ATTACHMENT III

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

MRI Referring Doctor Format

Item Description	Start Col.	Stop Col.	Len	Format	Comments
MRI Service ID Number	1	8	8	(8)X	Provided by MDCH
Doctor's License Number	9	18	18	(10)X	Enter all 10 digits
Doctor's Name					
LAST	19	38	20	(20)X	Left Justified
FIRST	39	58	20	(20)X	Left Justified
MIDDLE	59	68	10	(10)X	Name or Initial Left Justified
SUFFIX (SR, JR, I, II, MD, etc.)	69	71	3	XXX	Left Justified
Doctor's Work Address					
HOUSE Number	72	81	10	(10)X	Left Justified
HOUSE No. Suffix (A, ½, etc.)	82	87	6	(6)X	Left Justified
ADDRESS Line #1	88	115	28	(28)X	Left Justified
SUFFIX TYPE (ST, BLVD, etc)	116	119	4	(4)X	Left Justified
ADDRESS Line #2	120	144	25	(25)X	Left Justified, If required
CITY NAME	145	164	20	(20)X	Left Justified
STATE	165	166	2	XX	
ZIP CODE	167	171	5	(5)X	
ZIP code 4 digit extension	172	175	4	(4)X	Leave Blank if N/A

NOTE: Use all UPPER CASE letters for name and address entries.

February 9, 2007