ND Health Enterprise MMIS Remittance Advice Field Level Detail by RA Type

FINANCIAL TRANSACTIONS	
FIELD LABEL	FIELD DESCRIPTION
Fin Cntrl Nmbr	Financial Control Number
Related TCN	TCN that this claim (or line item) is related to.
Established Date	The date the transaction was issued to the payee provider.
Financial Reason Code and Description	Identifies the reason and description for the financial control transaction.
Original Amount	The original amount of the receivable/payable.
Applied Amount	Financial Remittance Amount (recouped amount against Account receivables if any)
New Bal Amount	The outstanding amount owed on the receivable/payable.
Total Line	
Financial Total	Total number of financial transactions for this payee provider.
Total Original Amount	Total of the original amount of the receivable/payable.
Total Applied Amount	Total of the Financial Remittance Amount(recouped amount against
	Account receivables if any)
Total New Bal Amount	Total of the outstanding amount owed on the receivable/payable.