

LCDE LTACS CLIENT DATA ENTRY 05/13/98

INIT: CORR: UPD: REASS: CLOSE: RSN: CL DATE: IM-XIX:
A - CLIENT INFORMATION DCN: DUPLICATE DCN:

NAME: TEL SSN RACE SEX:
ADDR: DOB:
CO LA REF INC/TYPE XIX DEIN-DT MON MED TRT RES REH PC DIET MOB BEH LOC
ANE GDN ALZ BLD PRTY/RISK DISASTER: FROM THRU

B - VENDOR NAME VENDOR # VENDOR NAME VENDOR # VENDOR NAME VENDOR #
(1) (2) (3)
(4) (5) (6)
(7) (8) (9)

C - SERVICES PAS-DATE:
RE PA FUND SERV UNIT OPEN CLOSE VEN RE PA FUND SERV UNIT OPEN CLOSE VEN

D - CO-PAY EFF.DT DA-2/CONTACT FACE TO FACE LOAD DA-13 DATE COPIES
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E - COMMENTS:
MESSAGE: ***INVALID DCN ENTERED***