Instructions:

* One (1) year of claims data is preferred.

* File must be pipe delimited, .csv, .xlsx. ,or .xls

* Claims data should include the minimum required fields listed

Field Name	
Pharmacy Identification Number	Required
Fill Date	
National Drug Code	
Metric Quantity Dispensed	
Day Supply	
Percent Sales Tax	
Flat Sales Tax	
Total Price Paid	
Retail/Mail Indicator	
Usual And Customary	
Claim Status	Additional Preferred Fields
Pharmacy Name	
Rx Number	
Drug Name	
Drug Strength	
AWP	
Ingredient Cost	
Dispensing Fee	
Member Paid	
Plan Paid	
Copay	
COB Amount	
Pharmacy Network Access Fee	
Primary/Secondary Indicator	
Specialty Indicator	
Compound Indicator	