



Spreadsheet/Database Element Worksheet

Spreadsheet/Database Element	Dictionary Item – Field Name
Date of Appointment	
Time of Appointment	
Patient Account Number	
Patient Name	
Social Security Number	
MediCal ID (If any)	
Date of Birth	
Address	
City	
State	
Zip	
Phone	
Gender	
Location	
Language	
Ethnicity	
Provider Name	



Other Fields:	
Eligibility Message	eChecker
EVC Number	eChecker
HIC Number	eChecker
Aid Code	eChecker
Other Fields:	