Exhibit 5A

Monthly Provider Profile Layout

\ftp\shareinfo\provider\provider.zip

Monthly Provider Profile Layout

80 Column Format

Header (T0)

Data Name	Picture	Actual Positions From	To	Remarks
Date Created	X(5)	01	05	YYDDD
Filler	X(73)	06	78	
Record Type	X(2)	79	80	Value “T0”

80 Column Format

Line (P1)

Data Name	Picture	Actual Positions From	To	Remarks
Provider Type	X(2)	01	02	
Category of Service	X(2)	03	04	
Mand/Opt	X(1)	05	05	M Mandatory O Optional
Service From	X(11)	06	16	
Service To	X(11)	17	27	
Service Type	X(1)	28	28	B Bill Type H HCPCS P Pharmacy Item R Revenue Code S ICD9 Proc. Code T Therapeutic Class D Diagnosis Code X Unspecified
Begin Date	**X(08)**	**29**	**36**	**YEARMMDD**
End Date	**X(08)**	**37**	**44**	**YEARMMDD**
Place of Service	**X(02)**	**45**	46	
Procedure Modifier	**X(02)**	**47**	48	
Filler	**X(30)**	**49**	78	
Record Type	X(2)	79	80	

80 Column Format

Trailer (T9)

Data Name	Picture	Actual Positions From	To	Remarks
Date Created	X(5)	01	05	YYDDD
Filler	X(73)	06	78	
Record Type	X(2)	79	80	Value “T9”