Transaction 16: Co-Pay Change
Action Type "C"
Action Code: "CP"

Arizona 834

1000A Sponsor	
Entity ID:	P5
Plan Sponsor	AHCCCS
Qualifier	F1
Sponsor ID	866004791

1000B Payer	
Entity Identifier:	IN
Insurer Name:	Perfect Health Plan
Qualifier:	F1
Insurer Identification Code:	681234567

2000 Member Level Detail			
INS01	Insured Indicator:	Y	
INS02	Relationship Code	18	
INS03	Maintenance Type	001	(Action Type)
INS05	Benefit Status	A	
INS06	Medicare Plan Code	E	
INS08	Employment Status Code	FT	
REF01	ID Qualifier	0F	
REF02	AHCCCS ID	A23456789	
REF01	Ref ID Qualifier	1L	
REF02	Ref Identifier	No Data	
DTP01	Date/Time Qualifier	303	
DTP02	Date Format Qualifier	D8	
DTP03	Status Information Eff Dt	20030301	(Process Date)

2100A Member Name			
NM101	Entity Identifier	IL	
NM102	Entity Qualifier	1	
NM103	Lname	Bush	
NM104	Fname	Jonie	
NM105	Mname	W	
DMG01	Date Time Period	D8	
DMG02	Member DOB	19730513	
DMG03	Member Gender	F	
AMT01	Amount Qualifier Code	C1	(Co-Pay)
AMT02	Contract Amount	1000	(Generic RX)
AMT01	Amount Qualifier Code	C1	(Co-Pay)
AMT02	Contract Amount	1000	(Brand RX)
AMT01	Amount Qualifier Code	C1	(Co-Pay)
AMT02	Contract Amount	1000	(ER)
AMT01	Amount Qualifier Code	C1	(Co-Pay)
AMT02	Contract Amount	1000	(Office Visit)