

**PM Attachment 7.5.2
834 TRANSACTION DATA REQUIREMENTS**

Data Required to create an 834 enrollment (intake):

- Client ID w/ AHCCCS
- Client ID w/ CIS
- Client ID w/ RBHA ID
- Intake Date
- Last Name
- First Name
- Middle Initial
- SSN
- Address
- City
- State
- Zip Code
- County
- Date of Birth
- Gender
- Marital Status
- Primary Language (if other than English)
- Other Insurance Coverage

Data Required to create an 834 disenrollment (closure):

- Client ID w/ CIS
- Client ID w/ RBHA ID
- Intake Date
- Closure Date
- Last Name
- First Name
- Middle Initial
- SSN
- Address
- City
- State
- Zip Code
- County
- Date of Birth
- Gender
- Marital Status