

WVHIN ENS SAMPLE PATIENT PANEL

Member_status	Facility_code	MRN	first_name	middle_name	last_name	address_line_1	address_line_2	city	state	zip	date_of_birth	gender	ssn	home_phone	work_phone	cell_phone	PCP	NPI	Insurance
ADD	FACILITY	999999	John	K	Doe	33 main st	apt 45	baltimore	MD	21230	1/1/1990	M	999999999	4105551212	4105551212	4105551212	Dr. Smith	1111111111	Highmark BCBS
UPDATE	FACILITY	1000000	Jane	K	Doe	34 main st	apt 46	baltimore	MD	21230	1/1/1990	M	999999999	4105551212	4105551212	4105551212	Dr. Smith	1111111111	Highmark BCBS
DELETE	FACILITY	1000001	Jim	K	Doe	35 main st	apt 47	baltimore	MD	21230	1/1/1990	M	999999999	4105551212	4105551212	4105551212	Dr. Smith	1111111111	Highmark BCBS

Required - Social Security Number (preferred) AND/OR home phone number must be sent

Optional - These fields will appear on your ENS alerts if you include them in the panel

Required if you are sending a "Delta" panel