Figure 1: CORRECT "OTHER PROVIDER ID" LISTING

	50 PAYER NAME	51 HEALTH PLAN ID	52 REL. INFO	SD ASO BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI		
٨	O/P MEDI-CAL					15000	57	MSSXXXXXX	٨
в							OTHER		в
c							PRV ID		с

Figure 2: INCORRECT "OTHER PROVIDER ID" LISTING

	50 PAYER NAME	ST HEALTH PLAN ID	52 REL INFO	SD ASG BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI		
A	O/P MEDI-CAL					15000	57		A
в							OTHER		в
c							PRV ID	MSSXXXXX	с