

1. LAST NAME	2. FIRST NAME	3. MIDDLE NAME	4. GENDER	5. AGE	6. RACE	7. PATIENT NUMBER
8. ADDRESS			9. DATE OF BIRTH		10. THIRD PARTY PAYERS	
			a. MONTH	b. DAY	c. YEAR	
11. MAIDEN NAME		12. PLACE OF BIRTH		13. SOCIAL SECURITY NUMBER (SSN)		
14. ADMISSION DATE	15. DISCHARGE DATE	15. PROVIDER	17. TYPE		18. DISCHARGE STATUS	

Figure 7-5 Sample Blank Master Patient Index Card

1. LAST NAME	2. FIRST NAME	3. MIDDLE NAME	4. GENDER	5. AGE	6. RACE	7. PATIENT NUMBER
LAMBERT	PATRICIA	ANN	F	48	BLACK	123456
8. ADDRESS			9. DATE OF BIRTH		10. THIRD PARTY PAYERS	
101 MAIN ST			a. MONTH	b. DAY	c. YEAR	BCBS
ALFRED NY 14802			05	30	YYYY	AETNA
11. MAIDEN NAME		12. PLACE OF BIRTH		13. SOCIAL SECURITY NUMBER (SSN)		
SANFORD		ELMIRA, N.Y.		123-56-6789		
14. ADMISSION DATE	15. DISCHARGE DATE	15. PROVIDER	17. TYPE		18. DISCHARGE STATUS	
1010YYYY	1013YYYY	GRIFFITH	IP		HOME	
0304YYYY	0306YYYY	GRIFFITH	ED		HOME	

Figure 7-6 Sample Completed Master Patient Index Card