

Patient Roster File Format Specifications for the HRSA COVID-19 Uninsured Program

Field Name	Required?	Type	Additional Info	Min/Max Length
Billing TIN Number*	Y	NUMERIC	Do not include dashes	9
Patient First Name*	Y	ALPHA as well as – ‘		Max 20
Patient Middle Initial	N	CHAR		Max 1
Patient Last Name*	Y	ALPHA as well as – ‘		Max 30
Patient Date of Birth (MM/DD/YYYY)*	Y	NUMERIC	Format should be MM/DD/YYYY	
ID Type (SSN, State ID, No ID)*	Y	CHAR		
ID Number (If SSN)	C	NUMERIC	Required when ID Type is SSN Do not include hyphens	Max 9
ID Number (If State ID)	C	ALPHA NUMERIC	Required when ID Type is State ID Do not include hyphens	Max 16
ID Number (If No ID)	N		Leave blank if ID Type is No ID	
Patient Gender (M/F)*	Y	CHAR	M or F	1
Patient Account Number	N	ALPHA NUMERIC		Max 20
Patient Street Line 1	Y	ALPHA NUMERIC as well as : ; / - & #	If address not provided, use the address of the facility where the care was provided or other location that may be appropriate (e.g., shelter)	Max 40

Reimbursement applies to eligible claims, as determined by HRSA (subject to adjustment as may be necessary), for dates of service or admittance delivered on or after February 4, 2020, subject to available funding; see details at COVIDUninsuredClaim.HRSA.gov. Terms and conditions will apply. Content subject to change.

Patient Street Line 2	N	ALPHA NUMERIC as well as : ; / - & #		Max 30
Patient City	Y	CHAR		Max 30
Patient State*	Y	ALPHA		2
Patient Zip Code	Y	NUMERIC	No plus four digits allowed; no hyphen	5
Service Type (Professional, Institutional Outpatient, Institutional Inpatient)*	Y	ALPHA		
Date of Service (MM/DD/YYYY)	C	NUMERIC	Required when Service Type is Professional or Institutional Outpatient	
Date of Admission (MM/DD/YYYY)	C	NUMERIC	Required when Service Type is Institutional Inpatient	
Date of Discharge (MM/DD/YYYY)	C	NUMERIC	Required when Service Type is Institutional Inpatient	

*Required fields.

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