Outpatient Surgery Reporting
Spreadsheet Format

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
1	**FACILITY**	**LICENSE**	**CHARGES**	**COUNTY**	**STATE**	**ZIP5**	**PROC**	**PAYERCD**	**DATE**	**GENDER**	**AGE**	**DOB**	**DIAG1**	**DIAG2**	**DIAG3**	**DIAG4**	**DIAG5**	**DIAG6**	**DIAG7**	**DIAG8**	**DIAG9**	**DIAG10**	**ECODE**
2	Best Yet ASC	1234567890	1000.00	Lancaster	NE	68501	12345	2	01/01/2006	M	52	07/20/1955	1364										
3	Best Yet ASC	1234567890	1500.00	Lancaster	NE	68501	67890	3	10/01/2006	F	59	08/25/1948	1365										
4	Best Yet ASC	1234567890	900.00	Cass	NE	68048	23456	1	08/09/4369	U	8	05/30/1999	1366										
5	Best Yet ASC	1234567890	750.95	Otoe	NE	68410	78901	4	12/05/2006	M	0	01/10/2006	73393										E9179