

**ATTACHMENT R – 100 CHARACTER FILE LAYOUT**

100 Character File Layout

For Eligibility Claims Verification

Position	Size	Class	Description	Data
1 - 15	15	A/N	Document No.	
16 - 24	9	A/N	MD State Enrollee SSN	
25	2	A/N	Relationship Code	0 = Self 1 = Spouse 2 = Child 3 = Grandchild 4 = Stepchild 5 = Legal Ward
26 - 34	9	A/N	Patient SSN	
35 - 42	8	N	Patient DOB	MMDDCCYY
43 - 50	8	N	Incur From Date	MMDDCCYY
51 - 58	8	N	Incur Thru Date	MMDDCCYY
59 - 68	10	A/N	Group No.	
69 - 77	9	N	Amount Paid	9(7)v99
78 - 100	23	A/N	Filler	Spaces