormCode	C42998
StrengthSourceCode	AB
StrengthCode	C28253
Quantity	
Value	60
CodeListQualifier	38
UnitSourceCode	AC
PotencyUnitCode	C48542
DaysSupply	30
Directions	TAKE ONE TABLET TWICE DAILY
Refills	
Qualifier	R
Value	3
WrittenDate	
Date	2011-01-20

Scenario: 10: New Prescription - Diclofenac 75 mg tab | Simple dose | Ambulatory | Mary Doe

Header

To	NCPDP01
From	NPI1111111
MessageID	1005
SentTime	2011-01-20T11:17:00
Security	
Sender	
SecondaryIdentification	PASSWORD
TertiaryIdentification	3RYIDENTIFIER
Receiver [Tag included without value]	
PrescriberOrderNumber	ORD00100105

Body

NewRx	
Pharmacy	
Identification	
NCPDPID	NCPDP01
NPI	NPI1011001
StoreName	WALKER PHARMACY
CommunicationNumbers	
Communication	
Number	6123757600
Qualifier	TE
Prescriber	
Identification	
NPI	NPI1111111

DEANumber	DEA111111
StateLicenseNumber	LIC11111
ClinicName	MINNEAPOLIS CLINIC
Name	
LastName	BROADUS
FirstName	CALVIN
MiddleName	C
Suffix	JR
Prefix	DR
Address	
AddressLine1	2400 THIRD AVENUE SO
AddressLine2	STE 400
City	MINNEAPOLIS
State	MN
ZipCode	55404
CommunicationNumbers	
Communication	
Number	6128703000
Qualifier	TE
Communication	
Number	6128703100
Qualifier	FX
Patient	
DateOfBirth	
Date	1956-10-14
Name	
LastName	DOE
FirstName	MARY
Gender	F
Address	
AddressLine1	333 EAST RIVER PARKWAY
City	MINNEAPOLIS
State	MN
ZipCode	55455
CommunicationNumbers	
Communication	
Number	6126259494
Qualifier	TE
MedicationPrescribed	
DrugDescription	DICLOFENAC SODIUM 75MG ENTERIC COATED TABLET
DrugCoded	
ProductCode	00054422225
ProductCodeQualifier	ND
Strength	75
DrugDBCode	855926
DrugDBCodeQualifier	SCD
FormSourceCode	AA
FormCode	C42758
StrengthSourceCode	AB
StrengthCode	C28253
Quantity	
Value	30
CodeListQualifier	38
UnitSourceCode	AC
PotencyUnitCode	C48542
DaysSupply	30
Directions	TAKE ONE TABLET DAILY
Refills	
Qualifier	R
Value	3
WrittenDate	
Date	2011-01-20

Scenario: 11: New Prescription - Prednisone 5 mg tab | Tapered dose | Ambulatory | Amy Doe

Header

To	NCPDP02
From	NPI6666666
MessageID	2001
SentTime	2011-02-01T14:01:00
Security	
Sender	
SecondaryIdentification	PASSWORD
TertiaryIdentification	3RYIDENTIFIER
Receiver [Tag included without value]	
PrescriberOrderNumber	ORD00200101

Body

NewRx	
Pharmacy	
Identification	
NCPDPID	NCPDP02
NPI	NPI1234567
StoreName	WHITNEY PHARMACY
CommunicationNumbers	
Communication	
Number	2125703600
Qualifier	TE
Prescriber	
Identification	
NPI	NPI6666666
StateLicenseNumber	LIC66666
ClinicName	GUGGENHEIM CLINIC
Name	
LastName	DUFFY
FirstName	AIMEE
MiddleName	ANNE
Prefix	DR
Address	
AddressLine1	1071 FIFTH AVE
City	NEW YORK
State	NY
ZipCode	101280173
CommunicationNumbers	
Communication	
Number	2124233500
Qualifier	TE
Communication	
Number	2124233640
Qualifier	FX
Patient	
DateOfBirth	
Date	1970-08-24
Name	
LastName	DOE
FirstName	AMY
Gender	F
Address	
AddressLine1	11 W 53RD ST
AddressLine2	Apt 121
City	NEW YORK
State	NY
ZipCode	10019
CommunicationNumbers	
Communication	

Number	2127089400
Qualifier	TE
MedicationPrescribed	
DrugDescription	DELTASONE 5MG TABLET
DrugCoded	
ProductCode	55045260607
ProductCodeQualifier	ND
Strength	5
DrugDBCode	206954
DrugDBCodeQualifier	SBD
FormSourceCode	AA
FormCode	C42998
StrengthSourceCode	AB
StrengthCode	C28253
Quantity	
Value	77
CodeListQualifier	38
UnitSourceCode	AC
PotencyUnitCode	C48542
DaysSupply	24
Directions	TAKE W/MEALS. DAY 1-14: 2 TABS TWICE A DAY. DAY 15-18: 2 TABS IN AM AND 1 TAB IN PM. DAY 19-21: 1 TAB TWICE A DAY. DAY 22-24: 1 TAB IN AM
Refills	
Qualifier	R
Value	0
WrittenDate	
Date	2011-02-01

Scenario: 11: New Prescription - Diclofenac 75 mg tab | Simple dose | Ambulatory | Amy Doe

Header

To	NCPDP02
From	NPI6666666
MessageID	2002
SentTime	2011-02-01T14:03:15
Security	
Sender	
SecondaryIdentification	PASSWORD
TertiaryIdentification	3RYIDENTIFIER
Receiver [Tag included without value]	
PrescriberOrderNumber	ORD00200102

Body

NewRx	
Pharmacy	
Identification	
NCPDPID	NCPDP02
NPI	NPI1234567
StoreName	WHITNEY PHARMACY
CommunicationNumbers	
Communication	
Number	2125703600
Qualifier	TE
Prescriber	
Identification	
NPI	NPI6666666
StateLicenseNumber	LIC66666
ClinicName	GUGGENHEIM CLINIC
Name	
LastName	DUFFY
FirstName	AIMEE
MiddleName	ANNE

Prefix	DR
Address	
AddressLine1	1071 FIFTH AVE
City	NEW YORK
State	NY
ZipCode	101280173
CommunicationNumbers	
Communication	
Number	2124233500
Qualifier	TE
Communication	
Number	2124233640
Qualifier	FX
Patient	
DateOfBirth	
Date	1970-08-24
Name	
LastName	DOE
FirstName	AMY
Gender	F
Address	
AddressLine1	11 W 53RD ST
AddressLine2	Apt 121
City	NEW YORK
State	NY
ZipCode	10019
CommunicationNumbers	
Communication	
Number	2127089400
Qualifier	TE
MedicationPrescribed	
DrugDescription	DICLOFENAC SODIUM 75MG ENTERIC COATED TABLET
DrugCoded	
ProductCode	00054422225
ProductCodeQualifier	ND
Strength	75
DrugDBCode	855926
DrugDBCodeQualifier	SCD
FormSourceCode	AA
FormCode	C42758
StrengthSourceCode	AB
StrengthCode	C28253
Quantity	
Value	60
CodeListQualifier	38
UnitSourceCode	AC
PotencyUnitCode	C48542
DaysSupply	30
Directions	TAKE ONE TABLET TWICE DAILY
Refills	
Qualifier	R
Value	3
WrittenDate	
Date	2011-02-01

Scenario: 12: New Prescription - Humulin N 3 ml syringe | Before meals | Ambulatory | Freddy Doe

Header

To	NCPDP02
From	NPI5555555
MessageID	2003
SentTime	2011-03-26T15:40:15

Security		
Sender		
SecondaryIdentification		PASSWORD
TertiaryIdentification		3RYIDENTIFIER
Receiver [Tag included without value]		
PrescriberOrderNumber		ORD00200103
Body		
NewRx		
Pharmacy		
Identification		
NCPDPID		NCPDP02
NPI		NPI1234567
StoreName		WHITNEY PHARMACY
CommunicationNumbers		
Communication		
Number		2125703600
Qualifier		TE
Prescriber		
Identification		
NPI		NPI5555555
DEANumber		DEA555555
StateLicenseNumber		LIC55555
ClinicName		GUGGENHEIM CLINIC
Name		
LastName		BENNETT
FirstName		TONY
Prefix		DR
Address		
AddressLine1		1071 FIFTH AVE
City		NEW YORK
State		NY
ZipCode		101280173
CommunicationNumbers		
Communication		
Number		2124233500
Qualifier		TE
Communication		
Number		2124233640
Qualifier		FX
Patient		
DateOfBirth		
Date		2001-02-01
Name		
LastName		DOE
FirstName		FREDDY
MiddleName		DEAN
Gender		M
Address		
AddressLine1		11 W 53RD ST
AddressLine2		Apt 121
City		NEW YORK
State		NY
ZipCode		10019
CommunicationNumbers		
Communication		
Number		2127089400
Qualifier		TE
MedicationPrescribed		
DrugDescription		HUMULIN N 100 UNT/ML PREFILLED SYRINGE 3 ML
DrugCoded		
ProductCode		00002873099
ProductCodeQualifier		ND

Strength	100
DrugDBCode	847199
DrugDBCodeQualifier	SBD
FormSourceCode	AA
FormCode	C42995
StrengthSourceCode	AB
StrengthCode	C44278
Quantity	
Value	1
CodeListQualifier	38
UnitSourceCode	AC
PotencyUnitCode	C48540
Directions	TAKE 2 UNITS BEFORE BREAKFAST AND 6 UNITS BEFORE DINNER
Refills	
Qualifier	R
Value	12
Substitutions	0
WrittenDate	
Date	2011-03-26

Scenario: 12: New Prescription - Humulin R solution | Sliding scale | Ambulatory | Freddy Doe

Header

To	NCPDP02
From	NPI5555555
MessageID	2004
SentTime	2011-03-26T15:42:05
Security	
Sender	
SecondaryIdentification	PASSWORD
TertiaryIdentification	3RYIDENTIFIER
Receiver [Tag included without value]	
PrescriberOrderNumber	ORD00200104

Body

NewRx	
Pharmacy	
Identification	
NCPDPID	NCPDP02
NPI	NPI1234567
StoreName	WHITNEY PHARMACY
CommunicationNumbers	
Communication	
Number	2125703600
Qualifier	TE
Prescriber	
Identification	
NPI	NPI5555555
DEANumber	DEA555555
StateLicenseNumber	LIC55555
ClinicName	GUGGENHEIM CLINIC
Name	
LastName	BENNETT
FirstName	TONY
Prefix	DR
Address	
AddressLine1	1071 FIFTH AVE
City	NEW YORK
State	NY
ZipCode	101280173
CommunicationNumbers	
Communication	

Number	2124233500
Qualifier	TE
Communication	
Number	2124233640
Qualifier	FX
Patient	
DateOfBirth	
Date	2001-02-01
Name	
LastName	DOE
FirstName	FREDDY
MiddleName	DEAN
Gender	M
Address	
AddressLine1	11 W 53RD ST
AddressLine2	Apt 121
City	NEW YORK
State	NY
ZipCode	10019
CommunicationNumbers	
Communication	
Number	2127089400
Qualifier	TE
MedicationPrescribed	
DrugDescription	HUMULIN R 100 UNT/ML INJECTIBLE SOLUTION
DrugCoded	
ProductCode	00002821599
ProductCodeQualifier	ND
Strength	100
DrugDBCode	311036
DrugDBCodeQualifier	SBD
FormSourceCode	AA
FormCode	C42945
StrengthSourceCode	AB
StrengthCode	C44278
Quantity	
Value	10
CodeListQualifier	38
UnitSourceCode	AC
PotencyUnitCode	C28254
Directions	3X/DAY B4 MEAL.GLU$COSE$<math>12</math> MMOL/L: 0U. 12.1-14 MMOL/L: 2U. 14.1-16 MMOL/L: 4U. 16.1-18 MMOL/L: 6U. 18.1-20 MMOL/L: 8U. >20 MMOL/L: 8U+CALL DR
Refills	
Qualifier	R
Value	3
Substitutions	0
WrittenDate	
Date	2011-03-26

Scenario: 13: Medication History - Request | Denied - Member Not Found | Ambulatory | Sammy Doe

Header

To	PAYER200
From	NPI5555555
MessageID	2005
SentTime	2011-03-28T11:01:00
Security	
Sender	
SecondaryIdentification	PASSWORD
TertiaryIdentification	3RYIDENTIFIER
Receiver	[Tag included without value]

Body

RxHistoryRequest
Prescriber
Identification
NPI NPI5555555
DEANumber DEA555555
StateLicenseNumber LIC55555
ClinicName GUGGENHEIM CLINIC
Name
LastName BENNETT
FirstName TONY
Prefix DR
Address
AddressLine1 1071 FIFTH AVE
City NEW YORK
State NY
ZipCode 101280173
CommunicationNumbers
Communication
Number 2124233500
Qualifier TE
Communication
Number 2124233640
Qualifier FX
Patient
PatientRelationship 3
Name
LastName DOE
FirstName SAMMY
Gender M
DateOfBirth
Date 2008-12-25
Address
AddressLine1 11 W 53RD ST
AddressLine2 Apt 121
City NEW YORK
State NY
ZipCode 10019
CommunicationNumbers
Communication
Number 2127089400
Qualifier TE
BenefitsCoordination
PayerIdentification
PayerID PAYER200
PayerName NATIONAL PBM
CardholderID 200-19700824-03
ResponsibleParty
LastName DOE
FirstName SAMMY
EffectiveDate
Date 2010-03-28
ExpirationDate
Date 2011-03-28
Consent X

Scenario: 13: Medication History - Response | No medications found | Ambulatory | Sammy Doe

Header

To NPI5555555
From PAYER200
MessageID 300301

RelatesToMessageID	2005
SentTime	2011-03-28T11:01:03
Security	
Sender	
SecondaryIdentification	PASSWORD
TertiaryIdentification	3RYIDENTIFIER
Receiver [Tag included without value]	
<i>Body</i>	
RxHistoryResponse	
Response	
Denied	
DenialReason	MEMBER NOT FOUND
Prescriber	
Identification	
NPI	NPI5555555
DEANumber	DEA555555
StateLicenseNumber	LIC55555
ClinicName	GUGGENHEIM CLINIC
Name	
LastName	BENNETT
FirstName	TONY
Prefix	DR
Address	
AddressLine1	1071 FIFTH AVE
City	NEW YORK
State	NY
ZipCode	101280173
CommunicationNumbers	
Communication	
Number	2124233500
Qualifier	TE
Communication	
Number	2124233640
Qualifier	FX
Patient	
PatientRelationship	3
Name	
LastName	DOE
FirstName	SAMMY
Gender	M
DateOfBirth	
Date	2008-12-25
Address	
AddressLine1	11 W 53RD ST
AddressLine2	Apt 121
City	NEW YORK
State	NY
ZipCode	10019
CommunicationNumbers	
Communication	
Number	2127089400
Qualifier	TE
BenefitsCoordination	
PayerIdentification	
PayerID	PAYER200
PayerName	NATIONAL PBM
CardholderID	100-19681102
ResponsibleParty	
LastName	DOE
FirstName	SAMMY
EffectiveDate	
Date	2010-03-28

ExpirationDate
Date 2011-03-28

Scenario: 13: New Prescription - Amoxicillin 50 mg/ml powd | Weight-based dose | Ambulatory | Sammy Doe

Header

To NCPDP02
From NPI5555555
MessageID 2006
SentTime 2011-03-28T11:04:29
Security
Sender
SecondaryIdentification PASSWORD
TertiaryIdentification 3RYIDENTIFIER
Receiver [Tag included without value]
PrescriberOrderNumber ORD00200105

Body

NewRx
Pharmacy
Identification
NCPDPID NCPDP02
NPI NPI1234567
StoreName WHITNEY PHARMACY
CommunicationNumbers
Communication
Number 2125703600
Qualifier TE
Prescriber
Identification
NPI NPI5555555
DEANumber DEA555555
StateLicenseNumber LIC55555
ClinicName GUGGENHEIM CLINIC
Name
LastName BENNETT
FirstName TONY
Prefix DR
Address
AddressLine1 1071 FIFTH AVE
City NEW YORK
State NY
ZipCode 101280173
CommunicationNumbers
Communication
Number 2124233500
Qualifier TE
Communication
Number 2124233640
Qualifier FX
Patient
DateOfBirth
Date 2008-12-25
Name
LastName DOE
FirstName SAMMY
Gender M
Address
AddressLine1 11 W 53RD ST
AddressLine2 Apt 121
City NEW YORK
State NY
ZipCode 10019

CommunicationNumbers	
Communication	
Number	2127089400
Qualifier	TE
MedicationPrescribed	
DrugDescription	AMOXIL 50 MG/ML ORAL SUSPENSION
DrugCoded	
ProductCode	55045184803
ProductCodeQualifier	ND
Strength	250
DrugDBCode	205729
DrugDBCodeQualifier	SBD
FormSourceCode	AA
FormCode	C42975
StrengthSourceCode	AB
StrengthCode	C91131
Quantity	
Value	150
CodeListQualifier	38
UnitSourceCode	AC
PotencyUnitCode	C28254
Directions	TAKE 340MG THREE TIMES DAILY FOR 7 DAYS
Refills	
Qualifier	R
Value	0
Substitutions	0
WrittenDate	
Date	2011-03-28

Scenario: 13: Fill Status - Response w/prescribed | Generic substitution | Ambulatory | Sammy Doe

Header

To	NPI5555555
From	NCPDP02
MessageID	A0000001
RelatesToMessageID	2006
SentTime	2011-03-28T13:15:24
Security	
Sender	
SecondaryIdentification	PASSWORD
TertiaryIdentification	3RYIDENTIFIER
Receiver [Tag included without value]	
RxReferenceNumber	PHARM00200105
PrescriberOrderNumber	ORD00200105

Body

RxFill	
FillStatus	
Filled	
Note	SUBSTITUTED GENERIC
Pharmacy	
Identification	
NCPDPID	NCPDP02
NPI	NPI1234567
StoreName	WHITNEY PHARMACY
Address	
AddressLine1	945 MADISON AVE
City	NEW YORK
State	NY
ZipCode	10021
CommunicationNumbers	
Communication	
Number	2125703600

Qualifier	TE
Communication	
Number	2126060388
Qualifier	FX
Prescriber	
Identification	
NPI	NPI5555555
DEANumber	DEA555555
StateLicenseNumber	LIC55555
ClinicName	GUGGENHEIM CLINIC
Name	
LastName	BENNETT
FirstName	TONY
Prefix	DR
Address	
AddressLine1	1071 FIFTH AVE
City	NEW YORK
State	NY
ZipCode	101280173
CommunicationNumbers	
Communication	
Number	2124233500
Qualifier	TE
Communication	
Number	2124233640
Qualifier	FX
Patient	
DateOfBirth	
Date	2008-12-25
Name	
LastName	DOE
FirstName	SAMMY
Gender	M
Address	
AddressLine1	11 W 53RD ST
AddressLine2	Apt 121
City	NEW YORK
State	NY
ZipCode	10019
CommunicationNumbers	
Communication	
Number	2127089400
Qualifier	TE
MedicationPrescribed	
DrugDescription	AMOXIL 50 MG/ML ORAL SUSPENSION
DrugCoded	
ProductCode	55045184803
ProductCodeQualifier	ND
Strength	250
DrugDBCode	205729
DrugDBCodeQualifier	SBD
FormSourceCode	AA
FormCode	C42975
StrengthSourceCode	AB
StrengthCode	C91131
Quantity	
Value	150
CodeListQualifier	38
UnitSourceCode	AC
PotencyUnitCode	C28254
Directions	TAKE 340MG THREE TIMES DAILY FOR 7 DAYS
Refills	

Qualifier	R
Value	0
Substitutions	0
WrittenDate	
Date	2011-03-28

Scenario: 14: New Prescription - Synthroid | Dispense as written | Ambulatory | Cindy Doe

Header

To	NCPDP01
From	NPI2222222
MessageID	1006
SentTime	2011-01-21T11:11:11
Security	
Sender	
SecondaryIdentification	PASSWORD
TertiaryIdentification	3RYIDENTIFIER
Receiver [Tag included without value]	
PrescriberOrderNumber	ORD00100106

Body

NewRx	
Pharmacy	
Identification	
NCPDPID	NCPDP01
NPI	NPI1011001
StoreName	WALKER PHARMACY
CommunicationNumbers	
Communication	
Number	6123757600
Qualifier	TE
Prescriber	
Identification	
NPI	NPI2222222
DEANumber	DEA222222
StateLicenseNumber	LIC22222
ClinicName	MINNEAPOLIS CLINIC
Name	
LastName	PERSSON
FirstName	NINA
Prefix	DR
Address	
AddressLine1	2400 THIRD AVENUE SO
AddressLine2	STE 400
City	MINNEAPOLIS
State	MN
ZipCode	55404
CommunicationNumbers	
Communication	
Number	6128703000
Qualifier	TE
Communication	
Number	6128703100
Qualifier	FX
Patient	
DateOfBirth	
Date	1976-08-24
Name	
LastName	DOE
FirstName	CINDY
Gender	F
Address	
AddressLine1	5500 STEVENS AVE SO

City	MINNEAPOLIS
State	MN
ZipCode	55419
CommunicationNumbers	
Communication	
Number	6128219045
Qualifier	TE
MedicationPrescribed	
DrugDescription	SYNTHROID 100 MCG TABLET
DrugCoded	
ProductCode	00247129902
ProductCodeQualifier	ND
Strength	100
DrugDBCode	966250
DrugDBCodeQualifier	SBD
FormSourceCode	AA
FormCode	C42998
StrengthSourceCode	AB
StrengthCode	C48152
Quantity	
Value	90
CodeListQualifier	38
UnitSourceCode	AC
PotencyUnitCode	C48542
DaysSupply	90
Directions	TAKE ONE TABLET DAILY
Refills	
Qualifier	R
Value	3
Substitutions	1
WrittenDate	
Date	2011-01-21

Scenario: 14: Refill Request - Synthroid | Approved with changes | Ambulatory | Cindy Doe

Header

To	NPI2222222
From	NCPDP01
MessageID	108002
SentTime	2011-04-21T14:30:20
Security	
Sender	
SecondaryIdentification	PASSWORD
TertiaryIdentification	3RYIDENTIFIER
Receiver [Tag included without value]	
RxReferenceNumber	PHARM00100106
PrescriberOrderNumber	ORD00100106

Body

RefillRequest	
Pharmacy	
Identification	
NCPDPID	NCPDP01
NPI	NPI1011001
StoreName	WALKER PHARMACY
Address	
AddressLine1	1750 HENNEPIN AVE
City	MINNEAPOLIS
State	MN
ZipCode	55403
CommunicationNumbers	
Communication	
Number	6123757600

Qualifier	TE
Communication	
Number	6123757633
Qualifier	FX
Prescriber	
Identification	
NPI	NPI2222222
DEANumber	DEA222222
StateLicenseNumber	LIC22222
ClinicName	MINNEAPOLIS CLINIC
Name	
LastName	PERSSON
FirstName	NINA
Prefix	DR
Address	
AddressLine1	2400 THIRD AVENUE SO
AddressLine2	STE 400
City	MINNEAPOLIS
State	MN
ZipCode	55404
CommunicationNumbers	
Communication	
Number	6128703000
Qualifier	TE
Communication	
Number	6128703100
Qualifier	FX
Patient	
DateOfBirth	
Date	1976-08-24
Name	
LastName	DOE
FirstName	CINDY
Gender	F
Address	
AddressLine1	5500 STEVENS AVE SO
City	MINNEAPOLIS
State	MN
ZipCode	55419
CommunicationNumbers	
Communication	
Number	6128219045
Qualifier	TE
MedicationPrescribed	
DrugDescription	SYNTHROID 100 MCG TABLET
DrugCoded	
ProductCode	00247129902
ProductCodeQualifier	ND
Strength	100
DrugDBCode	966250
DrugDBCodeQualifier	SBD
FormSourceCode	AA
FormCode	C42998
StrengthSourceCode	AB
StrengthCode	C48152
Quantity	
Value	90
CodeListQualifier	38
UnitSourceCode	AC
PotencyUnitCode	C48542
DaysSupply	90
Directions	TAKE ONE TABLET DAILY

Refills	
Qualifier	P
Value	3
Substitutions	1
WrittenDate	
Date	2011-01-21
MedicationDispensed	
DrugDescription	SYNTHROID 100 MCG TABLET
DrugCoded	
ProductCode	00247129902
ProductCodeQualifier	ND
Strength	100
DrugDBCode	966250
DrugDBCodeQualifier	SBD
FormSourceCode	AA
FormCode	C42998
StrengthSourceCode	AB
StrengthCode	C48152
Quantity	
Value	90
CodeListQualifier	38
UnitSourceCode	AC
PotencyUnitCode	C48542
DaysSupply	90
Directions	TAKE ONE TABLET DAILY
Refills	
Qualifier	P
Value	3
Substitutions	1
LastFillDate	
Date	2011-01-21

Scenario: 14: Refill Response - Synthroid | Approved w/Chg resp | Ambulatory | John Doe

Header

To	NCPDP01
From	NPI2222222
MessageID	1007
RelatesToMessageID	108002
SentTime	2011-04-27T15:20:10
Security	
Sender	
SecondaryIdentification	PASSWORD
TertiaryIdentification	3RYIDENTIFIER
Receiver [Tag included without value]	
RxReferenceNumber	PHARM00100106
PrescriberOrderNumber	ORD00100107

Body

RefillResponse	
Response	
ApprovedWithChanges	
Note	Authorizing single refill. Patient must make appointment
Pharmacy	
Identification	
NCPDPID	NCPDP01
NPI	NPI1011001
StoreName	WALKER PHARMACY
Address	
AddressLine1	1750 HENNEPIN AVE
City	MINNEAPOLIS
State	MN
ZipCode	55403

CommunicationNumbers		
Communication		
Number		6123757600
Qualifier		TE
Communication		
Number		6123757633
Qualifier		FX
Prescriber		
Identification		
NPI		NPI2222222
DEANumber		DEA222222
StateLicenseNumber		LIC22222
ClinicName		MINNEAPOLIS CLINIC
Name		
LastName		PERSSON
FirstName		NINA
Prefix		DR
Address		
AddressLine1		2400 THIRD AVENUE SO
AddressLine2		STE 400
City		MINNEAPOLIS
State		MN
ZipCode		55404
CommunicationNumbers		
Communication		
Number		6128703000
Qualifier		TE
Communication		
Number		6128703100
Qualifier		FX
Patient		
DateOfBirth		
Date		1976-08-24
Name		
LastName		DOE
FirstName		CINDY
Gender		F
Address		
AddressLine1		5500 STEVENS AVE SO
City		MINNEAPOLIS
State		MN
ZipCode		55419
CommunicationNumbers		
Communication		
Number		6128219045
Qualifier		TE
MedicationPrescribed		
DrugDescription		SYNTHROID 100 MCG TABLET
DrugCoded		
ProductCode		00247129902
ProductCodeQualifier		ND
Strength		100
DrugDBCode		966250
DrugDBCodeQualifier		SBD
FormSourceCode		AA
FormCode		C42998
StrengthSourceCode		AB
StrengthCode		C48152
Quantity		
Value		90
CodeListQualifier		38
UnitSourceCode		AC

PotencyUnitCode	C48542
DaysSupply	90
Directions	TAKE ONE TABLET DAILY
Refills	
Qualifier	A
Value	1
Substitutions	1
WrittenDate	
Date	2011-04-27

Scenario: 15: New Prescription - Amoxicillin Suspension | Contains an error | Ambulatory | Susie Doe

Header

To	NCPDP03
From	NPI8888888
MessageID	4004
SentTime	2011-02-21T13:30:25
Security	
Sender	
SecondaryIdentification	PASSWORD
TertiaryIdentification	3RYIDENTIFIER
Receiver [Tag included without value]	
PrescriberOrderNumber	ORD00400104

Body

NewRx	
Pharmacy	
Identification	
NCPDPID	NCPDP03
NPI	NPI3300330
StoreName	PHILLIPS PHARMACY
Address	
AddressLine1	1600 21ST ST NW
City	WASHINGTON
State	DC
ZipCode	20009
CommunicationNumbers	
Communication	
Number	2023872151X238
Qualifier	TE
Communication	
Number	2023872436
Qualifier	FX
Prescriber	
Identification	
NPI	NPI8888888
DEANumber	DEA888888
StateLicenseNumber	LIC88888
ClinicName	CORCORAN CLINIC
Name	
LastName	HEWSON
FirstName	PAUL
MiddleName	DAVID
Prefix	DR
Address	
AddressLine1	500 SEVENTEENTH ST NW
City	WASHINGTON
State	DC
ZipCode	20006
CommunicationNumbers	
Communication	
Number	2026391800
Qualifier	TE

Communication	
Number	2026391800
Qualifier	FX
Patient	
DateOfBirth	
Date	2009-01-12
Name	
LastName	DOE
FirstName	SUSIE
Gender	F
Address	
AddressLine1	2401 FOXHALL RD NW
City	WASHINGTON
State	DC
ZipCode	20007
CommunicationNumbers	
Communication	
Number	2023373051
Qualifier	TE
MedicationPrescribed	
DrugDescription	AMOXIL 50 MG/ML ORAL SUSPENSION
DrugCoded	
ProductCode	55045184803
ProductCodeQualifier	ND
Strength	SBD
DrugDBCode	205729
DrugDBCodeQualifier	SBD
FormSourceCode	AA
FormCode	C42994
StrengthSourceCode	AB
StrengthCode	C91131
Quantity	
Value	150
CodeListQualifier	38
UnitSourceCode	AC
PotencyUnitCode	C28254
DaysSupply	7
Directions	TAKE 7 ML THREE TIMES DAILY
Refills	
Qualifier	R
Value	0
WrittenDate	
Date	2011-02-21

Scenario: 15: Error - Error | System error at receiver | Ambulatory | Susie Doe

Header

To	NPI8888888
From	NCPDP03
MessageID	77007
RelatesToMessageID	4004
SentTime	2011-02-21T13:30:35
Security	
Sender	
SecondaryIdentification	PASSWORD
TertiaryIdentification	3RYIDENTIFIER
Receiver [Tag included without value]	
PrescriberOrderNumber	ORD00400104

Body

Error	
Code	602
DescriptionCode	007

Description

INTERNAL SYSTEM ERROR. PLEASE RESUBMIT

Scenario: 16: New Prescription - Amoxicillin Suspension | Includes Verify request | Ambulatory | Susie Doe

Header

To NCPDP03
From NPI8888888
MessageID 4005
SentTime 2011-02-21T13:31:25
Security
Sender
 SecondaryIdentification PASSWORD
 TertiaryIdentification 3RYIDENTIFIER
Receiver [Tag included without value]
PrescriberOrderNumber ORD00400104

Body

NewRx
Request
 ReturnReceipt 1
Pharmacy
 Identification
 NCPDPID NCPDP03
 NPI NPI3300330
 StoreName PHILLIPS PHARMACY
 Address
 AddressLine1 1600 21ST ST NW
 City WASHINGTON
 State DC
 ZipCode 20009
 CommunicationNumbers
 Communication
 Number 2023872151X238
 Qualifier TE
 Communication
 Number 2023872436
 Qualifier FX
Prescriber
 Identification
 NPI NPI8888888
 DEANumber DEA8888888
 StateLicenseNumber LIC88888
 ClinicName CORCORAN CLINIC
 Name
 LastName HEWSON
 FirstName PAUL
 MiddleName DAVID
 Prefix DR
 Address
 AddressLine1 500 SEVENTEENTH ST NW
 City WASHINGTON
 State DC
 ZipCode 20006
 CommunicationNumbers
 Communication
 Number 2026391800
 Qualifier TE
 Communication
 Number 2026391800
 Qualifier FX
Patient
 DateOfBirth
 Date 2009-01-12

Name		
LastName		DOE
FirstName		SUSIE
Gender		F
Address		
AddressLine1		2401 FOXHALL RD NW
City		WASHINGTON
State		DC
ZipCode		20007
CommunicationNumbers		
Communication		
Number		2023373051
Qualifier		TE
MedicationPrescribed		
DrugDescription		AMOXIL 50 MG/ML ORAL SUSPENSION
DrugCoded		
ProductCode		55045184803
ProductCodeQualifier		ND
Strength		SBD
DrugDBCode		205729
DrugDBCodeQualifier		SBD
FormSourceCode		AA
FormCode		C42994
StrengthSourceCode		AB
StrengthCode		C91131
Quantity		
Value		150
CodeListQualifier		38
UnitSourceCode		AC
PotencyUnitCode		C28254
DaysSupply		7
Directions		TAKE 7 ML THREE TIMES DAILY
Refills		
Qualifier		R
Value		0
WrittenDate		
Date		2011-02-21

Scenario: 16: Status - Status | Status preceding Verify | Ambulatory | Susie Doe

Header

To	NPI88888888
From	NCPDP03
MessageID	77008
RelatesToMessageID	4005
SentTime	2011-02-21T13:31:28
Security	
Sender	
SecondaryIdentification	PASSWORD
TertiaryIdentification	3RYIDENTIFIER
Receiver [Tag included without value]	
PrescriberOrderNumber	ORD00400104

Body

Status	
Code	000

Scenario: 16: Verify - Verify | With opt prescribed drug | Ambulatory | Susie Doe

Header

To	NPI88888888
From	NCPDP03

MessageID	77009
RelatesToMessageID	4005
SentTime	2011-02-21T13:32:08
Security	
Sender	
SecondaryIdentification	PASSWORD
TertiaryIdentification	3RYIDENTIFIER
Receiver [Tag included without value]	
PrescriberOrderNumber	ORD00400104
<i>Body</i>	
Verify	
VerifyStatus	
Code	000
Pharmacy	
Identification	
NCPDPID	NCPDP03
NPI	NPI3300330
StoreName	PHILLIPS PHARMACY
Address	
AddressLine1	1600 21ST ST NW
City	WASHINGTON
State	DC
ZipCode	20009
CommunicationNumbers	
Communication	
Number	2023872151X238
Qualifier	TE
Communication	
Number	2023872436
Qualifier	FX
Prescriber	
Identification	
NPI	NPI8888888
DEANumber	DEA888888
StateLicenseNumber	LIC88888
ClinicName	CORCORAN CLINIC
Name	
LastName	HEWSON
FirstName	PAUL
MiddleName	DAVID
Prefix	DR
Address	
AddressLine1	500 SEVENTEENTH ST NW
City	WASHINGTON
State	DC
ZipCode	20006
CommunicationNumbers	
Communication	
Number	2026391800
Qualifier	TE
Communication	
Number	2026391800
Qualifier	FX
Patient	
Name	
LastName	DOE
FirstName	SUSIE
Gender	F
DateOfBirth	
Date	2009-01-12
Address	
AddressLine1	2401 FOXHALL RD NW

City	WASHINGTON
State	DC
ZipCode	20007
CommunicationNumbers	
Communication	
Number	2023373051
Qualifier	TE
MedicationPrescribed	
DrugDescription	AMOXIL 50 MG/ML ORAL SUSPENSION
DrugCoded	
ProductCode	55045184803
ProductCodeQualifier	ND
Strength	SBD
DrugDBCode	205729
DrugDBCodeQualifier	SBD
FormSourceCode	AA
FormCode	C42994
StrengthSourceCode	AB
StrengthCode	C91131
Quantity	
Value	150
CodeListQualifier	38
UnitSourceCode	AC
PotencyUnitCode	C28254
DaysSupply	7
Directions	TAKE 7 ML THREE TIMES DAILY
Refills	
Qualifier	R
Value	0
WrittenDate	
Date	2011-02-21

Scenario: 17: Medication History - Request | 4 dispenses over 6 mo | Ambulatory | Connie Doe

Header

To	PAYER300
From	NPI1010101
MessageID	4005
SentTime	2011-03-24T16:01:20
Security	
Sender	
SecondaryIdentification	PASSWORD
TertiaryIdentification	3RYIDENTIFIER
Receiver [Tag included without value]	

Body

RxHistoryRequest	
Prescriber	
Identification	
NPI	NPI1010101
DEANumber	DEA101010
ClinicName	CORCORAN CLINIC
Name	
LastName	HARTLEY
FirstName	ANNA-KATHERINE
MiddleName	DAVID
Suffix	MD
Address	
AddressLine1	500 SEVENTEENTH ST NW
City	WASHINGTON
State	DC
ZipCode	20006
CommunicationNumbers	

Communication	
Number	2026391800
Qualifier	TE
Communication	
Number	2026391800
Qualifier	FX
Patient	
PatientRelationship	1
Name	
LastName	DOE
FirstName	CONNIE
Gender	F
DateOfBirth	
Date	1956-07-30
Address	
AddressLine1	901 NEW YORK AVE NW
City	WASHINGTON
State	DC
ZipCode	20001
CommunicationNumbers	
Communication	
Number	2023472787
Qualifier	TE
BenefitsCoordination	
PayerIdentification	
PayerID	PAYER200
PayerName	NATIONAL PBM
CardholderID	200-19560730-01
ResponsibleParty	
LastName	DOE
FirstName	CONNIE
EffectiveDate	
Date	2010-09-24
ExpirationDate	
Date	2011-03-24
Consent	Y

Scenario: 17: Medication History - Response | Highly populated | Ambulatory | Connie Doe

Header

To	NPI1010101
From	PAYER300
MessageID	300303
RelatesToMessageID	4005
SentTime	2011-03-24T16:01:25
Security	
Sender	
SecondaryIdentification	PASSWORD
TertiaryIdentification	3RYIDENTIFIER
Receiver [Tag included without value]	

Body

RxHistoryResponse	
Response	
Approved [Tag included without value]	
Prescriber	
Identification	
NPI	NPI1010101
DEANumber	DEA101010
ClinicName	CORCORAN CLINIC
Name	
LastName	HARTLEY
FirstName	ANNA-KATHERINE

MiddleName	DAVID
Suffix	MD
Address	
AddressLine1	500 SEVENTEENTH ST NW
City	WASHINGTON
State	DC
ZipCode	20006
CommunicationNumbers	
Communication	
Number	2026391800
Qualifier	TE
Communication	
Number	2026391800
Qualifier	FX
Patient	
PatientRelationship	1
Name	
LastName	DOE
FirstName	CONNIE
Gender	F
DateOfBirth	
Date	1956-07-30
Address	
AddressLine1	901 NEW YORK AVE NW
City	WASHINGTON
State	DC
ZipCode	20001
CommunicationNumbers	
Communication	
Number	2023472787
Qualifier	TE
BenefitsCoordination	
PayerIdentification	
PayerID	PAYER200
PayerName	NATIONAL PBM
CardholderID	200-19560730-01
ResponsibleParty	
LastName	DOE
FirstName	CONNIE
EffectiveDate	
Date	2010-09-24
ExpirationDate	
Date	2011-03-24

Vasotec 5 mg | Highly populated

MedicationDispensed	
DrugDescription	VASOTEC 5 MG TABLET
DrugCoded	
ProductCode	00247057830
ProductCodeQualifier	ND
Strength	5
DrugDBCCode	858815
DrugDBCCodeQualifier	SBD
FormSourceCode	AA
FormCode	C42998
StrengthSourceCode	AB
StrengthCode	C28253
Quantity	
Value	60
CodeListQualifier	87
UnitSourceCode	AC
PotencyUnitCode	C48542

DaysSupply	30
Directions	TAKE 1 TABLET TWICE DAILY
Refills	
Qualifier	R
Value	2
WrittenDate	
Date	2010-09-27
LastFillDate	
Date	2010-09-30
Diagnosis	
ClinicalInformationQualifier	1
Primary	
Qualifier	DX
Value	401.9
Pharmacy	
Identification	
NCPDPID	NCPDP03
NPI	NPI3300330
StoreName	PHILLIPS PHARMACY
Address	
AddressLine1	1600 21ST ST NW
City	WASHINGTON
State	DC
ZipCode	20009
CommunicationNumbers	
Communication	
Number	2023872151X238
Qualifier	TE
Communication	
Number	2023872436
Qualifier	FX
Prescriber	
Identification	
NPI	NPI9999999
DEANumber	DEA999999
StateLicenseNumber	LIC99999
ClinicName	CORCORAN CLINIC
Name	
LastName	BALZARY
FirstName	MICHAEL
MiddleName	PETER
Suffix	MD
Address	
AddressLine1	500 SEVENTEENTH ST NW
City	WASHINGTON
State	DC
ZipCode	20006
CommunicationNumbers	
Communication	
Number	2026391800
Qualifier	TE
Communication	
Number	2026391800
Qualifier	FX
DrugUseEvaluation	
ServiceReasonCode	AR
ProfessionalServiceCode	MB
ServiceResultCode	4A
CoAgent	
CoAgentID	858817
CoAgentQualifier	38
ClinicalSignificanceCode	3

AcknowledgementReason	TOLERABLE DIARRHEA SIDE EFFECT OF ACE INHIBITOR
StructuredSIG	
RepeatingSIG	
SigSequencePositionNumber	0
CodeSystem	
SNOMEDVersion	2010_07_31
FMTVersion	2011_04_01
FreeText	
SigFreeTextStringIndicator	1
SigFreeText	TAKE ONE TABLET TWICE DAILY
Dose	
DoseCompositeIndicator	1
DoseDeliveryMethodText	TAKE
DoseDeliveryMethodCodeQualifier	1
DoseDeliveryMethodCode	419652001
DoseQuantity	1
DoseFormText	TABLET
DoseFormCodeQualifier	2
DoseFormCode	C42998
RouteofAdministration	
RouteofAdministrationText	BY MOUTH
RouteofAdministrationCodeQualifier	1
RouteofAdministrationCode	26643006
Timing	
FrequencyNumericValue	1
FrequencyUnitsText	Day
FrequencyUnitsCodeQualifier	1
FrequencyUnitsCode	258703001

Vasotec 5 mg | Highly populated

MedicationDispensed	
DrugDescription	VASOTEC 5 MG TABLET
DrugCoded	
ProductCode	00247057830
ProductCodeQualifier	ND
Strength	5
DrugDBCode	858815
DrugDBCodeQualifier	SBD
FormSourceCode	AA
FormCode	C42998
StrengthSourceCode	AB
StrengthCode	C28253
Quantity	
Value	60
CodeListQualifier	87
UnitSourceCode	AC
PotencyUnitCode	C48542
DaysSupply	30
Directions	TAKE 1 TABLET TWICE DAILY
Refills	
Qualifier	R
Value	1
WrittenDate	
Date	2010-09-27
LastFillDate	
Date	2010-11-15
Diagnosis	
ClinicalInformationQualifier	1
Primary	
Qualifier	DX
Value	401.9
Pharmacy	

Identification	
NCPDPID	NCPDP03
NPI	NPI3300330
StoreName	PHILLIPS PHARMACY
Address	
AddressLine1	1600 21ST ST NW
City	WASHINGTON
State	DC
ZipCode	20009
CommunicationNumbers	
Communication	
Number	2023872151X238
Qualifier	TE
Communication	
Number	2023872436
Qualifier	FX
Prescriber	
Identification	
NPI	NPI9999999
DEANumber	DEA999999
StateLicenseNumber	LIC99999
ClinicName	CORCORAN CLINIC
Name	
LastName	BALZARY
FirstName	MICHAEL
MiddleName	PETER
Suffix	MD
Address	
AddressLine1	500 SEVENTEENTH ST NW
City	WASHINGTON
State	DC
ZipCode	20006
CommunicationNumbers	
Communication	
Number	2026391800
Qualifier	TE
Communication	
Number	2026391800
Qualifier	FX
DrugUseEvaluation	
ServiceReasonCode	AR
ProfessionalServiceCode	MB
ServiceResultCode	4A
CoAgent	
CoAgentID	858817
CoAgentQualifier	38
ClinicalSignificanceCode	3
AcknowledgementReason	TOLERABLE DIARRHEA SIDE EFFECT OF ACE INHIBITOR
StructuredSIG	
RepeatingSIG	
SigSequencePositionNumber	0
CodeSystem	
SNOMEDVersion	2010_07_31
FMTVersion	2011_04_01
FreeText	
SigFreeTextStringIndicator	1
SigFreeText	TAKE ONE TABLET TWICE DAILY
Dose	
DoseCompositeIndicator	1
DoseDeliveryMethodText	TAKE
DoseDeliveryMethodCodeQualifier	1
DoseDeliveryMethodCode	419652001

DoseQuantity	1
DoseFormText	TABLET
DoseFormCodeQualifier	2
DoseFormCode	C42998
RouteofAdministration	
RouteofAdministrationText	BY MOUTH
RouteofAdministrationCodeQualifier	1
RouteofAdministrationCode	26643006
Timing	
FrequencyNumericValue	1
FrequencyUnitsText	Day
FrequencyUnitsCodeQualifier	1
FrequencyUnitsCode	258703001

Enalapril Maleate 5mg | Highly populated

MedicationDispensed	
DrugDescription	ENALAPRIL MALEATE 5 MG TABLET
DrugCoded	
ProductCode	23490549401
ProductCodeQualifier	ND
Strength	5
DrugDBCode	858813
DrugDBCodeQualifier	SCD
FormSourceCode	AA
FormCode	C42998
StrengthSourceCode	AB
StrengthCode	C28253
Quantity	
Value	60
CodeListQualifier	87
UnitSourceCode	AC
PotencyUnitCode	C48542
DaysSupply	30
Directions	TAKE 1 TABLET TWICE DAILY
Refills	
Qualifier	R
Value	2
WrittenDate	
Date	2010-12-29
LastFillDate	
Date	2011-01-03
Diagnosis	
ClinicalInformationQualifier	1
Primary	
Qualifier	DX
Value	401.9
Pharmacy	
Identification	
NCPDPID	NCPDP03
NPI	NPI3300330
StoreName	PHILLIPS PHARMACY
Address	
AddressLine1	1600 21ST ST NW
City	WASHINGTON
State	DC
ZipCode	20009
CommunicationNumbers	
Communication	
Number	2023872151X238
Qualifier	TE
Communication	
Number	2023872436

Prescriber	Qualifier	FX
Identification		
NPI		NPI9999999
DEANumber		DEA999999
StateLicenseNumber		LIC99999
ClinicName		CORCORAN CLINIC
Name		
LastName		BALZARY
FirstName		MICHAEL
MiddleName		PETER
Suffix		MD
Address		
AddressLine1		500 SEVENTEENTH ST NW
City		WASHINGTON
State		DC
ZipCode		20006
CommunicationNumbers		
Communication		
Number		2026391800
Qualifier		TE
Communication		
Number		2026391800
Qualifier		FX
DrugUseEvaluation		
ServiceReasonCode		AR
ProfessionalServiceCode		MB
ServiceResultCode		4A
CoAgent		
CoAgentID		858817
CoAgentQualifier		38
ClinicalSignificanceCode		3
AcknowledgementReason		TOLERABLE DIARRHEA SIDE EFFECT OF ACE INHIBITOR
StructuredSIG		
RepeatingSIG		
SigSequencePositionNumber		0
CodeSystem		
SNOMEDVersion		2010_07_31
FMTVersion		2011_04_01
FreeText		
SigFreeTextStringIndicator		1
SigFreeText		TAKE ONE TABLET TWICE DAILY
Dose		
DoseCompositeIndicator		1
DoseDeliveryMethodText		TAKE
DoseDeliveryMethodCodeQualifier		1
DoseDeliveryMethodCode		419652001
DoseQuantity		1
DoseFormText		TABLET
DoseFormCodeQualifier		2
DoseFormCode		C42998
RouteofAdministration		
RouteofAdministrationText		BY MOUTH
RouteofAdministrationCodeQualifier		1
RouteofAdministrationCode		26643006
Timing		
FrequencyNumericValue		1
FrequencyUnitsText		Day
FrequencyUnitsCodeQualifier		1
FrequencyUnitsCode		258703001

Enalapril Maleate 5mg | Highly populated

MedicationDispensed	
DrugDescription	ENALAPRIL MALEATE 5 MG TABLET
DrugCoded	
ProductCode	23490549401
ProductCodeQualifier	ND
Strength	5
DrugDBCode	858813
DrugDBCodeQualifier	SCD
FormSourceCode	AA
FormCode	C42998
StrengthSourceCode	AB
StrengthCode	C28253
Quantity	
Value	60
CodeListQualifier	87
UnitSourceCode	AC
PotencyUnitCode	C48542
DaysSupply	30
Directions	TAKE 1 TABLET TWICE DAILY
Refills	
Qualifier	R
Value	1
WrittenDate	
Date	2010-12-29
LastFillDate	
Date	2011-02-01
Diagnosis	
ClinicalInformationQualifier	1
Primary	
Qualifier	DX
Value	401.9
Pharmacy	
Identification	
NCPDPID	NCPDP03
NPI	NPI3300330
StoreName	PHILLIPS PHARMACY
Address	
AddressLine1	1600 21ST ST NW
City	WASHINGTON
State	DC
ZipCode	20009
CommunicationNumbers	
Communication	
Number	2023872151X238
Qualifier	TE
Communication	
Number	2023872436
Qualifier	FX
Prescriber	
Identification	
NPI	NPI9999999
DEANumber	DEA999999
StateLicenseNumber	LIC99999
ClinicName	CORCORAN CLINIC
Name	
LastName	BALZARY
FirstName	MICHAEL
MiddleName	PETER
Suffix	MD
Address	
AddressLine1	500 SEVENTEENTH ST NW
City	WASHINGTON

State	DC
ZipCode	20006
CommunicationNumbers	
Communication	
Number	2026391800
Qualifier	TE
Communication	
Number	2026391800
Qualifier	FX
DrugUseEvaluation	
ServiceReasonCode	AR
ProfessionalServiceCode	MB
ServiceResultCode	4A
CoAgent	
CoAgentID	858817
CoAgentQualifier	38
ClinicalSignificanceCode	3
AcknowledgementReason	TOLERABLE DIARRHEA SIDE EFFECT OF ACE INHIBITOR
StructuredSIG	
RepeatingSIG	
SigSequencePositionNumber	0
CodeSystem	
SNOMEDVersion	2010_07_31
FMTVersion	2011_04_01
FreeText	
SigFreeTextStringIndicator	1
SigFreeText	TAKE ONE TABLET TWICE DAILY
Dose	
DoseCompositeIndicator	1
DoseDeliveryMethodText	TAKE
DoseDeliveryMethodCodeQualifier	1
DoseDeliveryMethodCode	419652001
DoseQuantity	1
DoseFormText	TABLET
DoseFormCodeQualifier	2
DoseFormCode	C42998
RouteofAdministration	
RouteofAdministrationText	BY MOUTH
RouteofAdministrationCodeQualifier	1
RouteofAdministrationCode	26643006
Timing	
FrequencyNumericValue	1
FrequencyUnitsText	Day
FrequencyUnitsCodeQualifier	1
FrequencyUnitsCode	258703001

Scenario: 17: New Prescription - Enalapril Maleate 10 MG | Structured Sig & Obs | Ambulatory | Connie Doe

Header

To	NCPDP03
From	NPI1010101
MessageID	4006
SentTime	2011-03-24T16:10:20
Security	
Sender	
SecondaryIdentification	PASSWORD
TertiaryIdentification	3RYIDENTIFIER
Receiver [Tag included without value]	
PrescriberOrderNumber	ORD00400105

Body

NewRx	
Pharmacy	

Identification		
NCPDPID		NCPDP03
NPI		NPI3300330
StoreName		PHILLIPS PHARMACY
Address		
AddressLine1		1600 21ST ST NW
City		WASHINGTON
State		DC
ZipCode		20009
CommunicationNumbers		
Communication		
Number		2023872151X238
Qualifier		TE
Communication		
Number		2023872436
Qualifier		FX
Prescriber		
Identification		
NPI		NPI1010101
DEANumber		DEA101010
StateLicenseNumber		LIC101010
ClinicName		CORCORAN CLINIC
Name		
LastName		HARTLEY
FirstName		ANNA-KATHERINE
Suffix		MD
Address		
AddressLine1		500 SEVENTEENTH ST NW
City		WASHINGTON
State		DC
ZipCode		20006
CommunicationNumbers		
Communication		
Number		2026391800
Qualifier		TE
Communication		
Number		2026391800
Qualifier		FX
Patient		
DateOfBirth		
Date		1956-07-30
Name		
LastName		DOE
FirstName		CONNIE
Gender		F
Address		
AddressLine1		901 NEW YORK AVE NW
City		WASHINGTON
State		DC
ZipCode		20001
CommunicationNumbers		
Communication		
Number		2023472787
Qualifier		TE
MedicationPrescribed		
DrugDescription		ENALAPRIL MALEATE 10 MG TABLET
DrugCoded		
ProductCode		21695048830
ProductCodeQualifier		ND
Strength		10
DrugDBCode		858817
DrugDBCodeQualifier		SCD

FormSourceCode	AA
FormCode	C42998
StrengthSourceCode	AB
StrengthCode	C28253
Quantity	
Value	30
CodeListQualifier	38
UnitSourceCode	AC
PotencyUnitCode	C48542
DaysSupply	30
Directions	TAKE ONE TABLET DAILY
Refills	
Qualifier	R
Value	1
WrittenDate	
Date	2011-03-24
Diagnosis	
ClinicalInformationQualifier	1
Primary	
Qualifier	DX
Value	401.9
Secondary	
Qualifier	DX
Value	784.0
DrugUseEvaluation	
ServiceReasonCode	AR
ProfessionalServiceCode	MB
ServiceResultCode	4A
CoAgent	
CoAgentID	858817
CoAgentQualifier	38
ClinicalSignificanceCode	3
AcknowledgementReason	TOLERABLE DIARRHEA SIDE EFFECT OF ACE INHIBITOR
StructuredSIG	
RepeatingSIG	
SigSequencePositionNumber	1
CodeSystem	
SNOMEDVersion	2010_07_31
FMTVersion	2011_04_01
FreeText	
SigFreeTextStringIndicator	1
SigFreeText	TAKE ONE TABLET DAILY
Dose	
DoseCompositeIndicator	1
DoseDeliveryMethodText	TAKE
DoseDeliveryMethodCodeQualifier	1
DoseDeliveryMethodCode	419652001
DoseQuantity	1
DoseFormText	TABLET
DoseFormCodeQualifier	2
DoseFormCode	C42998
RouteofAdministration	
RouteofAdministrationText	BY MOUTH
RouteofAdministrationCodeQualifier	1
RouteofAdministrationCode	26643006
Timing	
FrequencyNumericValue	1
FrequencyUnitsText	Day
FrequencyUnitsCodeQualifier	1
FrequencyUnitsCode	258703001
Observation	
Measurement	

Dimension	WG
Value	158
ObservationDate	
DateTime	2011-03-24T16:00:00
MeasurementDataQualifier	1
MeasurementSourceCode	AC
MeasurementUnitCode	C48531

Scenario: 17: Fill Status - Response w/prescribed | Dispense as written | Ambulatory | Connie Doe

Header

To	NPI1010101
From	NCPDP03
MessageID	77010
RelatesToMessageID	4006
SentTime	2011-03-24T17:30:01
Security	
Sender	
SecondaryIdentification	PASSWORD
TertiaryIdentification	3RYIDENTIFIER
Receiver [Tag included without value]	
RxReferenceNumber	PHARM00400105
PrescriberOrderNumber	ORD00400105

Body

RxFill	
FillStatus	
NotFilled	
Note	NOT PICKED UP BY PATIENT. RETURNED TO STOCK
Pharmacy	
Identification	
NCPDPID	NCPDP03
NPI	NPI3300330
StoreName	PHILLIPS PHARMACY
Address	
AddressLine1	1600 21ST ST NW
City	WASHINGTON
State	DC
ZipCode	20009
CommunicationNumbers	
Communication	
Number	2023872151X238
Qualifier	TE
Communication	
Number	2023872436
Qualifier	FX
Prescriber	
Identification	
NPI	NPI1010101
DEANumber	DEA101010
StateLicenseNumber	LIC101010
ClinicName	CORCORAN CLINIC
Name	
LastName	HARTLEY
FirstName	ANNA-KATHERINE
Suffix	MD
Address	
AddressLine1	500 SEVENTEENTH ST NW
City	WASHINGTON
State	DC
ZipCode	20006
CommunicationNumbers	
Communication	

Number	2026391800
Qualifier	TE
Communication	
Number	2026391800
Qualifier	FX
Patient	
DateOfBirth	
Date	1956-07-30
Name	
LastName	DOE
FirstName	CONNIE
Gender	F
Address	
AddressLine1	901 NEW YORK AVE NW
City	WASHINGTON
State	DC
ZipCode	20001
CommunicationNumbers	
Communication	
Number	2023472787
Qualifier	TE
MedicationPrescribed	
DrugDescription	ENALAPRIL MALEATE 10 MG TABLET
DrugCoded	
ProductCode	21695048830
ProductCodeQualifier	ND
Strength	10
DrugDBCode	858817
DrugDBCodeQualifier	SCD
FormSourceCode	AA
FormCode	C42998
StrengthSourceCode	AB
StrengthCode	C28253
Quantity	
Value	30
CodeListQualifier	38
UnitSourceCode	AC
PotencyUnitCode	C48542
DaysSupply	30
Directions	TAKE ONE TABLET DAILY
Refills	
Qualifier	R
Value	1
WrittenDate	
Date	2011-03-24

Scenario: 18: New Prescription - Amoxil 500 MG Cap | Oral capsule | Ambulatory | Kim Doe

Header

To	NCPDP02
From	NPI6666666
MessageID	2007
SentTime	2011-04-02T17:10:11
Security	
Sender	
SecondaryIdentification	PASSWORD
TertiaryIdentification	3RYIDENTIFIER
Receiver [Tag included without value]	
PrescriberOrderNumber	ORD00200106

Body

NewRx	
Pharmacy	

Identification		
NCPDPID		NCPDP02
NPI		NPI1234567
StoreName		WHITNEY PHARMACY
Address		
AddressLine1		945 MADISON AVE
City		NEW YORK
State		NY
ZipCode		10021
CommunicationNumbers		
Communication		
Number		2125703600
Qualifier		TE
Communication		
Number		2126060388
Qualifier		FX
Prescriber		
Identification		
NPI		NPI6666666
DEANumber		DEA666666
StateLicenseNumber		LIC66666
ClinicName		GUGGENHEIM CLINIC
Name		
LastName		DUFFY
FirstName		AIMEE
MiddleName		ANNE
Suffix		MD
Address		
AddressLine1		1071 FIFTH AVE
City		NEW YORK
State		NY
ZipCode		10128
CommunicationNumbers		
Communication		
Number		2124233500
Qualifier		TE
Communication		
Number		2124233640
Qualifier		FX
Patient		
DateOfBirth		
Date		1986-01-01
Name		
LastName		DOE
FirstName		KIM
Gender		F
Address		
AddressLine1		235 BOWERY
City		NEW YORK
State		NY
ZipCode		10002
CommunicationNumbers		
Communication		
Number		2122191222
Qualifier		TE
MedicationPrescribed		
DrugDescription		AMOXIL 500 MG CAPSULE
DrugCoded		
ProductCode		66267038230
ProductCodeQualifier		ND
Strength		500
DrugDBCCode		200998

DrugDBCodeQualifier	SBD
FormSourceCode	AA
FormCode	C25158
StrengthSourceCode	AB
StrengthCode	C28253
Quantity	
Value	30
CodeListQualifier	38
UnitSourceCode	AC
PotencyUnitCode	C48480
DaysSupply	10
Directions	TAKE ONE CAPSULE THREE TIMES DAILY
Refills	
Qualifier	R
Value	0
WrittenDate	
Date	2011-04-02

Scenario: 19: Cancel Prescription - Amoxil 500 MG Cap | Oral capsule | Ambulatory | Kim Doe

Header

To	NCPDP02
From	NPI6666666
MessageID	2007
SentTime	2011-04-03T11:14:41
Security	
Sender	
SecondaryIdentification	PASSWORD
TertiaryIdentification	3RYIDENTIFIER
Receiver [Tag included without value]	
PrescriberOrderNumber	ORD00200106

Body

CancelRx	
Request	
ChangeofPrescriptionStatusFlag	C
Pharmacy	
Identification	
NCPDPID	NCPDP02
NPI	NPI1234567
StoreName	WHITNEY PHARMACY
Address	
AddressLine1	945 MADISON AVE
City	NEW YORK
State	NY
ZipCode	10021
CommunicationNumbers	
Communication	
Number	2125703600
Qualifier	TE
Communication	
Number	2126060388
Qualifier	FX
Prescriber	
Identification	
NPI	NPI6666666
DEANumber	DEA666666
StateLicenseNumber	LIC66666
ClinicName	GUGGENHEIM CLINIC
Name	
LastName	DUFFY
FirstName	AIMEE
MiddleName	ANNE

Suffix	MD
Address	
AddressLine1	1071 FIFTH AVE
City	NEW YORK
State	NY
ZipCode	10128
CommunicationNumbers	
Communication	
Number	2124233500
Qualifier	TE
Communication	
Number	2124233640
Qualifier	FX
Patient	
DateOfBirth	
Date	1986-01-01
Name	
LastName	DOE
FirstName	KIM
Gender	F
Address	
AddressLine1	235 BOWERY
City	NEW YORK
State	NY
ZipCode	10002
CommunicationNumbers	
Communication	
Number	2122191222
Qualifier	TE
MedicationPrescribed	
DrugDescription	AMOXIL 500 MG CAPSULE
DrugCoded	
ProductCode	66267038230
ProductCodeQualifier	ND
Strength	500
DrugDBCode	200998
DrugDBCodeQualifier	SBD
FormSourceCode	AA
FormCode	C25158
StrengthSourceCode	AB
StrengthCode	C28253
Quantity	
Value	30
CodeListQualifier	38
UnitSourceCode	AC
PotencyUnitCode	C48480
DaysSupply	10
Directions	TAKE ONE CAPSULE THREE TIMES DAILY
Refills	
Qualifier	R
Value	0
WrittenDate	
Date	2011-04-02

Scenario: 19: Cancel Response - Amoxil 500 MG Cap | Oral capsule | Ambulatory | Kim Doe

Header

To	NPI6666666
From	NCPDP02
MessageID	A0000002
RelatesToMessageID	2007
SentTime	2011-04-03T17:17:40

Security		
Sender		
SecondaryIdentification		PASSWORD
TertiaryIdentification		3RYIDENTIFIER
Receiver [Tag included without value]		
PrescriberOrderNumber		ORD00200106
<i>Body</i>		
CancelRxResponse		
Response		
Approved		
Note		DISPENSING CANCELLED

Scenario: 20: New Prescription - Zithromax 250 MG Cap | Oral capsule | Ambulatory | Kim Doe

<i>Header</i>		
To		NCPDP02
From		NPI6666666
MessageID		2008
SentTime		2011-04-03T17:18:45
Security		
Sender		
SecondaryIdentification		PASSWORD
TertiaryIdentification		3RYIDENTIFIER
Receiver [Tag included without value]		
PrescriberOrderNumber		ORD00200107
<i>Body</i>		
NewRx		
Pharmacy		
Identification		
NCPDPID		NCPDP02
NPI		NPI1234567
StoreName		WHITNEY PHARMACY
Address		
AddressLine1		945 MADISON AVE
City		NEW YORK
State		NY
ZipCode		10021
CommunicationNumbers		
Communication		
Number		2125703600
Qualifier		TE
Communication		
Number		2126060388
Qualifier		FX
Prescriber		
Identification		
NPI		NPI6666666
DEANumber		DEA666666
StateLicenseNumber		LIC66666
ClinicName		GUGGENHEIM CLINIC
Name		
LastName		DUFFY
FirstName		AIMEE
MiddleName		ANNE
Suffix		MD
Address		
AddressLine1		1071 FIFTH AVE
City		NEW YORK
State		NY
ZipCode		10128
CommunicationNumbers		
Communication		

Number	2124233500
Qualifier	TE
Communication	
Number	2124233640
Qualifier	FX
Patient	
DateOfBirth	
Date	1986-01-01
Name	
LastName	DOE
FirstName	KIM
Gender	F
Address	
AddressLine1	235 BOWERY
City	NEW YORK
State	NY
ZipCode	10002
CommunicationNumbers	
Communication	
Number	2122191222
Qualifier	TE
MedicationPrescribed	
DrugDescription	ZITHROMAX 250 MG CAPSULE
DrugCoded	
ProductCode	60491072206
ProductCodeQualifier	ND
Strength	250
DrugDBCode	105259
DrugDBCodeQualifier	SBD
FormSourceCode	AA
FormCode	C25158
StrengthSourceCode	AB
StrengthCode	C28253
Quantity	
Value	9
CodeListQualifier	38
UnitSourceCode	AC
PotencyUnitCode	C48480
DaysSupply	8
Directions	TAKE 2 CAPSULES ON DAY 1. THEN TAKE 1 CAPSULE DAILY ON DAYS 2-8
Refills	
Qualifier	R
Value	0
WrittenDate	
Date	2011-04-03

Scenario: 21: New Prescription - Vicodin 10/660 | Controlled substance III | Ambulatory | Albert Doe

Header

To	NCPDP03
From	NPI1010101
MessageID	4008
SentTime	2011-04-04T08:47:45
Security	
Sender	
SecondaryIdentification	PASSWORD
TertiaryIdentification	3RYIDENTIFIER
Receiver [Tag included without value]	
PrescriberOrderNumber	ORD00400106

Body

NewRx

Pharmacy		
Identification		
NCPDPID		NCPDP03
NPI		NPI3300330
DEANumber		DEA330033
StoreName		PHILLIPS PHARMACY
Address		
AddressLine1		1600 21ST ST NW
City		WASHINGTON
State		DC
ZipCode		20009
CommunicationNumbers		
Communication		
Number		2023872151X238
Qualifier		TE
Communication		
Number		2023872436
Qualifier		FX
Prescriber		
Identification		
NPI		NPI1010101
DEANumber		DEA101010
StateLicenseNumber		LIC101010
ClinicName		CORCORAN CLINIC
Name		
LastName		HARTLEY
FirstName		ANNA-KATHERINE
Suffix		MD
Address		
AddressLine1		500 SEVENTEENTH ST NW
City		WASHINGTON
State		DC
ZipCode		20006
CommunicationNumbers		
Communication		
Number		2026391800
Qualifier		TE
Communication		
Number		2026391800
Qualifier		FX
Patient		
DateOfBirth		
Date		1981-07-06
Name		
LastName		DOE
FirstName		ALBERT
Gender		M
Address		
AddressLine1		2401 FOXHALL RD NW
City		WASHINGTON
State		DC
ZipCode		20007
CommunicationNumbers		
Communication		
Number		2023373051
Qualifier		TE
MedicationPrescribed		
DrugDescription		VICODIN 10/660 10 MG TABLET
DrugCoded		
ProductCode		54868494000
ProductCodeQualifier		ND
Strength		10

DrugDBCode	856912
DrugDBCodeQualifier	SBD
FormSourceCode	AA
FormCode	C42998
StrengthSourceCode	AB
StrengthCode	C28253
DEASchedule	C48676
Quantity	
Value	30
CodeListQualifier	38
UnitSourceCode	AC
PotencyUnitCode	C48542
Directions	TAKE ONE TABLET EVERY 4-6 HOURS AS NEEDED FOR PAIN
Refills	
Qualifier	R
Value	0
WrittenDate	
Date	2011-04-04
EffectiveDate	
Date	2011-04-04
DrugCoverageStatusCode	SI

Scenario: 22: Cancel Prescription - Vicodin 10/660 | Controlled substance III | Ambulatory | Albert Doe

Header

To	NCPDP03
From	NPI1010101
MessageID	4008
SentTime	2011-04-04T08:47:45
Security	
Sender	
SecondaryIdentification	PASSWORD
TertiaryIdentification	3RYIDENTIFIER
Receiver [Tag included without value]	
PrescriberOrderNumber	ORD00400106

Body

CancelRx	
Request	
ChangeofPrescriptionStatusFlag	C
Pharmacy	
Identification	
NCPDPID	NCPDP03
NPI	NPI3300330
DEANumber	DEA330033
StoreName	PHILLIPS PHARMACY
Address	
AddressLine1	1600 21ST ST NW
City	WASHINGTON
State	DC
ZipCode	20009
CommunicationNumbers	
Communication	
Number	2023872151X238
Qualifier	TE
Communication	
Number	2023872436
Qualifier	FX
Prescriber	
Identification	
NPI	NPI1010101
DEANumber	DEA101010
StateLicenseNumber	LIC101010

ClinicName	CORCORAN CLINIC
Name	
LastName	HARTLEY
FirstName	ANNA-KATHERINE
Suffix	MD
Address	
AddressLine1	500 SEVENTEENTH ST NW
City	WASHINGTON
State	DC
ZipCode	20006
CommunicationNumbers	
Communication	
Number	2026391800
Qualifier	TE
Communication	
Number	2026391800
Qualifier	FX
Patient	
DateOfBirth	
Date	1981-07-06
Name	
LastName	DOE
FirstName	ALBERT
Gender	M
Address	
AddressLine1	2401 FOXHALL RD NW
City	WASHINGTON
State	DC
ZipCode	20007
CommunicationNumbers	
Communication	
Number	2023373051
Qualifier	TE
MedicationPrescribed	
DrugDescription	VICODIN 10/660 10 MG TABLET
DrugCoded	
ProductCode	54868494000
ProductCodeQualifier	ND
Strength	10
DrugDBCode	856912
DrugDBCodeQualifier	SBD
FormSourceCode	AA
FormCode	C42998
StrengthSourceCode	AB
StrengthCode	C28253
DEASchedule	C48676
Quantity	
Value	30
CodeListQualifier	38
UnitSourceCode	AC
PotencyUnitCode	C48542
Directions	TAKE ONE TABLET EVERY 4-6 HOURS AS NEEDED FOR PAIN
Refills	
Qualifier	R
Value	0
WrittenDate	
Date	2011-04-04
EffectiveDate	
Date	2011-04-04

Scenario: 22: Cancel Response - Vicodin 10/660 | Controlled substance III | Ambulatory | Albert Doe

Header

To NPI1010101
From NCPDP03
MessageID 77011
RelatesToMessageID 4008
SentTime 2011-04-04T08:59:25
Security
 Sender
 SecondaryIdentification PASSWORD
 TertiaryIdentification 3RYIDENTIFIER
 Receiver [Tag included without value]
PrescriberOrderNumber ORD00400106

Body

CancelRxResponse
 Request
 ChangeofPrescriptionStatusFlag C
 Response
 Approved
 Note DISPENSING CANCELLED

Scenario: 23: New Prescription - Biaxin 250 MG Tablet | Simple directions | Ambulatory | Dean Doe

Header

To NCPDP02
From NPI7777777
MessageID 2008
SentTime 2011-04-09T13:23:25
Security
 Sender
 SecondaryIdentification PASSWORD
 TertiaryIdentification 3RYIDENTIFIER
 Receiver [Tag included without value]
PrescriberOrderNumber ORD00200107

Body

NewRx
 Pharmacy
 Identification
 NCPDPID NCPDP02
 NPI NPI1234567
 StoreName WHITNEY PHARMACY
 Address
 AddressLine1 945 MADISON AVE
 City NEW YORK
 State NY
 ZipCode 10021
 CommunicationNumbers
 Communication
 Number 2125703600
 Qualifier TE
 Communication
 Number 2126060388
 Qualifier FX
 Prescriber
 Identification
 NPI NPI7777777
 DEANumber DEA7777777
 StateLicenseNumber LIC77777
 ClinicName GUGGENHEIM CLINIC
 Name
 LastName ADKINS
 FirstName ADELE
 MiddleName LAURIE

Prefix	DR
Address	
AddressLine1	1071 FIFTH AVE
City	NEW YORK
State	NY
ZipCode	10128
CommunicationNumbers	
Communication	
Number	2124233500
Qualifier	TE
Communication	
Number	2124233640
Qualifier	FX
Patient	
DateOfBirth	
Date	1968-12-13
Name	
LastName	DOE
FirstName	DEAN
Gender	M
Address	
AddressLine1	11 W 53RD ST
AddressLine2	Apt 121
City	NEW YORK
State	NY
ZipCode	10019
CommunicationNumbers	
Communication	
Number	2127089400
Qualifier	TE
MedicationPrescribed	
DrugDescription	BIAXIN 250 MG TABLET
DrugCoded	
ProductCode	52959044210
ProductCodeQualifier	ND
Strength	250
DrugDBCode	205863
DrugDBCodeQualifier	SBD
FormSourceCode	AA
FormCode	C42998
StrengthSourceCode	AB
StrengthCode	C28253
Quantity	
Value	20
CodeListQualifier	38
UnitSourceCode	AC
PotencyUnitCode	C48542
DaysSupply	10
Directions	TAKE ONE TABLET TWICE DAILY
Refills	
Qualifier	R
Value	0
WrittenDate	
Date	2011-04-09

Scenario: 24: Change Request - SULFAMETHOXAZOLE 400MG TABLET | Denied | Ambulatory | Dean Doe

Header

To	NPI7777777
From	NCPDP02
MessageID	A0000003
RelatesToMessageID	2008

SentTime	2011-04-09T14:43:25
Security	
Sender	
SecondaryIdentification	PASSWORD
TertiaryIdentification	3RYIDENTIFIER
Receiver [Tag included without value]	
RxReferenceNumber	PHARM00200107
PrescriberOrderNumber	ORD00200107
<i>Body</i>	
RxChangeRequest	
Pharmacy	
Identification	
NCPDPID	NCPDP02
NPI	NPI1234567
StoreName	WHITNEY PHARMACY
Address	
AddressLine1	945 MADISON AVE
City	NEW YORK
State	NY
ZipCode	10021
CommunicationNumbers	
Communication	
Number	2125703600
Qualifier	TE
Communication	
Number	2126060388
Qualifier	FX
Prescriber	
Identification	
NPI	NPI7777777
DEANumber	DEA777777
StateLicenseNumber	LIC77777
ClinicName	GUGGENHEIM CLINIC
Name	
LastName	ADKINS
FirstName	ADELE
MiddleName	LAURIE
Prefix	DR
Address	
AddressLine1	1071 FIFTH AVE
City	NEW YORK
State	NY
ZipCode	10128
CommunicationNumbers	
Communication	
Number	2124233500
Qualifier	TE
Communication	
Number	2124233640
Qualifier	FX
Patient	
DateOfBirth	
Date	1968-12-13
Name	
LastName	DOE
FirstName	DEAN
Gender	M
Address	
AddressLine1	11 W 53RD ST
AddressLine2	Apt 121
City	NEW YORK
State	NY

ZipCode	10019
CommunicationNumbers	
Communication	
Number	2127089400
Qualifier	TE
MedicationPrescribed	
DrugDescription	BIAXIN 250 MG TABLET
DrugCoded	
ProductCode	52959044210
ProductCodeQualifier	ND
Strength	250
DrugDBCode	205863
DrugDBCodeQualifier	SBD
FormSourceCode	AA
FormCode	C42998
StrengthSourceCode	AB
StrengthCode	C28253
Quantity	
Value	20
CodeListQualifier	38
UnitSourceCode	AC
PotencyUnitCode	C48542
DaysSupply	10
Directions	TAKE ONE TABLET TWICE DAILY
Refills	
Qualifier	R
Value	0
WrittenDate	
Date	2011-04-09

SULFAMETHOXAZOLE 400MG TABLET | Requested med

MedicationRequested	
DrugDescription	SULFAMETHOXAZOLE 400MG/TRIMETHOPRIM 80MG TABLET
DrugCoded	
ProductCode	12634008898
ProductCodeQualifier	ND
Strength	400-80
DrugDBCode	198334
DrugDBCodeQualifier	SBD
FormSourceCode	AA
FormCode	C42998
StrengthSourceCode	AB
StrengthCode	C28253
Quantity	
Value	20
CodeListQualifier	38
UnitSourceCode	AC
PotencyUnitCode	C48542
DaysSupply	10
Directions	TAKE ONE TABLET TWICE DAILY
Refills	
Qualifier	R
Value	0

Scenario: 24: Change Response - SULFAMETHOXAZOLE 400MG TABLET | Denied | Ambulatory | Dean Doe

Header

To	NCPDP02
From	NPI7777777
MessageID	2009
RelatesToMessageID	A0000003

SentTime	2011-04-09T16:10:30
Security	
Sender	
SecondaryIdentification	PASSWORD
TertiaryIdentification	3RYIDENTIFIER
Receiver [Tag included without value]	
RxReferenceNumber	PHARM00200107
PrescriberOrderNumber	ORD00200108
<i>Body</i>	
RxChangeResponse	
Response	
Denied	
DenialReason	TO AVOID INTOLERANCE, WILL PRESCRIBE BRAND VERSION - TO FOLLOW
Pharmacy	
Identification	
NCPDPID	NCPDP02
NPI	NPI1234567
StoreName	WHITNEY PHARMACY
Address	
AddressLine1	945 MADISON AVE
City	NEW YORK
State	NY
ZipCode	10021
CommunicationNumbers	
Communication	
Number	2125703600
Qualifier	TE
Communication	
Number	2126060388
Qualifier	FX
Prescriber	
Identification	
NPI	NPI7777777
DEANumber	DEA777777
StateLicenseNumber	LIC77777
ClinicName	GUGGENHEIM CLINIC
Name	
LastName	ADKINS
FirstName	ADELE
MiddleName	LAURIE
Prefix	DR
Address	
AddressLine1	1071 FIFTH AVE
City	NEW YORK
State	NY
ZipCode	10128
CommunicationNumbers	
Communication	
Number	2124233500
Qualifier	TE
Communication	
Number	2124233640
Qualifier	FX
Patient	
DateOfBirth	
Date	1968-12-13
Name	
LastName	DOE
FirstName	DEAN
Gender	M
Address	

AddressLine1	11 W 53RD ST
AddressLine2	Apt 121
City	NEW YORK
State	NY
ZipCode	10019
CommunicationNumbers	
Communication	
Number	2127089400
Qualifier	TE

Scenario: 24: New Prescription - Septra 400/80 Tablet | No Substitutions | Ambulatory | Dean Doe

Header

To	NCPDP02
From	NPI7777777
MessageID	2010
SentTime	2011-04-09T16:11:30
Security	
Sender	
SecondaryIdentification	PASSWORD
TertiaryIdentification	3RYIDENTIFIER
Receiver [Tag included without value]	
PrescriberOrderNumber	ORD00200109

Body

NewRx	
Pharmacy	
Identification	
NCPDPID	NCPDP02
NPI	NPI1234567
StoreName	WHITNEY PHARMACY
Address	
AddressLine1	945 MADISON AVE
City	NEW YORK
State	NY
ZipCode	10021
CommunicationNumbers	
Communication	
Number	2125703600
Qualifier	TE
Communication	
Number	2126060388
Qualifier	FX
Prescriber	
Identification	
NPI	NPI7777777
DEANumber	DEA777777
StateLicenseNumber	LIC77777
ClinicName	GUGGENHEIM CLINIC
Name	
LastName	ADKINS
FirstName	ADELE
MiddleName	LAURIE
Prefix	DR
Address	
AddressLine1	1071 FIFTH AVE
City	NEW YORK
State	NY
ZipCode	10128
CommunicationNumbers	
Communication	
Number	2124233500
Qualifier	TE

Communication	
Number	2124233640
Qualifier	FX
Patient	
DateOfBirth	
Date	1968-12-13
Name	
LastName	DOE
FirstName	DEAN
Gender	M
Address	
AddressLine1	11 W 53RD ST
AddressLine2	Apt 121
City	NEW YORK
State	NY
ZipCode	10019
CommunicationNumbers	
Communication	
Number	2127089400
Qualifier	TE
MedicationPrescribed	
DrugDescription	SEPTRA 400/80 TABLET
DrugCoded	
ProductCode	61570005201
ProductCodeQualifier	ND
Strength	400-80
DrugDBCode	823998
DrugDBCodeQualifier	SBD
FormSourceCode	AA
FormCode	C42998
StrengthSourceCode	AB
StrengthCode	C28253
Quantity	
Value	20
CodeListQualifier	38
UnitSourceCode	AC
PotencyUnitCode	C48542
DaysSupply	10
Directions	TAKE ONE TABLET TWICE DAILY
Note	PRESCRIBING SEPTRA, WHICH IS BETTER TOLERATED BY PATIENT
Refills	
Qualifier	R
Value	0
Substitutions	1
WrittenDate	
Date	2011-04-09

Scenario: 25: New Prescription - Biaxin 250 MG Tablet | DUE segment populated | Ambulatory | Terry Doe

Header

To	NCPDP03
From	NPI1010101
MessageID	4009
SentTime	2011-04-11T12:21:30
Security	
Sender	
SecondaryIdentification	PASSWORD
TertiaryIdentification	3RYIDENTIFIER
Receiver [Tag included without value]	
PrescriberOrderNumber	ORD00300102

Body

NewRx

Pharmacy

Identification

NCPDPID NCPDP03
NPI NPI3300330
DEANumber DEA330033
StoreName PHILLIPS PHARMACY

Address

AddressLine1 1600 21ST ST NW
City WASHINGTON
State DC
ZipCode 20009

CommunicationNumbers

Communication
Number 2023872151X238
Qualifier TE
Communication
Number 2023872436
Qualifier FX

Prescriber

Identification

NPI NPI1010101
DEANumber DEA101010
StateLicenseNumber LIC101010
ClinicName CORCORAN CLINIC

Name

LastName HARTLEY
FirstName ANNA-KATHERINE
Suffix MD

Address

AddressLine1 500 SEVENTEENTH ST NW
City WASHINGTON
State DC
ZipCode 20006

CommunicationNumbers

Communication
Number 2026391800
Qualifier TE
Communication
Number 2026391800
Qualifier FX

Patient

DateOfBirth

Date 1973-01-15

Name

LastName DOE
FirstName TERRY
Gender M

Address

AddressLine1 901 NEW YORK AVE NW
City NEW YORK
State NY
ZipCode 20001

CommunicationNumbers

Communication
Number 2023472787
Qualifier TE

MedicationPrescribed

DrugDescription BIAXIN 250 MG TABLET
DrugCoded
ProductCode 52959044210
ProductCodeQualifier ND

Strength	250
DrugDBCode	205863
DrugDBCodeQualifier	SBD
FormSourceCode	AA
FormCode	C42998
StrengthSourceCode	AB
StrengthCode	C28254
Quantity	
Value	20
CodeListQualifier	38
UnitSourceCode	AC
PotencyUnitCode	C48542
DaysSupply	10
Directions	TAKE ONE TABLET TWICE DAILY
Refills	
Qualifier	R
Value	0
WrittenDate	
Date	2011-04-11
DrugUseEvaluation	
ServiceReasonCode	DA
ProfessionalServiceCode	PA
ServiceResultCode	4A
CoAgent	
CoAgentID	52959044210
CoAgentQualifier	36
ClinicalSignificanceCode	2
AcknowledgementReason	PATIENT HAD STOMACH UPSET IN PREVIOUS TREATMENT. NOT ALLERGIC

Scenario: 27: Census - Admission | with ALG and DIA | LTPAC | Frieda Doe

Header

To	NCPDP04
From	NPI9999999
MessageID	CENSUS001
SentTime	2011-05-01T09:15:10

Body

Census	
Request	
ChangeRequestType	A
CensusEffectiveDate	2011-05-01
Prescriber	
Identification	
NPI	NPI9999999
DEANumber	DEA999999
StateLicenseNumber	LIC99999
ClinicName	MOCA COMMUNITY
Name	
LastName	BALZARY
FirstName	MICHAEL
MiddleName	PETER
Prefix	DR
Address	
AddressLine1	1054 31ST ST NW
City	WASHINGTON
State	DC
ZipCode	20007
CommunicationNumbers	
Communication	
Number	2023426230
Qualifier	TE

Facility		
Identification		
NPI		NPI1234567
DEANumber		DEA123456
FacilityName		MOCA COMMUNITY
Address		
AddressLine1		1054 31ST ST NW
City		WASHINGTON
State		DC
ZipCode		20007
Patient		
DateOfBirth		
Date		1926-03-01
Name		
LastName		DOE
FirstName		FRIEDA
Gender		F
Address		
AddressLine1		1054 31ST ST NW
City		WASHINGTON
State		DC
ZipCode		20007
CommunicationNumbers		
Communication		
Number		2023426230
Qualifier		TE
PatientLocation		
FacilityUnit		EAST WING
Bed		A
Room		201
Allergy		
NoKnownAllergies		N
SourceOfInformation		P
EffectiveDate		
Date		2001-01-02
AdverseEvent		
ItemDescriptionLong		DRUG INTOLERANCE
ItemNumber		59037007
CodeListQualifier		LD
DrugProductCoded		
ItemDescriptionLong		PENICILLINS
ItemNumber		N0000011281
CodeListQualifier		RT
ReactionCoded		
ItemDescriptionLong		ANGIOEDEMA
ItemNumber		41291007
CodeListQualifier		LD
SeverityCoded		
ItemDescriptionLong		MODERATE
ItemNumber		6736007
CodeListQualifier		LD
Allergy		
NoKnownAllergies		N
SourceOfInformation		P
EffectiveDate		
Date		1991-01-02
AdverseEvent		
ItemDescriptionLong		FOOD INTOLERANCE
ItemNumber		235719002
CodeListQualifier		LD
DrugProductCoded		
ItemDescriptionLong		LACTOSE

ItemNumber	J2B2A4N98G
CodeListQualifier	UN
ReactionCoded	
ItemDescriptionLong	NAUSEA
ItemNumber	422587007
CodeListQualifier	LD
SeverityCoded	
ItemDescriptionLong	MODERATE TO SEVERE
ItemNumber	371924009
CodeListQualifier	LD
DiagnosisGeneral	
SourceOfInformation	P
EffectiveDate	
Date	2010-04-20
ProblemType	
ItemDescriptionLong	DIAGNOSIS
ItemNumber	282291009
CodeListQualifier	LD
ProblemNameCoded	
ItemDescriptionLong	PERSISTENT COUGH
ItemNumber	284523002
CodeListQualifier	LD
DiagnosisGeneral	
SourceOfInformation	P
EffectiveDate	
Date	2010-04-20
ProblemType	
ItemDescriptionLong	DIAGNOSIS
ItemNumber	282291009
CodeListQualifier	LD
ProblemNameCoded	
ItemDescriptionLong	TYPE 2 DIABETES
ItemNumber	44054006
CodeListQualifier	LD
DiagnosisGeneral	
SourceOfInformation	P
EffectiveDate	
Date	1999-03-20
ProblemType	
ItemDescriptionLong	DIAGNOSIS
ItemNumber	282291009
CodeListQualifier	LD
ProblemNameCoded	
ItemDescriptionLong	ATRIAL FIBRILLATION
ItemNumber	49436004
CodeListQualifier	LD

Scenario: 29: Refill Request - Lasix 20 MG | Denied - new Rx to follow | Ambulatory | Cindy Doe

Header

To	NPI3333333
From	NCPDP01
MessageID	108002
SentTime	2011-04-21T14:30:20
Security	
Sender	
SecondaryIdentification	PASSWORD
TertiaryIdentification	3RYIDENTIFIER
Receiver [Tag included without value]	
RxReferenceNumber	PHARM00100099
PrescriberOrderNumber	ORD00100099

Body

RefillRequest		
Pharmacy		
Identification		
NCPDPID		NCPDP01
NPI		NPI1011001
StoreName		WALKER PHARMACY
Address		
AddressLine1		1750 HENNEPIN AVE
City		MINNEAPOLIS
State		MN
ZipCode		55403
CommunicationNumbers		
Communication		
Number		6123757600
Qualifier		TE
Communication		
Number		6123757633
Qualifier		FX
Prescriber		
Identification		
NPI		NPI3333333
DEANumber		DEA333333
StateLicenseNumber		LIC33333
ClinicName		MINNEAPOLIS CLINIC
Name		
LastName		BAKER
FirstName		CHET
Prefix		DR
Address		
AddressLine1		2400 THIRD AVENUE SO
AddressLine2		STE 400
City		MINNEAPOLIS
State		MN
ZipCode		55404
CommunicationNumbers		
Communication		
Number		6128703000
Qualifier		TE
Communication		
Number		6128703100
Qualifier		FX
Patient		
DateOfBirth		
Date		1938-10-26
Name		
LastName		DOE
FirstName		COLLEEN
Gender		F
Address		
AddressLine1		518 SECOND ST SE
City		MINNEAPOLIS
State		MN
ZipCode		55414
CommunicationNumbers		
Communication		
Number		6126239176
Qualifier		TE
MedicationPrescribed		
DrugDescription		LASIX 20 MG TABLET
DrugCoded		
ProductCode		58056013510
ProductCodeQualifier		ND

Strength	20
DrugDBCode	200801
DrugDBCodeQualifier	SBD
FormSourceCode	AA
FormCode	C42998
StrengthSourceCode	AB
StrengthCode	C28253
Quantity	
Value	30
CodeListQualifier	38
UnitSourceCode	AC
PotencyUnitCode	C48542
DaysSupply	30
Directions	TAKE ONE TABLET EACH MORNING
Refills	
Qualifier	P
Value	3
Substitutions	1
WrittenDate	
Date	2011-01-20
MedicationDispensed	
DrugDescription	LASIX 20 MG TABLET
DrugCoded	
ProductCode	58056013510
ProductCodeQualifier	ND
Strength	20
DrugDBCode	200801
DrugDBCodeQualifier	SBD
FormSourceCode	AA
FormCode	C42998
StrengthSourceCode	AB
StrengthCode	C28253
Quantity	
Value	30
CodeListQualifier	87
UnitSourceCode	AC
PotencyUnitCode	C48542
DaysSupply	30
Directions	TAKE ONE TABLET EACH MORNING
Refills	
Qualifier	P
Value	3
Substitutions	1
LastFillDate	
Date	2011-03-20

Scenario: 29: Refill Response - Lasix 20 MG | Denied - new Rx to follow | Ambulatory | John Doe

Header

To	NCPDP01
From	NPI3333333
MessageID	1009
RelatesToMessageID	108002
SentTime	2011-04-21T15:31:20
Security	
Sender	
SecondaryIdentification	PASSWORD
TertiaryIdentification	3RYIDENTIFIER
Receiver [Tag included without value]	
RxReferenceNumber	PHARM00100099
PrescriberOrderNumber	ORD00100099

Body

RefillResponse	
Response	
DeniedNewPrescriptionToFollow	
DenialReason	SWITCHING TO GENERIC
Pharmacy	
Identification	
NCPDPID	NCPDP01
NPI	NPI1011001
StoreName	WALKER PHARMACY
Address	
AddressLine1	1750 HENNEPIN AVE
City	MINNEAPOLIS
State	MN
ZipCode	55403
CommunicationNumbers	
Communication	
Number	6123757600
Qualifier	TE
Communication	
Number	6123757633
Qualifier	FX
Prescriber	
Identification	
NPI	NPI3333333
DEANumber	DEA333333
StateLicenseNumber	LIC33333
ClinicName	MINNEAPOLIS CLINIC
Name	
LastName	BAKER
FirstName	CHET
Prefix	DR
Address	
AddressLine1	2400 THIRD AVENUE SO
AddressLine2	STE 400
City	MINNEAPOLIS
State	MN
ZipCode	55404
CommunicationNumbers	
Communication	
Number	6128703000
Qualifier	TE
Communication	
Number	6128703100
Qualifier	FX
Patient	
DateOfBirth	
Date	1938-10-26
Name	
LastName	DOE
FirstName	COLLEEN
Gender	F
Address	
AddressLine1	518 SECOND ST SE
City	MINNEAPOLIS
State	MN
ZipCode	55414
CommunicationNumbers	
Communication	
Number	6126239176
Qualifier	TE
MedicationPrescribed	
DrugDescription	LASIX 20 MG TABLET

DrugCoded	
ProductCode	58056013510
ProductCodeQualifier	ND
Strength	20
DrugDBCode	200801
DrugDBCodeQualifier	SBD
FormSourceCode	AA
FormCode	C42998
StrengthSourceCode	AB
StrengthCode	C28253
Quantity	
Value	30
CodeListQualifier	38
UnitSourceCode	AC
PotencyUnitCode	C48542
DaysSupply	30
Directions	TAKE ONE TABLET EACH MORNING
Refills	
Qualifier	A
Value	3
Substitutions	1
WrittenDate	
Date	2011-01-20

Scenario: 29: New Prescription - Furosemide 20mg Tab | Generic | Ambulatory | Colleen Doe

Header

To	NCPDP01
From	NPI3333333
MessageID	1010
SentTime	2011-04-21T15:33:40
Security	
Sender	
SecondaryIdentification	PASSWORD
TertiaryIdentification	3RYIDENTIFIER
Receiver [Tag included without value]	
PrescriberOrderNumber	ORD00100108

Body

NewRx	
Pharmacy	
Identification	
NCPDPID	NCPDP01
NPI	NPI1011001
StoreName	WALKER PHARMACY
Address	
AddressLine1	1750 HENNEPIN AVE
City	MINNEAPOLIS
State	MN
ZipCode	55403
CommunicationNumbers	
Communication	
Number	6123757600
Qualifier	TE
Communication	
Number	6123757633
Qualifier	FX
Prescriber	
Identification	
NPI	NPI3333333
DEANumber	DEA333333
StateLicenseNumber	LIC33333
ClinicName	MINNEAPOLIS CLINIC

Name		
LastName		BAKER
FirstName		CHET
Prefix		DR
Address		
AddressLine1		2400 THIRD AVENUE SO
AddressLine2		STE 400
City		MINNEAPOLIS
State		MN
ZipCode		55404
CommunicationNumbers		
Communication		
Number		6128703000
Qualifier		TE
Communication		
Number		6128703100
Qualifier		FX
Patient		
DateOfBirth		
Date		1938-10-26
Name		
LastName		DOE
FirstName		COLLEEN
Gender		F
Address		
AddressLine1		518 SECOND ST SE
City		MINNEAPOLIS
State		MN
ZipCode		55414
CommunicationNumbers		
Communication		
Number		6126239176
Qualifier		TE
MedicationPrescribed		
DrugDescription		FUROSEMIDE 20 MG TABLET
DrugCoded		
ProductCode		00440755510
ProductCodeQualifier		ND
Strength		20
DrugDBCode		310429
DrugDBCodeQualifier		SCD
FormSourceCode		AA
FormCode		C42998
StrengthSourceCode		AB
StrengthCode		C28253
Quantity		
Value		30
CodeListQualifier		38
UnitSourceCode		AC
PotencyUnitCode		C48542
DaysSupply		30
Directions		TAKE ONE TABLET EACH MORNING
Refills		
Qualifier		R
Value		2
Substitutions		0
WrittenDate		
Date		2011-01-20

Scenario: 33: Change Request - Voltaren 50 MG Tab | Request for prior auth | Ambulatory | Tabatha Doe

Header

To	NPI6666666
From	NCPDP02
MessageID	A0000004
RelatesToMessageID	2011
SentTime	2011-04-24T11:10:40
Security	
Sender	
SecondaryIdentification	PASSWORD
TertiaryIdentification	3RYIDENTIFIER
Receiver [Tag included without value]	
PrescriberOrderNumber	ORD00200110
<i>Body</i>	
RxChangeRequest	
Request	
ChangeRequestType	P
Pharmacy	
Identification	
NCPDPID	NCPDP02
NPI	NPI1234567
StoreName	WHITNEY PHARMACY
Address	
AddressLine1	945 MADISON AVE
City	NEW YORK
State	NY
ZipCode	10021
CommunicationNumbers	
Communication	
Number	2125703600
Qualifier	TE
Communication	
Number	2126060388
Qualifier	FX
Prescriber	
Identification	
NPI	NPI6666666
StateLicenseNumber	LIC66666
ClinicName	GUGGENHEIM CLINIC
Name	
LastName	DUFFY
FirstName	AIMEE
MiddleName	ANNE
Prefix	DR
Address	
AddressLine1	1071 FIFTH AVE
City	NEW YORK
State	NY
ZipCode	101280173
CommunicationNumbers	
Communication	
Number	2124233500
Qualifier	TE
Communication	
Number	2124233640
Qualifier	FX
Patient	
DateOfBirth	
Date	1963-09-24
Name	
LastName	DOE
FirstName	TABATHA
Gender	F
Address	

AddressLine1	235 BOWERY
City	NEW YORK
State	NY
ZipCode	10002
CommunicationNumbers	
Communication	
Number	2122191222
Qualifier	TE
MedicationPrescribed	
DrugDescription	VOLTAREN 50 MG TABLET
DrugCoded	
ProductCode	54868089601
ProductCodeQualifier	ND
Strength	50
DrugDBCode	855907
DrugDBCodeQualifier	SBD
FormSourceCode	AA
FormCode	C42758
StrengthSourceCode	AB
StrengthCode	C28253
Quantity	
Value	30
CodeListQualifier	38
UnitSourceCode	AC
PotencyUnitCode	C48542
DaysSupply	15
Directions	TAKE ONE TABLET TWICE DAILY
Note	PATIENT'S INSURANCE REQUIRES A PRIOR AUTHORIZATION
Refills	
Qualifier	R
Value	0
Substitutions	1
WrittenDate	
Date	2011-04-24

Scenario: 33: Change Response - Voltaren 50 MG Tab | Request for prior auth | Ambulatory | Tabatha Doe

Header

To	NCPDP02
From	NPI6666666
MessageID	2012
RelatesToMessageID	A0000004
SentTime	2011-04-24T13:05:40
Security	
Sender	
SecondaryIdentification	PASSWORD
TertiaryIdentification	3RYIDENTIFIER
Receiver [Tag included without value]	
PrescriberOrderNumber	ORD00200110

Body

RxChangeResponse	
Response	
Approved [Tag included without value]	
Pharmacy	
Identification	
NCPDPID	NCPDP02
NPI	NPI1234567
StoreName	WHITNEY PHARMACY
Address	
AddressLine1	945 MADISON AVE
City	NEW YORK

State	NY
ZipCode	10021
CommunicationNumbers	
Communication	
Number	2125703600
Qualifier	TE
Communication	
Number	2126060388
Qualifier	FX
Prescriber	
Identification	
NPI	NPI6666666
StateLicenseNumber	LIC66666
ClinicName	GUGGENHEIM CLINIC
Name	
LastName	DUFFY
FirstName	AIMEE
MiddleName	ANNE
Prefix	DR
Address	
AddressLine1	1071 FIFTH AVE
City	NEW YORK
State	NY
ZipCode	101280173
CommunicationNumbers	
Communication	
Number	2124233500
Qualifier	TE
Communication	
Number	2124233640
Qualifier	FX
Patient	
DateOfBirth	
Date	1963-09-24
Name	
LastName	DOE
FirstName	TABATHA
Gender	F
Address	
AddressLine1	235 BOWERY
City	NEW YORK
State	NY
ZipCode	10002
CommunicationNumbers	
Communication	
Number	2122191222
Qualifier	TE
MedicationPrescribed	
DrugDescription	VOLTAREN 50 MG TABLET
DrugCoded	
ProductCode	54868089601
ProductCodeQualifier	ND
Strength	50
DrugDBCode	855907
DrugDBCodeQualifier	SBD
FormSourceCode	AA
FormCode	C42758
StrengthSourceCode	AB
StrengthCode	C28253
Quantity	
Value	30
CodeListQualifier	38

UnitSourceCode	AC
PotencyUnitCode	C48542
DaysSupply	15
Directions	TAKE ONE TABLET TWICE DAILY
Refills	
Qualifier	R
Value	0
Substitutions	1
WrittenDate	
Date	2011-04-24

Scenario: 34: New Prescription - Hydrocot 50 MG Tab | Oral tablet | Ambulatory | Timothy Doe

Header

To	NCPDP02
From	NPI7777777
MessageID	2013
SentTime	2011-04-25T14:15:40
Security	
Sender	
SecondaryIdentification	PASSWORD
TertiaryIdentification	3RYIDENTIFIER
Receiver [Tag included without value]	
PrescriberOrderNumber	ORD00200111

Body

NewRx	
Pharmacy	
Identification	
NCPDPID	NCPDP02
NPI	NPI1234567
StoreName	WHITNEY PHARMACY
Address	
AddressLine1	945 MADISON AVE
City	NEW YORK
State	NY
ZipCode	10021
CommunicationNumbers	
Communication	
Number	2125703600
Qualifier	TE
Communication	
Number	2126060388
Qualifier	FX
Prescriber	
Identification	
NPI	NPI7777777
DEANumber	DEA777777
StateLicenseNumber	LIC77777
ClinicName	GUGGENHEIM CLINIC
Name	
LastName	ADKINS
FirstName	ADELE
MiddleName	LAURIE
Prefix	DR
Address	
AddressLine1	1071 FIFTH AVE
City	NEW YORK
State	NY
ZipCode	10128
CommunicationNumbers	
Communication	
Number	2124233500

Qualifier	TE
Communication	
Number	2124233640
Qualifier	FX
Patient	
DateOfBirth	
Date	1966-03-05
Name	
LastName	DOE
FirstName	TIMOTHY
Gender	M
Address	
AddressLine1	235 BOWERY
City	NEW YORK
State	NY
ZipCode	10002
CommunicationNumbers	
Communication	
Number	2122191222
Qualifier	TE
MedicationPrescribed	
DrugDescription	HYDROCOT 50 MG TABLET
DrugCoded	
ProductCode	463626810
ProductCodeQualifier	ND
Strength	50
DrugDBCode	542850
DrugDBCodeQualifier	SBD
FormSourceCode	AA
FormCode	C42998
StrengthSourceCode	AB
StrengthCode	C28253
Quantity	
Value	30
CodeListQualifier	38
UnitSourceCode	AC
PotencyUnitCode	C48542
DaysSupply	30
Directions	TAKE ONE TABLET EACH MORNING
Refills	
Qualifier	R
Value	0
Substitutions	0
WrittenDate	
Date	2011-04-25

Scenario: 35: Change Request - Vasotec 5 MG Tablet | Therapeutic IC - approved | Ambulatory | Timothy Doe

Header

To	NPI7777777
From	NCPDP02
MessageID	A0000005
RelatesToMessageID	2013
SentTime	2011-04-26T11:31:10
Security	
Sender	
SecondaryIdentification	PASSWORD
TertiaryIdentification	3RYIDENTIFIER
Receiver [Tag included without value]	
RxReferenceNumber	PHARM00200111
PrescriberOrderNumber	ORD00200111

Body

RxChangeRequest	
Request	
ChangeRequestType	T
Pharmacy	
Identification	
NCPDPID	NCPDP02
NPI	NPI1234567
StoreName	WHITNEY PHARMACY
Address	
AddressLine1	945 MADISON AVE
City	NEW YORK
State	NY
ZipCode	10021
CommunicationNumbers	
Communication	
Number	2125703600
Qualifier	TE
Communication	
Number	2126060388
Qualifier	FX
Prescriber	
Identification	
NPI	NPI7777777
DEANumber	DEA777777
StateLicenseNumber	LIC77777
ClinicName	GUGGENHEIM CLINIC
Name	
LastName	ADKINS
FirstName	ADELE
MiddleName	LAURIE
Prefix	DR
Address	
AddressLine1	1071 FIFTH AVE
City	NEW YORK
State	NY
ZipCode	10128
CommunicationNumbers	
Communication	
Number	2124233500
Qualifier	TE
Communication	
Number	2124233640
Qualifier	FX
Patient	
DateOfBirth	
Date	1966-03-05
Name	
LastName	DOE
FirstName	TIMOTHY
Gender	M
Address	
AddressLine1	235 BOWERY
City	NEW YORK
State	NY
ZipCode	10002
CommunicationNumbers	
Communication	
Number	2122191222
Qualifier	TE
MedicationPrescribed	
DrugDescription	HYDROCOT 50 MG TABLET
DrugCoded	

ProductCode	463626810
ProductCodeQualifier	ND
Strength	50
DrugDBCode	542850
DrugDBCodeQualifier	SBD
FormSourceCode	AA
FormCode	C42998
StrengthSourceCode	AB
StrengthCode	C28253
Quantity	
Value	30
CodeListQualifier	38
UnitSourceCode	AC
PotencyUnitCode	C48542
DaysSupply	30
Directions	TAKE ONE TABLET EACH MORNING
Refills	
Qualifier	R
Value	0
Substitutions	0
WrittenDate	
Date	2011-04-25

Vasotec 5 MG Tablet | Therapeutic IC - approved

MedicationRequested	
DrugDescription	VASOTEC 5 MG TABLET
DrugCoded	
ProductCode	53002102102
ProductCodeQualifier	ND
Strength	5
DrugDBCode	858815
DrugDBCodeQualifier	SBD
FormSourceCode	AA
FormCode	C42998
StrengthSourceCode	AB
StrengthCode	C28253
Quantity	
Value	60
CodeListQualifier	38
UnitSourceCode	AC
PotencyUnitCode	C48542
DaysSupply	30
Directions	TAKE ONE TABLET TWICE DAILY
Note	PATIENT HAS AN ALLERGY TO THE PRESCRIBED MEDICATION
Refills	
Qualifier	R
Value	0

Scenario: 35: Change Response - Vasotec 5 MG Tablet | Therapeutic IC - approved | Ambulatory | Timothy Doe

Header

To	NPI7777777
From	NCPDP02
MessageID	2014
RelatesToMessageID	A0000005
SentTime	2011-04-26T12:01:10
Security	
Sender	
SecondaryIdentification	PASSWORD
TertiaryIdentification	3RYIDENTIFIER
Receiver [Tag included without value]	

RxReferenceNumber	PHARM00200111
PrescriberOrderNumber	ORD00200112
<i>Body</i>	
RxChangeResponse	
Response	
Approved [Tag included without value]	
Pharmacy	
Identification	
NCPDPID	NCPDP02
NPI	NPI1234567
StoreName	WHITNEY PHARMACY
Address	
AddressLine1	945 MADISON AVE
City	NEW YORK
State	NY
ZipCode	10021
CommunicationNumbers	
Communication	
Number	2125703600
Qualifier	TE
Communication	
Number	2126060388
Qualifier	FX
Prescriber	
Identification	
NPI	NPI7777777
DEANumber	DEA777777
StateLicenseNumber	LIC77777
ClinicName	GUGGENHEIM CLINIC
Name	
LastName	ADKINS
FirstName	ADELE
MiddleName	LAURIE
Prefix	DR
Address	
AddressLine1	1071 FIFTH AVE
City	NEW YORK
State	NY
ZipCode	10128
CommunicationNumbers	
Communication	
Number	2124233500
Qualifier	TE
Communication	
Number	2124233640
Qualifier	FX
Patient	
DateOfBirth	
Date	1966-03-05
Name	
LastName	DOE
FirstName	TIMOTHY
Gender	M
Address	
AddressLine1	235 BOWERY
City	NEW YORK
State	NY
ZipCode	10002
CommunicationNumbers	
Communication	
Number	2122191222
Qualifier	TE

MedicationPrescribed	
DrugDescription	VASOTEC 5 MG TABLET
DrugCoded	
ProductCode	53002102102
ProductCodeQualifier	ND
Strength	5
DrugDBCode	858815
DrugDBCodeQualifier	SBD
FormSourceCode	AA
FormCode	C42998
StrengthSourceCode	AB
StrengthCode	C28253
Quantity	
Value	60
CodeListQualifier	38
UnitSourceCode	AC
PotencyUnitCode	C48542
DaysSupply	30
Directions	TAKE ONE TABLET TWICE DAILY
Refills	
Qualifier	R
Value	0
WrittenDate	
Date	2011-04-25

Scenario: 36: New Prescription - Celebrex 50 MG Capsule | Dispense as written | Pain medication | Amanda Doe

Header

To	NCPDP01
From	NPI2222222
MessageID	2015
SentTime	2011-04-27T13:13:10
Security	
Sender	
SecondaryIdentification	PASSWORD
TertiaryIdentification	3RYIDENTIFIER
Receiver [Tag included without value]	
PrescriberOrderNumber	ORD00100113

Body

NewRx	
Pharmacy	
Identification	
NCPDPID	NCPDP01
NPI	NPI1011001
StoreName	WALKER PHARMACY
CommunicationNumbers	
Communication	
Number	6123757600
Qualifier	TE
Prescriber	
Identification	
NPI	NPI2222222
DEANumber	DEA222222
StateLicenseNumber	LIC22222
ClinicName	MINNEAPOLIS CLINIC
Name	
LastName	PERSSON
FirstName	NINA
Prefix	DR
Address	
AddressLine1	2400 THIRD AVENUE SO
AddressLine2	STE 400

City	MINNEAPOLIS
State	MN
ZipCode	55404
CommunicationNumbers	
Communication	
Number	6128703000
Qualifier	TE
Communication	
Number	6128703100
Qualifier	FX
Patient	
DateOfBirth	
Date	1981-09-30
Name	
LastName	DOE
FirstName	AMANDA
Gender	F
Address	
AddressLine1	5500 STEVENS AVE SO
City	MINNEAPOLIS
State	MN
ZipCode	55419
CommunicationNumbers	
Communication	
Number	6128219045
Qualifier	TE
MedicationPrescribed	
DrugDescription	CELEBREX 50 MG CAPSULE
DrugCoded	
ProductCode	65427004901
ProductCodeQualifier	ND
Strength	50
DrugDBCode	686381
DrugDBCodeQualifier	SBD
FormSourceCode	AA
FormCode	C25158
StrengthSourceCode	AB
StrengthCode	C28253
Quantity	
Value	30
CodeListQualifier	38
UnitSourceCode	AC
PotencyUnitCode	C48480
Directions	TAKE ONE TABLET EVERY FOUR HOURS AS NEEDED FOR PAIN
Refills	
Qualifier	R
Value	0
WrittenDate	
Date	2011-04-27

Scenario: 37: Change Request - Cataflam 50 MG Tablet | Formulary interchange | Ambulatory | Amanda Doe

Header

To	NPI7777777
From	NCPDP02
MessageID	A0000006
RelatesToMessageID	2016
SentTime	2011-04-28T09:15:10
Security	
Sender	
SecondaryIdentification	PASSWORD

TertiaryIdentification	3RYIDENTIFIER
Receiver [Tag included without value]	
RxReferenceNumber	PHARM00200113
PrescriberOrderNumber	ORD00200113
<i>Body</i>	
RxChangeRequest	
Request [Tag included without value]	
Pharmacy	
Identification	
NCPDPID	NCPDP01
NPI	NPI1011001
StoreName	WALKER PHARMACY
CommunicationNumbers	
Communication	
Number	6123757600
Qualifier	TE
Prescriber	
Identification	
NPI	NPI2222222
DEANumber	DEA222222
StateLicenseNumber	LIC22222
ClinicName	MINNEAPOLIS CLINIC
Name	
LastName	PERSSON
FirstName	NINA
Prefix	DR
Address	
AddressLine1	2400 THIRD AVENUE SO
AddressLine2	STE 400
City	MINNEAPOLIS
State	MN
ZipCode	55404
CommunicationNumbers	
Communication	
Number	6128703000
Qualifier	TE
Communication	
Number	6128703100
Qualifier	FX
Patient	
DateOfBirth	
Date	1981-09-30
Name	
LastName	DOE
FirstName	AMANDA
Gender	F
Address	
AddressLine1	5500 STEVENS AVE SO
City	MINNEAPOLIS
State	MN
ZipCode	55419
CommunicationNumbers	
Communication	
Number	6128219045
Qualifier	TE
MedicationPrescribed	
DrugDescription	CELEBREX 50 MG CAPSULE
DrugCoded	
ProductCode	65427004901
ProductCodeQualifier	ND
Strength	50
DrugDBCCode	686381

DrugDBCodeQualifier	SBD
FormSourceCode	AA
FormCode	C25158
StrengthSourceCode	AB
StrengthCode	C28253
Quantity	
Value	30
CodeListQualifier	38
UnitSourceCode	AC
PotencyUnitCode	C48480
Directions	TAKE ONE TABLET EVERY FOUR HOURS AS NEEDED FOR PAIN
Refills	
Qualifier	R
Value	0
WrittenDate	
Date	2011-04-27

Cataflam 50 MG Tablet | Formulary interchange

MedicationRequested	
DrugDescription	CATAFLAM 50 MG TABLET
DrugCoded	
ProductCode	17088015101
ProductCodeQualifier	ND
Strength	50
DrugDBCode	855944
DrugDBCodeQualifier	SBD
FormSourceCode	AA
FormCode	C42998
StrengthSourceCode	AB
StrengthCode	C28253
Quantity	
Value	30
CodeListQualifier	38
UnitSourceCode	AC
PotencyUnitCode	C48542
DaysSupply	15
Directions	TAKE ONE TABLET TWICE DAILY
Note	PATIENT'S FORMULARY DOES NOT COVER CELEBREX
Refills	
Qualifier	R
Value	0

Scenario: 37: Change Response - Cataflam 50 MG Tablet | Formulary interchange | Ambulatory | Amanda Doe

Header

To	NPI7777777
From	NCPDP02
MessageID	2014
RelatesToMessageID	A0000005
SentTime	2011-04-28T11:12:10
Security	
Sender	
SecondaryIdentification	PASSWORD
TertiaryIdentification	3RYIDENTIFIER
Receiver [Tag included without value]	
RxReferenceNumber	PHARM00200113
PrescriberOrderNumber	ORD00200114

Body

RxChangeResponse	
Response	
Approved [Tag included without value]	

Pharmacy		
Identification		
NCPDPID		NCPDP01
NPI		NPI1011001
StoreName		WALKER PHARMACY
CommunicationNumbers		
Communication		
Number		6123757600
Qualifier		TE
Prescriber		
Identification		
NPI		NPI2222222
DEANumber		DEA222222
StateLicenseNumber		LIC22222
ClinicName		MINNEAPOLIS CLINIC
Name		
LastName		PERSSON
FirstName		NINA
Prefix		DR
Address		
AddressLine1		2400 THIRD AVENUE SO
AddressLine2		STE 400
City		MINNEAPOLIS
State		MN
ZipCode		55404
CommunicationNumbers		
Communication		
Number		6128703000
Qualifier		TE
Communication		
Number		6128703100
Qualifier		FX
Patient		
DateOfBirth		
Date		1981-09-30
Name		
LastName		DOE
FirstName		AMANDA
Gender		F
Address		
AddressLine1		5500 STEVENS AVE SO
City		MINNEAPOLIS
State		MN
ZipCode		55419
CommunicationNumbers		
Communication		
Number		6128219045
Qualifier		TE
MedicationPrescribed		
DrugDescription		CATAFLAM 50 MG TABLET
DrugCoded		
ProductCode		17088015101
ProductCodeQualifier		ND
Strength		50
DrugDBCode		855944
DrugDBCodeQualifier		SBD
FormSourceCode		AA
FormCode		C42998
StrengthSourceCode		AB
StrengthCode		C28253
Quantity		
Value		30

CodeListQualifier	38
UnitSourceCode	AC
PotencyUnitCode	C48542
DaysSupply	15
Directions	TAKE ONE TABLET TWICE DAILY
Refills	
Qualifier	R
Value	0
WrittenDate	
Date	2011-04-28

Scenario: 38: Medication History - Request | Lightly populated | Ambulatory | Martin Doe

Header

To	PAYER100
From	NPI9999999
MessageID	5005
SentTime	2011-04-30T09:15:10
Security	
Sender	
SecondaryIdentification	PASSWORD
TertiaryIdentification	3RYIDENTIFIER
Receiver [Tag included without value]	

Body

RxHistoryRequest	
Prescriber	
Identification	
NPI	NPI9999999
DEANumber	DEA999999
StateLicenseNumber	LIC99999
ClinicName	CORCORAN HOSPITAL EMERGENCY DEPT
Name	
LastName	BALZARY
FirstName	MICHAEL
MiddleName	PETER
Prefix	DR
Address	
AddressLine1	901 NEW YORK AVE NW
City	WASHINGTON
State	DC
ZipCode	20007
CommunicationNumbers	
Communication	
Number	2023472787
Qualifier	TE
Patient	
PatientRelationship	1
Name	
LastName	DOE
FirstName	MARTIN
Gender	M
DateOfBirth	
Date	1923-11-12
Address	
AddressLine1	1800 NEW YORK AVE NW
City	WASHINGTON
State	DC
ZipCode	20001
CommunicationNumbers	
Communication	
Number	2023472789
Qualifier	TE

BenefitsCoordination		
PayerIdentification		
PayerID		PAYER100
PayerName		USA BENEFITS
CardholderID		100-19231112-01
ResponsibileParty		
LastName		DOE
FirstName		MARTIN
EffectiveDate		
Date		2011-03-30
ExpirationDate		
Date		2011-04-30
Consent		Y

Scenario: 38: Medication History - Response | Lightly Populated | Ambulatory | Martin Doe

Header

To		NPI9999999
From		PAYER100
MessageID		300393
RelatesToMessageID		5005
SentTime		2011-04-30T09:15:10
Security		
Sender		
SecondaryIdentification		PASSWORD
TertiaryIdentification		3RYIDENTIFIER
Receiver [Tag included without value]		

Body

RxHistoryResponse		
Response		
Approved [Tag included without value]		
Prescriber		
Identification		
NPI		NPI9999999
DEANumber		DEA999999
StateLicenseNumber		LIC99999
ClinicName		CORCORAN HOSPITAL EMERGENCY DEPT
Name		
LastName		BALZARY
FirstName		MICHAEL
MiddleName		PETER
Prefix		DR
Address		
AddressLine1		901 NEW YORK AVE NW
City		WASHINGTON
State		DC
ZipCode		20007
CommunicationNumbers		
Communication		
Number		2023472787
Qualifier		TE
Patient		
PatientRelationship		1
Name		
LastName		DOE
FirstName		MARTIN
Gender		M
DateOfBirth		
Date		1923-11-12
Address		
AddressLine1		1800 NEW YORK AVE NW
City		WASHINGTON

State	DC
ZipCode	20001
CommunicationNumbers	
Communication	
Number	2023472789
Qualifier	TE
BenefitsCoordination	
PayerIdentification	
PayerID	PAYER100
PayerName	USA BENEFITS
CardholderID	100-19231112-01
ResponsibleParty	
LastName	DOE
FirstName	MARTIN
EffectiveDate	
Date	2011-03-30
ExpirationDate	
Date	2011-04-30

Response | Lightly populated - Bupropion

MedicationDispensed	
DrugDescription	12 HR BUPROPION HYDROCHLORIDE 100 MG EXTENDED RELEASE TABLET
Directions	TAKE 1 TABLET DAILY
LastFillDate	
Date	2011-04-01
Pharmacy	
Identification	
NCPDPID	NCPDP03
NPI	NPI3300330
StoreName	PHILLIPS PHARMACY
Address	
AddressLine1	1600 21ST ST NW
City	WASHINGTON
State	DC
ZipCode	20009
Prescriber	
Identification	
NPI	NPI9999999
ClinicName	CORCORAN CLINIC
Name	
LastName	BALZARY
FirstName	MICHAEL
MiddleName	PETER
Suffix	MD
Address	
AddressLine1	500 SEVENTEENTH ST NW
City	WASHINGTON
State	DC
ZipCode	20006
CommunicationNumbers	
Communication	
Number	2026391800
Qualifier	TE

Response | Lightly populated - Inderal

MedicationDispensed	
DrugDescription	ENALAPRIL MALEATE 5 MG TABLET
Directions	TAKE 1 TABLET TWICE DAILY
LastFillDate	
Date	2011-04-01
Pharmacy	

Identification		
NCPDPID		NCPDP03
NPI		NPI3300330
StoreName		PHILLIPS PHARMACY
Address		
AddressLine1		1600 21ST ST NW
City		WASHINGTON
State		DC
ZipCode		20009
Prescriber		
Identification		
NPI		NPI9999999
ClinicName		CORCORAN CLINIC
Name		
LastName		BALZARY
FirstName		MICHAEL
MiddleName		PETER
Suffix		MD
Address		
AddressLine1		500 SEVENTEENTH ST NW
City		WASHINGTON
State		DC
ZipCode		20006
CommunicationNumbers		
Communication		
Number		2026391800
Qualifier		TE

Scenario: 38: Census - Admission | with ALG and DIA | LTPAC | Martin Doe

Header

To	NCPDP04
From	NPI9999999
MessageID	CENSUS001
SentTime	2011-05-01T09:15:10

Body

Census		
Request		
ChangeRequestType		A
CensusEffectiveDate		2011-05-01
Prescriber		
Identification		
NPI		NPI9999999
DEANumber		DEA999999
StateLicenseNumber		LIC99999
ClinicName		MOCA COMMUNITY
Name		
LastName		BALZARY
FirstName		MICHAEL
MiddleName		PETER
Prefix		DR
Address		
AddressLine1		1054 31ST ST NW
City		WASHINGTON
State		DC
ZipCode		20007
CommunicationNumbers		
Communication		
Number		2023426230
Qualifier		TE
Facility		
Identification		

NPI	NPI1234567
DEANumber	DEA123456
FacilityName	MOCA COMMUNITY
Address	
AddressLine1	1054 31ST ST NW
City	WASHINGTON
State	DC
ZipCode	20007
Patient	
DateOfBirth	
Date	1923-11-12
Name	
LastName	DOE
FirstName	MARTIN
Gender	M
Address	
AddressLine1	1054 31ST ST NW
City	WASHINGTON
State	DC
ZipCode	20007
CommunicationNumbers	
Communication	
Number	2023426230
Qualifier	TE
PatientLocation	
FacilityUnit	WEST WING
Bed	A
Room	330
Allergy	
NoKnownAllergies	N
SourceOfInformation	C
EffectiveDate	
Date	1991-01-02
AdverseEvent	
ItemDescriptionLong	FOOD ALLERGY
ItemNumber	414285001
CodeListQualifier	LD
DrugProductCoded	
ItemDescriptionLong	PEANUT
ItemNumber	QE1QX6B99R
CodeListQualifier	UN
ReactionCoded	
ItemDescriptionLong	ANAPHYLAXIS
ItemNumber	91941002
CodeListQualifier	LD
SeverityCoded	
ItemDescriptionLong	MODERATE TO SEVERE
ItemNumber	371924009
CodeListQualifier	LD
DiagnosisGeneral	
SourceOfInformation	C
EffectiveDate	
Date	2009-12-20
ProblemType	
ItemDescriptionLong	DIAGNOSIS
ItemNumber	282291009
CodeListQualifier	LD
ProblemNameCoded	
ItemDescriptionLong	MIGRAINE
ItemNumber	37796009
CodeListQualifier	LD
DiagnosisGeneral	

SourceOfInformation	C
EffectiveDate	
Date	2010-09-10
ProblemType	
ItemDescriptionLong	DIAGNOSIS
ItemNumber	282291009
CodeListQualifier	LD
ProblemNameCoded	
ItemDescriptionLong	MODERATE RECURRENT MAJOR DEPRESSION
ItemNumber	18818009
CodeListQualifier	LD