Transaction 4: Block Disenroll
Action Type: "D"

Arizona 834

NEW

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	024	(Action Type)
INS04	Maintenance Reason		(Action Code)
INS05	Benefit Status	A	
INS06	Medicare Plan Code	E	
INS12	Insured's Date of Death		
REF02	AHCCCS ID	(0F)	A23456789
REF02	Voucher Number	(17)	H23456789
DTP01	Date/Time Qualifier	356	
DTP03	Status Information Eff Dt	20030126	(Enrl Fr Dt)
DTP01	Date/Time Qualifier	357	
DTP03	Status Information Eff Dt	20030226	(Enrl End Dt)

INS04 is translated from existing AHCCCS codes. See Code Set Mapping Table.

2100A Member Name		
NM101	Entity Identifier	IL
NM103	Lname	Bush
NM104	Fname	George
NM105	Mname	W
NM109	SSN	526650902
DMG02	Member DOB	19721201
DMG03	Gender	M