Example # 2 - Immunization Administation Fee and Immunizations

```
NEXT RECORD:  COUNTY 999    SCREEN 65    ID 555555555    DATE 081701   ACTION A
MESSAGE:

NAME: Robin, Christopher A                                POST-OP FROM DT: ______
SERVICE GROUP:                                                   THRU DT: ______
DIAG CODES A: V06 1  B: V06 8  C: V04 0  D:        E:        F:        G:
           H:        I:        J:        K:        L:        M:        N:
 B/
 R/            MODIFIERS DIAG     SVC              ATN   TYP  REF  POST
 D  PGM  CPT   M1 M2 M3  1 2 3 4  PROV  UNITS POS  PHY   SVC  PHY   OP   SITE
 B  IM  W8012  __ __ __  A _ _ _  NURSE  01   71  _____  03  _____  _   99999
 R  IM  90700  __ __ __  B _ _ _  NURSE  01   71  _____  __  _____  _   99999
 R  IM  90713  __ __ __  C _ _ _  NURSE  01   71  _____  __  _____  _   99999
```