SORT BY PROVIDER ID, LAST NAME, FIRST NAME
NEW MEMBERS DENOTED WITH *
MEMBERS IN SUBSTITUTE CARE (CYS/JPO) DENOTED WITH "S" - (MAY INCLUDE NEW MEMBERS)
FOR THE PERIOD:

Provider ID:	000000123456
Provider Name:	Well, B D.
Name2:	The Office
Address 1:	123 Elm Street
Address 2:	Box 100
City:	Orangeburg
State:	OH
Zip:	12345

SORT BY PROVIDER ID, LAST NAME, FIRST NAME
NEW MEMBERS DENOTED WITH *
MEMBERS IN SUBSTITUTE CARE (CYS/JPO) DENOTED WITH "S" - (MAY INCLUDE NEW MEMBERS)
FOR THE PERIOD:

Provider ID: 000000123456
Provider Name: Well, B D.

MMIS Medicaid Billing #	Unison ID #	Due Date for HEALTHCHEK	Last Name	First Name	Mid	DOB	Phone	Eligibility Indicator	Eff Date	Term Date	County	LOB	Language	Hearing/ Vision Impaired
7777777777	777777777		Doe	Janet	F.	01/01/1955	(999)555-6032	Y	10/01/2005		Forest	OHIO		
6666666666	666666666		Doe	Janet	F.	09/17/1962	(999)555-2345	Y	10/01/2005		Forest	OHIO		Hearing
5555555555	555555555	Due Now	Doe	Jim	E.	07/12/2000	(999)555-4567	Y	10/01/2005		Warren	OHIO	German	
4444444444	444444444		Doe	Jack	D.	03/03/1976	(999)555-9999	Y	10/01/2005		Sullivan	OHIO		Hearing
2222222222	222222222	Due Now	Doe	Jane	B.	08/05/2002	(999)555-3333	Y	10/01/2005		Potter	OHIO	Spanish	
1111111111	111111111		Doe	John	A.	02/14/1976	(999)555-1234	Y	10/01/2005		Florence	OHIO		
3333333333	333333333		Doe	Spot	C.	12/25/1962	(999)555-2222	Y	10/01/2005		Potter	OHIO		Vision

Member Count: 7

*** * * END OF REPORT * * ***

SORT BY PROVIDER ID, LAST NAME, FIRST NAME

NEW MEMBERS DENOTED WITH *

MEMBERS IN SUBSTITUTE CARE (CYS/JPO) DENOTED WITH "S" - (MAY INCLUDE NEW MEMBERS)

FOR THE PERIOD: