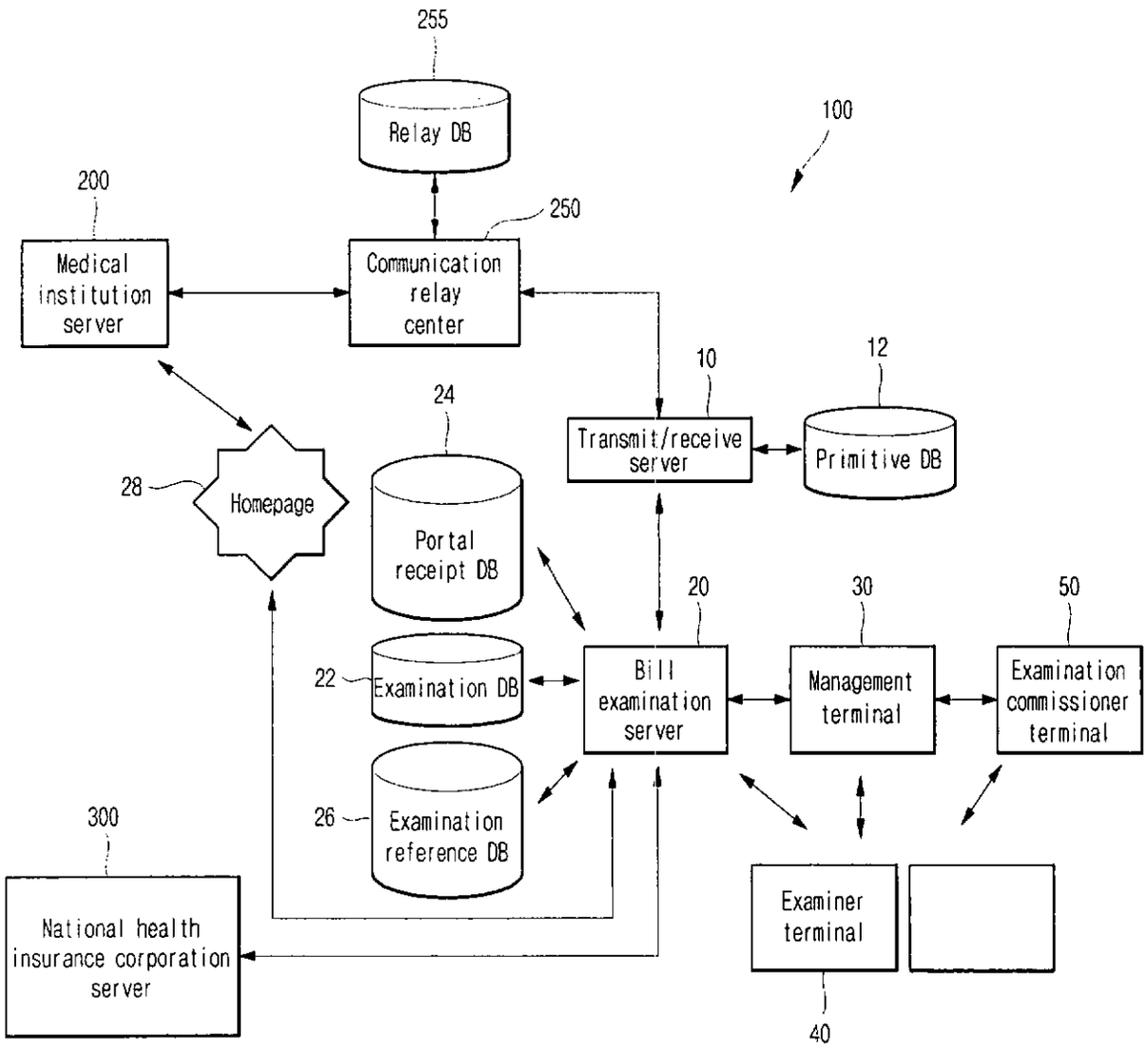
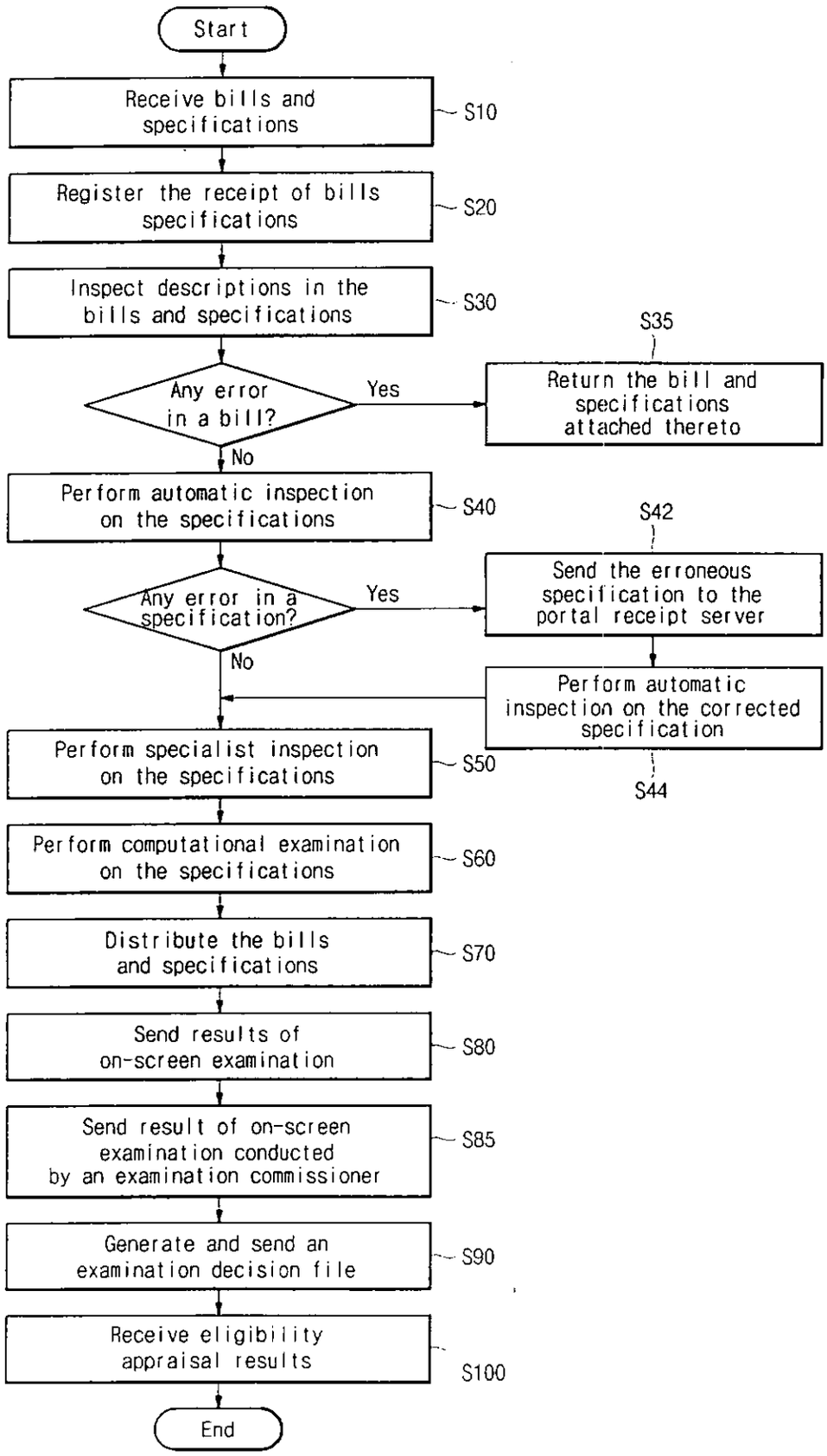
【DRAWINGS】

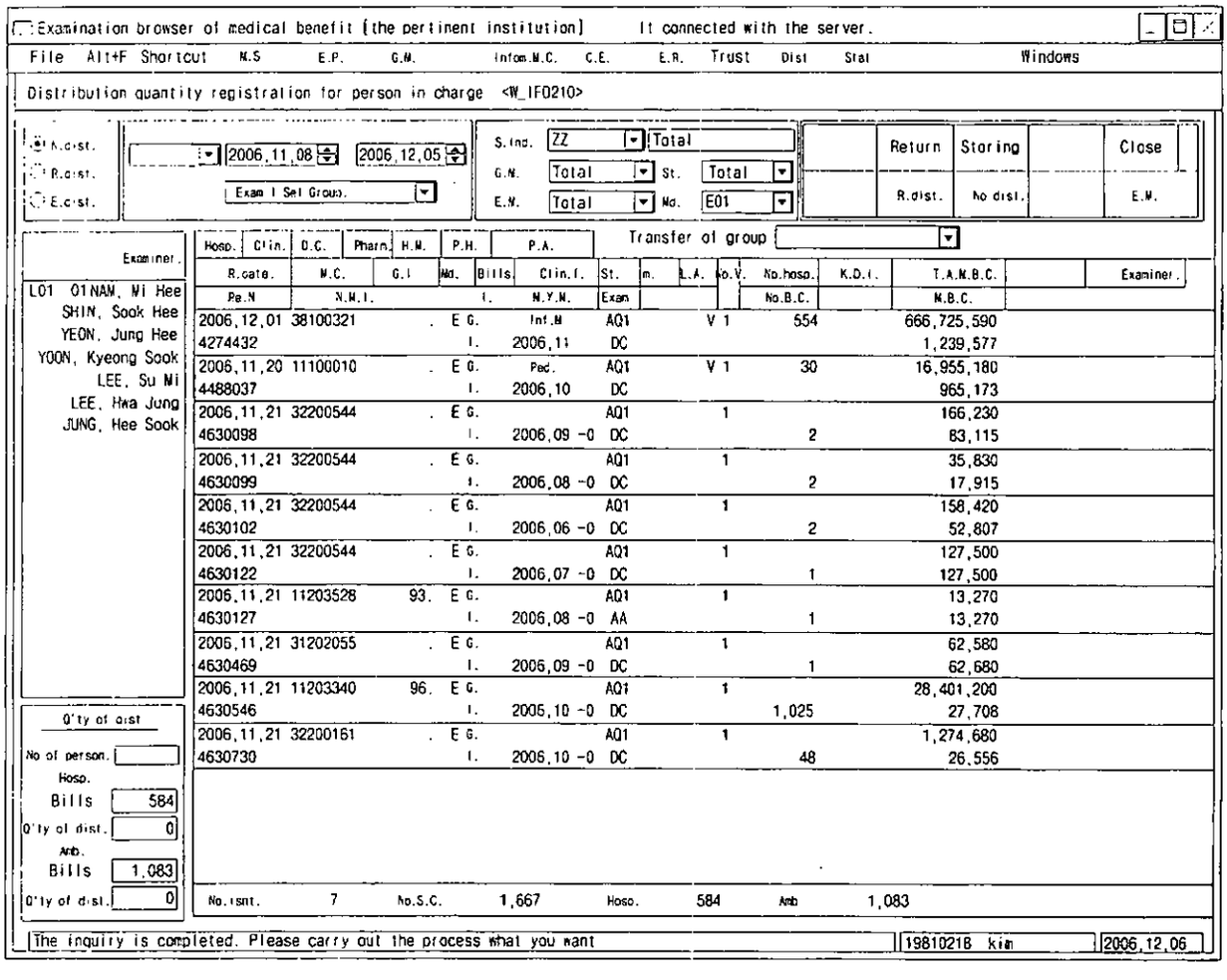
【Figure 1】



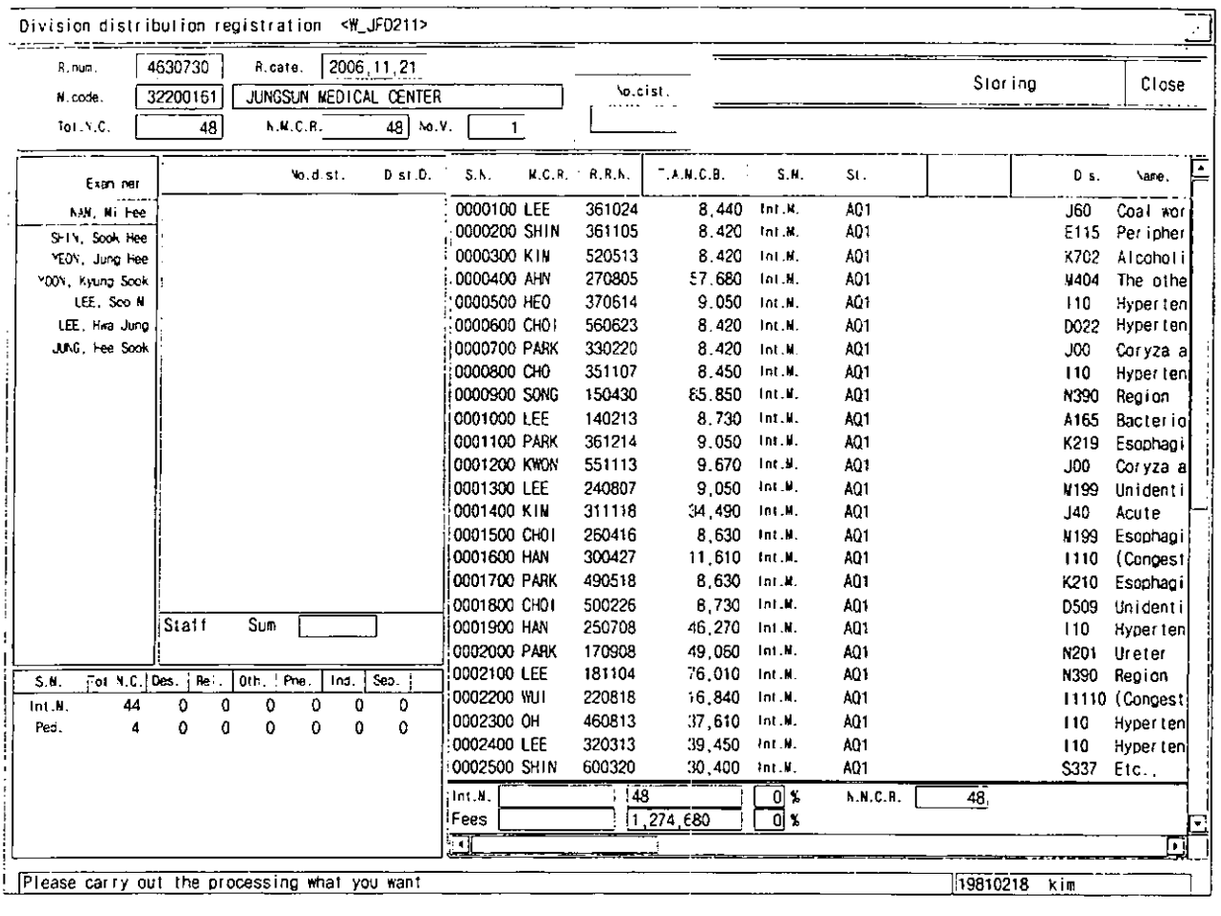
【Figure 2】


Start
Receive bills and specifications
S10
Register the receipt of bills specifications
S20
Inspect descriptions in the bills and specifications
S30
S35
Any error in a bill?
Yes
Return the bill and specifications attached thereto
No
Perform automatic inspection on the specifications
S40
S42
Any error in a specification?
Yes
Send the erroneous specification to the portal receipt server
No
Perform automatic inspection on the corrected specification
S44
Perform specialist inspection on the specifications
S50
Perform computational examination on the specifications
S60
Distribute the bills and specifications
S70
Send results of on-screen examination
S80
Send result of on-screen examination conducted by an examination commissioner
S85
Generate and send an examination decision file
S90
Receive eligibility appraisal results
S100
End

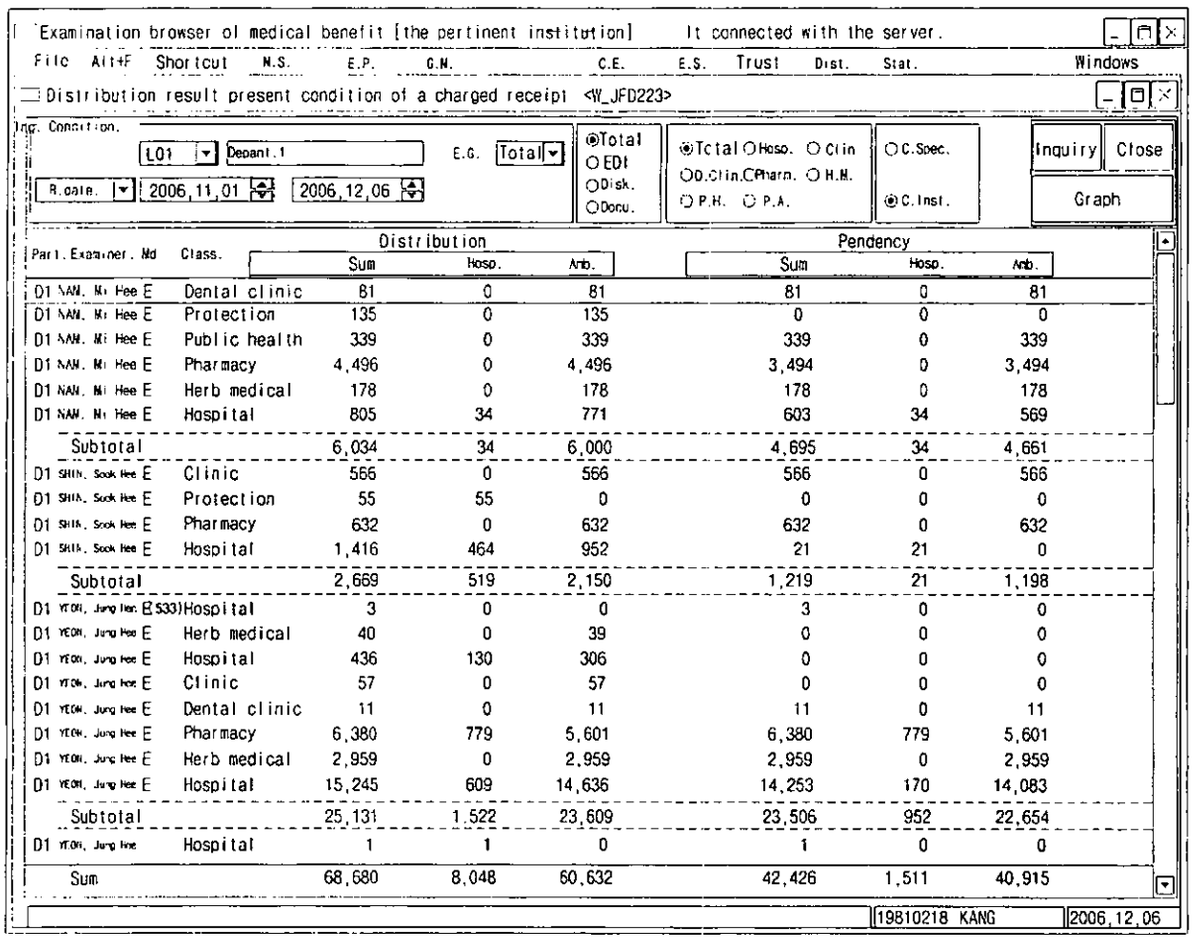
【Figure 3】


Examination browser of medical benefit (the pertinent institution) It connected with the server.
File Alt+F Shortcut N.S E.P. G.M. Infom.M.C. C.E. E.R. Trust Dist Stat Windows
Distribution quantity registration for person in charge <W_IF0210>
R.dist.
R.dist.
E.dist.
2006,11,08
2006,12,05
Exam I Set Group.
S.Ind. ZZ Total
G.N. Total St. Total
E.N. Total Md. E01
Return
Storing
Close
R.dist.
No dist.
E.M.
Examiner.
L01 01NAM, Mi Hee
SHIN, Sook Hee
YEON, Jung Hee
YOON, Kyeong Sook
LEE, Su Mi
LEE, Hwa Jung
JUNG, Hee Sook
Hosp. Clin. D.C. Pharm. H.M. P.H. P.A.
Transfer of group
R.cate. M.C. G.I Md. Bills Clin.f. St. In. L.A. No.V. No.hosp. K.D.I. T.A.M.B.C. Examiner.
Pe.N N.M.I. I. N.Y.N. Exam No.B.C. M.B.C.
2006,12,01 38100321 . E G. Inf.M AQ1 V 1 554 666,725,590
4274432 I. 2006,11 DC 1,239,577
2006,11,20 11100010 . E G. Ped. AQ1 V 1 30 16,955,180
4488037 I. 2006,10 DC 965,173
2006,11,21 32200544 . E G. AQ1 1 166,230
4630098 I. 2006,09 -0 DC 2 83,115
2006,11,21 32200544 . E G. AQ1 1 35,830
4630099 I. 2006,08 -0 DC 2 17,915
2006,11,21 32200544 . E G. AQ1 1 158,420
4630102 I. 2006,06 -0 DC 2 52,807
2006,11,21 32200544 . E G. AQ1 1 127,500
4630122 I. 2006,07 -0 DC 1 127,500
2006,11,21 11203528 93. E G. AQ1 1 13,270
4630127 I. 2006,08 -0 AA 1 13,270
2006,11,21 31202055 . E G. AQ1 1 62,580
4630469 I. 2006,09 -0 DC 1 62,680
2006,11,21 11203340 96. E G. AQ1 1 28,401,200
4630546 I. 2006,10 -0 DC 1,025 27,708
2006,11,21 32200161 . E G. AQ1 1 1,274,680
4630730 I. 2006,10 -0 DC 48 26,556
Q'ty of dist
No of person.
Hoso.
Bills 584
Q'ty of dist. 0
Amb.
Bills 1,083
Q'ty of dist. 0
No.rsnt. 7 No.S.C. 1,667 Hoso. 584 Amb 1,083
The inquiry is completed. Please carry out the process what you want
19810218 kim
2006,12,06

【Figure 4】

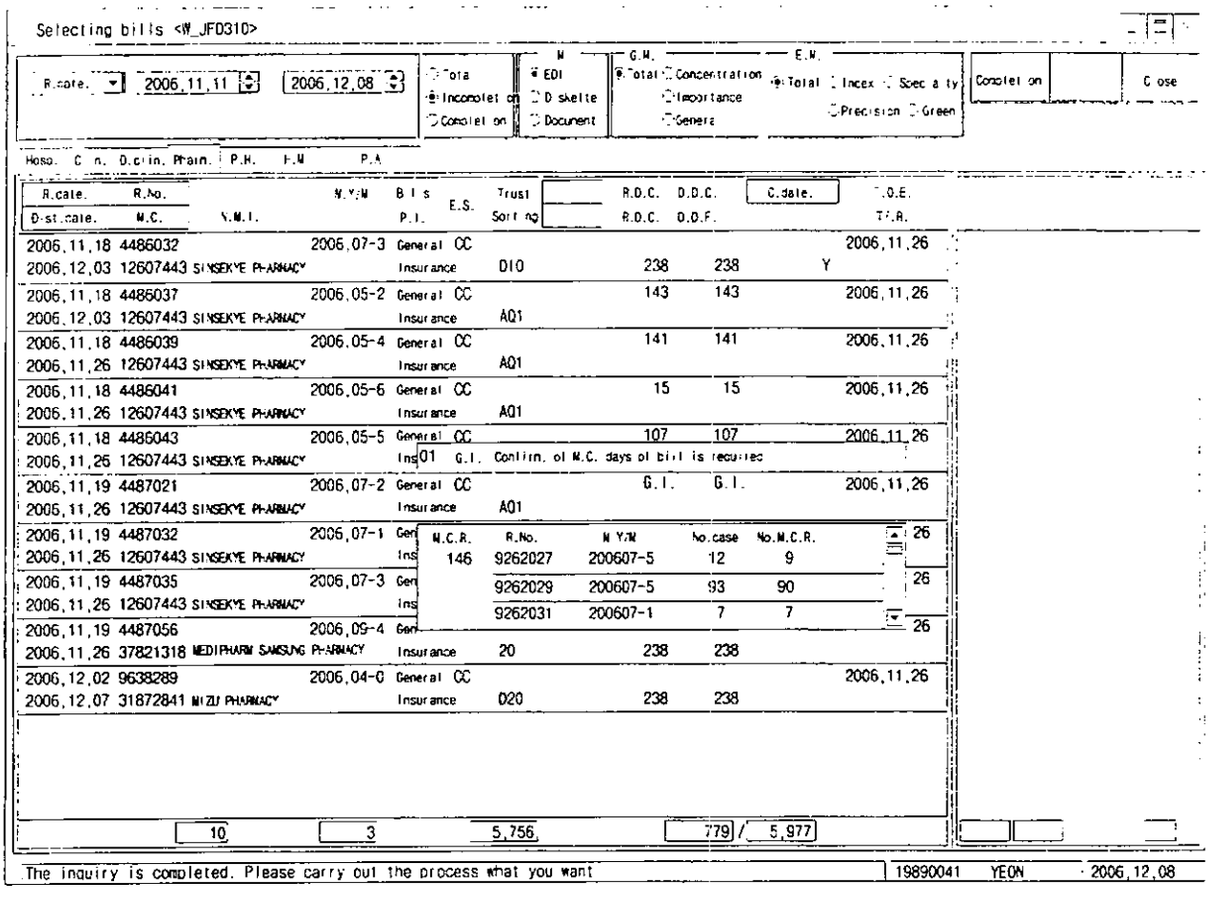

Division distribution registration <W_JFD211>
R.num. 4630730
R.date. 2006,11,21
M.code. 32200161
JUNGSUN MEDICAL CENTER
Tot.N.C. 48
N.M.C.R. 48
No.V. 1
Storing
Close
Exam ner
KAN, Mi Hee
SHIN, Sook Hee
YEON, Jung Hee
YOON, Kyung Sook
LEE, Soo N
LEE, Hwa Jung
JUNG, Hee Sook
No.dist.
Dist.D.
Staff
Sum
S.N. Tot N.C. Des. Ref. Oth. Pne. Ind. Sep.
Int.M. 44 0 0 0 0 0 0
Ped. 4 0 0 0 0 0 0
S.N. M.C.R. R.R.N. T.A.M.C.B. S.N. St. Ds. Name.
0000100 LEE 361024 8,440 Int.M. AQ1 J60 Coal wor
0000200 SHIN 361105 8,420 Int.M. AQ1 E115 Peripher
0000300 KIM 520513 8,420 Int.M. AQ1 K702 Alcoholi
0000400 AHN 270805 57,680 Int.M. AQ1 M404 The othe
0000500 HEO 370614 9,050 Int.M. AQ1 I10 Hyperten
0000600 CHOI 560623 8,420 Int.M. AQ1 D022 Hyperten
0000700 PARK 330220 8,420 Int.M. AQ1 J00 Coryza a
0000800 CHO 351107 8,450 Int.M. AQ1 I10 Hyperten
0000900 SONG 150430 85,850 Int.M. AQ1 N390 Region
0001000 LEE 140213 8,730 Int.M. AQ1 A165 Bacterio
0001100 PARK 361214 9,050 Int.M. AQ1 K219 Esophagi
0001200 KWON 551113 9,670 Int.M. AQ1 J00 Coryza a
0001300 LEE 240807 9,050 Int.M. AQ1 N199 Unidenti
0001400 KIM 311118 34,490 Int.M. AQ1 J40 Acute
0001500 CHOI 260416 8,630 Int.M. AQ1 N199 Esophagi
0001600 HAN 300427 11,610 Int.M. AQ1 I110 (Congest
0001700 PARK 490518 8,630 Int.M. AQ1 K210 Esophagi
0001800 CHOI 500226 8,730 Int.M. AQ1 D509 Unidenti
0001900 HAN 250708 46,270 Int.M. AQ1 I10 Hyperten
0002000 PARK 170908 49,060 Int.M. AQ1 N201 Ureter
0002100 LEE 181104 76,010 Int.M. AQ1 N390 Region
0002200 WUI 220818 16,840 Int.M. AQ1 I1110 (Congest
0002300 OH 460813 37,610 Int.M. AQ1 I10 Hyperten
0002400 LEE 320313 39,450 Int.M. AQ1 I10 Hyperten
0002500 SHIN 600320 30,400 Int.M. AQ1 S337 Etc..
Int.N. 48 0 % N.N.C.R. 48
Fees 1,274,680 0 %
Please carry out the processing what you want
19810218 kim

【Figure 5】

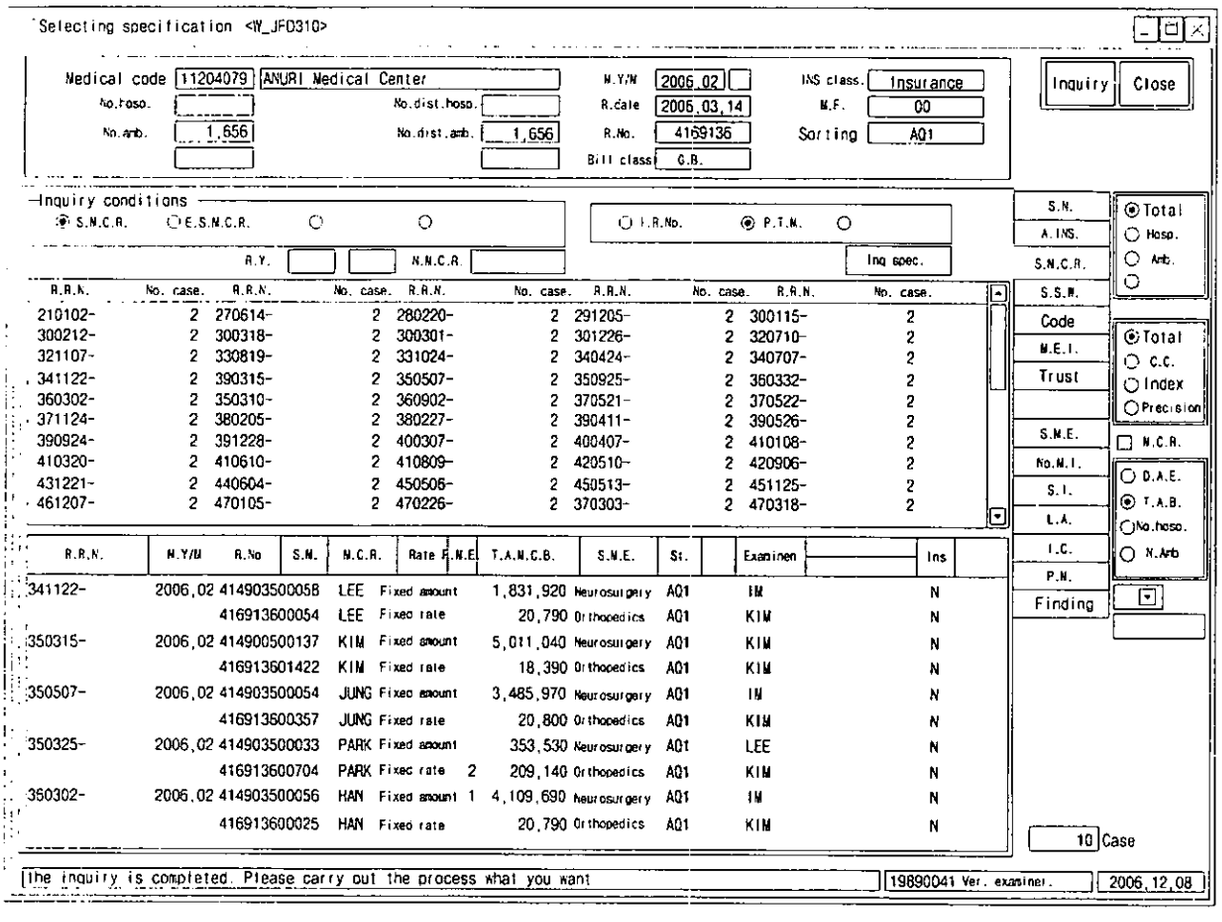


Part.	Examiner.	Md	Class.	Distribution Sum	Distribution Hosp.	Distribution Amb.	Pendency Sum	Pendency Hosp.	Pendency Amb.
D1	NAM, Mi Hee	E	Dental clinic	81	0	81	81	0	81
D1	NAM, Mi Hee	E	Protection	135	0	135	0	0	0
D1	NAM, Mi Hee	E	Public health	339	0	339	339	0	339
D1	NAM, Mi Hee	E	Pharmacy	4,496	0	4,496	3,494	0	3,494
D1	NAM, Mi Hee	E	Herb medical	178	0	178	178	0	178
D1	NAM, Mi Hee	E	Hospital	805	34	771	603	34	569
	Subtotal			6,034	34	6,000	4,695	34	4,661
D1	SHIN, Sook Hee	E	Clinic	566	0	566	566	0	566
D1	SHIN, Sook Hee	E	Protection	55	55	0	0	0	0
D1	SHIN, Sook Hee	E	Pharmacy	632	0	632	632	0	632
D1	SHIN, Sook Hee	E	Hospital	1,416	464	952	21	21	0
	Subtotal			2,669	519	2,150	1,219	21	1,198
D1	YEON, Jung Hee	E533	Hospital	3	0	0	3	0	0
D1	YEON, Jung Hee	E	Herb medical	40	0	39	0	0	0
D1	YEON, Jung Hee	E	Hospital	436	130	306	0	0	0
D1	YEON, Jung Hee	E	Clinic	57	0	57	0	0	0
D1	YEON, Jung Hee	E	Dental clinic	11	0	11	11	0	11
D1	YEON, Jung Hee	E	Pharmacy	6,380	779	5,601	6,380	779	5,601
D1	YEON, Jung Hee	E	Herb medical	2,959	0	2,959	2,959	0	2,959
D1	YEON, Jung Hee	E	Hospital	15,245	609	14,636	14,253	170	14,083
	Subtotal			25,131	1,522	23,609	23,506	952	22,654
D1	YEON, Jung Hee		Hospital	1	1	0	1	0	0
	Sum			68,680	8,048	60,632	42,426	1,511	40,915

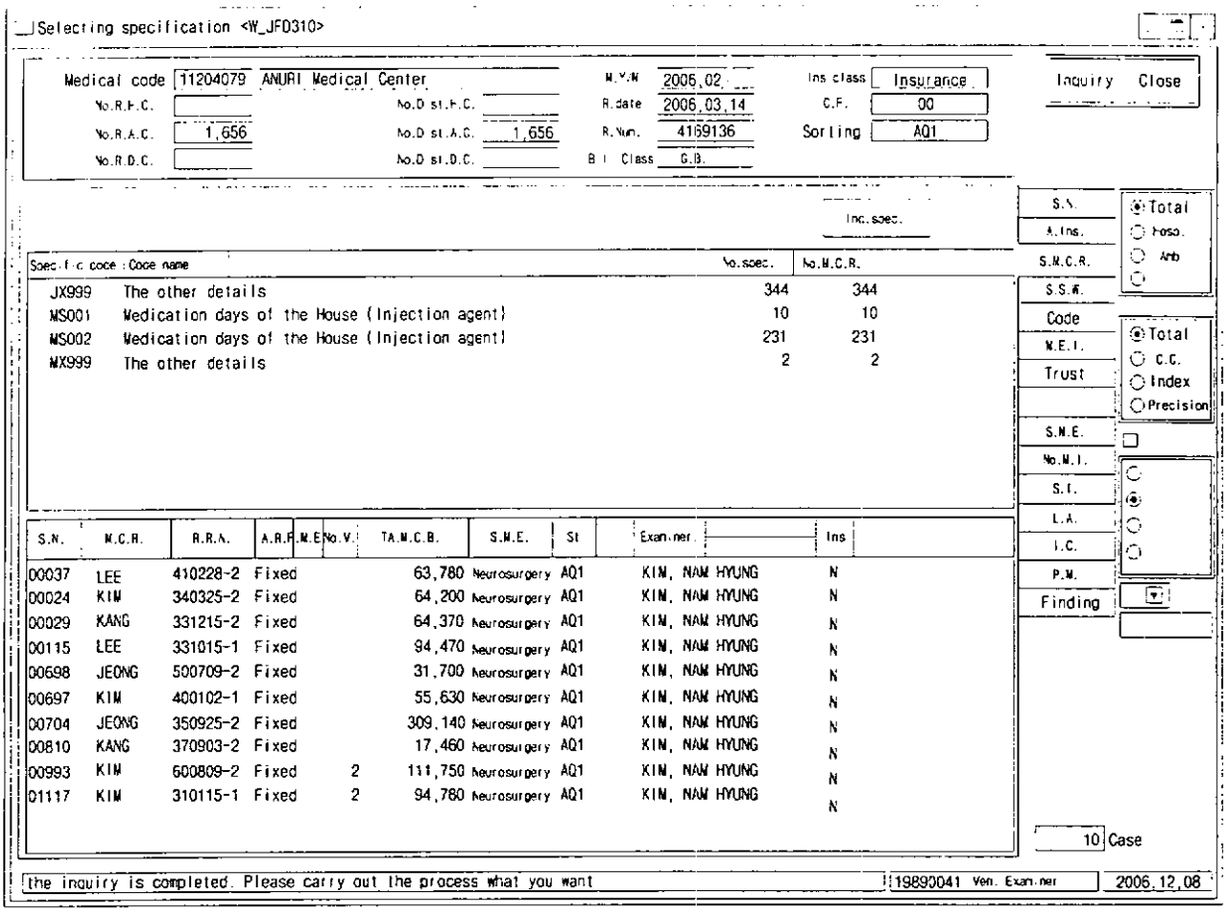
【Figure 6】


Selecting bills <W_JF0310>
R.date.
2006,11,11
2006,12,08
Incomplet on
EDI
Total
Total
Concentration
Importance
Genera
Index
Precision
Green
Complet on
Close
Hoso.
C n.
D.clin. Pharm.
P.H.
F.M
P.A
R.date.
R.No.
M.Y.M
B l s
E.S.
Trust
R.D.C.
D.D.C.
C.date.
T.O.E.
D-st.cate.
M.C.
N.M.I.
P.I.
Sort no
R.D.C.
D.D.F.
T.P.R.
2006,11,18 4486032 2006,07-3 General CC 2006,11,26
2006,12,03 12607443 SINSEKYE PHARMACY Insurance D10 238 238 Y
2006,11,18 4486037 2006,05-2 General CC 143 143 2006,11,26
2006,12,03 12607443 SINSEKYE PHARMACY Insurance A01
2006,11,18 4486039 2006,05-4 General CC 141 141 2006,11,26
2006,11,26 12607443 SINSEKYE PHARMACY Insurance A01
2006,11,18 4486041 2006,05-6 General CC 15 15 2006,11,26
2006,11,26 12607443 SINSEKYE PHARMACY Insurance A01
2006,11,18 4486043 2006,05-5 General CC 107 107 2006,11,26
2006,11,26 12607443 SINSEKYE PHARMACY Ins 01 G.I. Confirm. of M.C. days of bill is required
2006,11,19 4487021 2006,07-2 General CC G.I. G.I. 2006,11,26
2006,11,26 12607443 SINSEKYE PHARMACY Insurance A01
2006,11,19 4487032 2006,07-1 Gen 26
2006,11,26 12607443 SINSEKYE PHARMACY Ins
2006,11,19 4487035 2006,07-3 Gen 26
2006,11,26 12607443 SINSEKYE PHARMACY Ins
2006,11,19 4487056 2006,09-4 Gen 26
2006,11,26 37821318 MEDIPHARM SAMSUNG PHARMACY Insurance 20 238 238
2006,12,02 9638289 2006,04-0 General CC 2006,11,26
2006,12,07 31872841 MIZU PHARMACY Insurance 020 238 238
M.C.R.
R.No.
M Y.M
No.case
No.M.C.R.
146
9262027
200607-5
12
9
9262029
200607-5
93
90
9262031
200607-1
7
7
10
3
5,756
779
5,977
The inquiry is completed. Please carry out the process what you want
19890041
YEON
2006,12,08

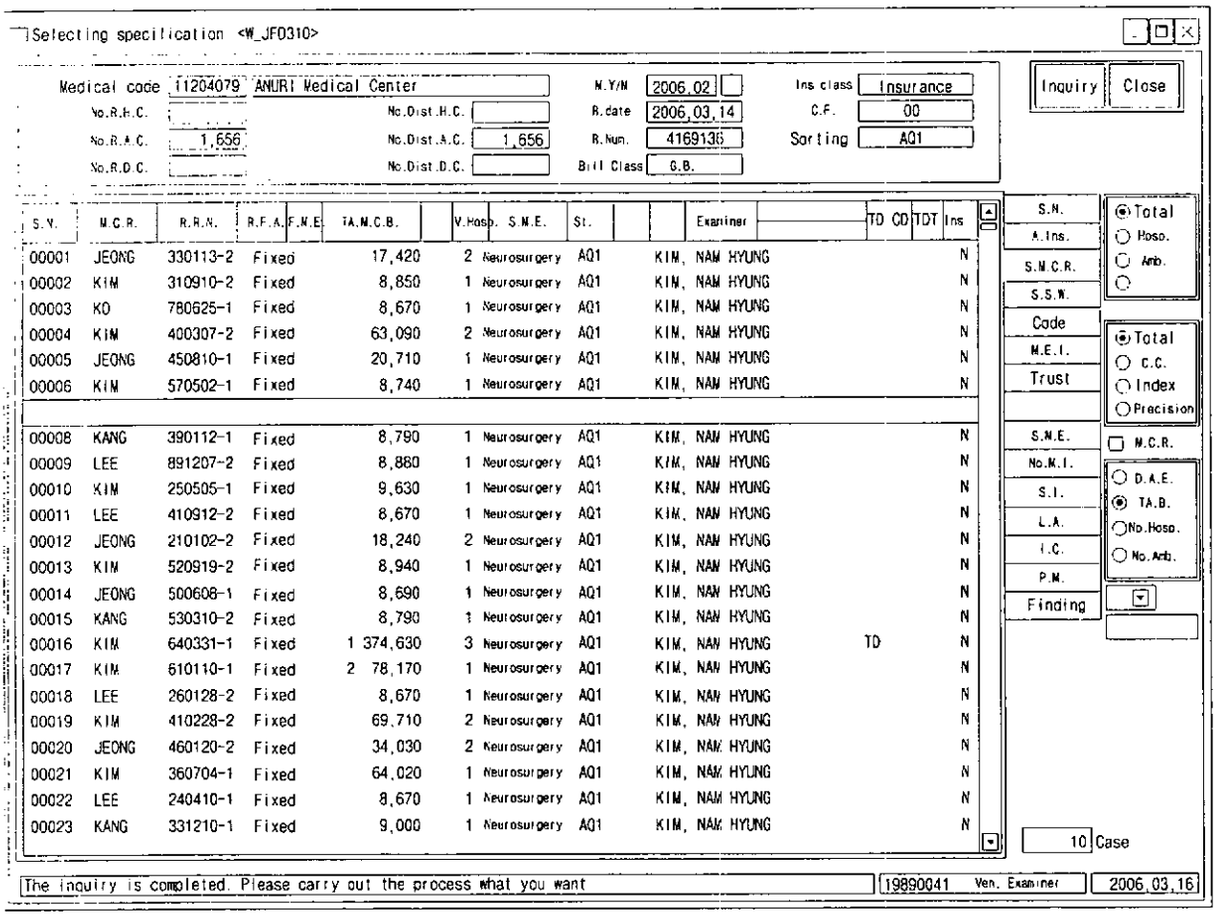
【Figure 7】


Selecting specification <W_JF0310>
Medical code 11204079 ANURI Medical Center
No.hoso.
No.amb. 1,656
No.dist.hoso.
No.dist.amb. 1,656
M.Y/M 2006.02
R.date 2006.03.14
R.No. 4169136
Bill class G.B.
INS class. Insurance
M.F. 00
Sorting AQ1
Inquiry
Close
Inquiry conditions
S.N.C.R.
E.S.N.C.R.
I.R.No.
P.T.M.
R.Y.
N.N.C.R.
Inq spec.
S.N.
A.INS.
S.N.C.R.
S.S.N.
Code
M.E.I.
Trust
S.M.E.
No.M.I.
S.I.
L.A.
I.C.
P.N.
Finding
Total
Hoso.
Amb.
Total
C.C.
Index
Precision
N.C.R.
D.A.E.
T.A.B.
No.hoso.
N.Amb
R.R.N. No. case. R.R.N. No. case. R.R.N. No. case. R.R.N. No. case. R.R.N. No. case.
210102- 2 270614- 2 280220- 2 291205- 2 300115- 2
300212- 2 300318- 2 300301- 2 301226- 2 320710- 2
321107- 2 330819- 2 331024- 2 340424- 2 340707- 2
341122- 2 390315- 2 350507- 2 350925- 2 360332- 2
360302- 2 350310- 2 360902- 2 370521- 2 370522- 2
371124- 2 380205- 2 380227- 2 390411- 2 390526- 2
390924- 2 391228- 2 400307- 2 400407- 2 410108- 2
410320- 2 410610- 2 410809- 2 420510- 2 420906- 2
431221- 2 440604- 2 450506- 2 450513- 2 451125- 2
461207- 2 470105- 2 470226- 2 370303- 2 470318- 2
R.R.N. M.Y/M R.No S.N. N.C.R. Rate F. N.E. T.A.N.C.B. S.M.E. St. Examinen Ins
341122- 2006.02 414903500058 LEE Fixed amount 1,831,920 Neurosurgery AQ1 IM N
416913600054 LEE Fixed rate 20,790 Orthopedics AQ1 KIM N
350315- 2006.02 414900500137 KIM Fixed amount 5,011,040 Neurosurgery AQ1 KIM N
416913601422 KIM Fixed rate 18,390 Orthopedics AQ1 KIM N
350507- 2006.02 414903500054 JUNG Fixed amount 3,485,970 Neurosurgery AQ1 IM N
416913600357 JUNG Fixed rate 20,800 Orthopedics AQ1 KIM N
350325- 2006.02 414903500033 PARK Fixed amount 353,530 Neurosurgery AQ1 LEE N
416913600704 PARK Fixed rate 2 209,140 Orthopedics AQ1 KIM N
350302- 2006.02 414903500056 HAN Fixed amount 1 4,109,690 Neurosurgery AQ1 IM N
416913600025 HAN Fixed rate 20,790 Orthopedics AQ1 KIM N
10 Case
The inquiry is completed. Please carry out the process what you want
19890041 Ver. examiner.
2006.12.08

【Figure 8】

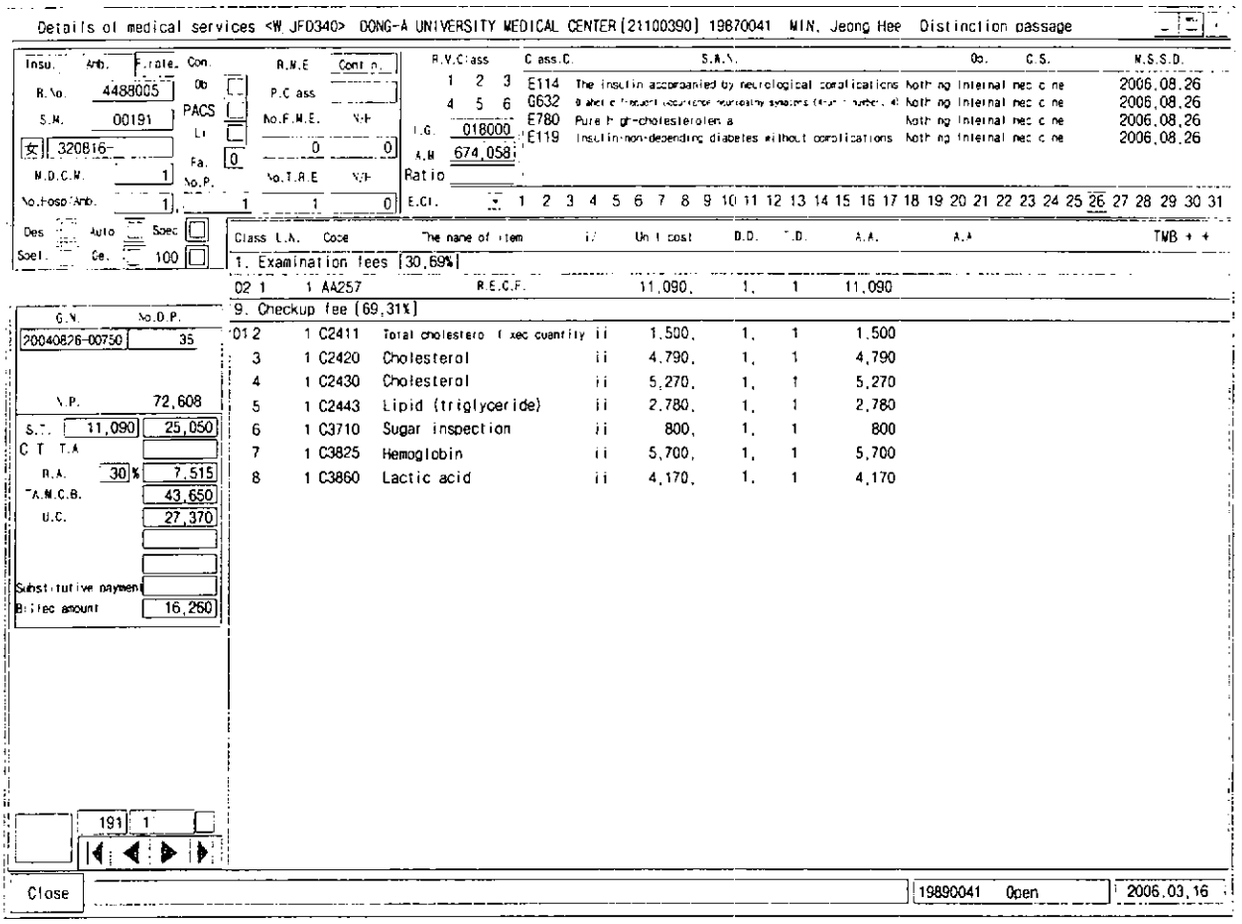

Selecting specification <W_JFD310>
Medical code 11204079 ANURI Medical Center
M.Y.M 2006.02
Ins class Insurance
Inquiry Close
No.R.H.C.
No.D st.H.C.
R.date 2006.03.14
C.F. 00
No.R.A.C. 1,656
No.D st.A.C. 1,656
R.Num. 4169136
Sorting AQ1
No.R.D.C.
No.D st.D.C.
B I Class G.B.
Inc.spec.
Spec.f.c code : Code name
No.spec.
No.M.C.R.
JX999 The other details 344 344
MS001 Medication days of the House (Injection agent) 10 10
MS002 Medication days of the House (Injection agent) 231 231
MX999 The other details 2 2
S.N. M.C.R. R.R.N. A.R.F. M.E. No.V. TA.M.C.B. S.M.E. St Examiner Ins
00037 LEE 410228-2 Fixed 63,780 Neurosurgery AQ1 KIM, NAM HYUNG N
00024 KIM 340325-2 Fixed 64,200 Neurosurgery AQ1 KIM, NAM HYUNG N
00029 KANG 331215-2 Fixed 64,370 Neurosurgery AQ1 KIM, NAM HYUNG N
00115 LEE 331015-1 Fixed 94,470 Neurosurgery AQ1 KIM, NAM HYUNG N
00698 JEONG 500709-2 Fixed 31,700 Neurosurgery AQ1 KIM, NAM HYUNG N
00697 KIM 400102-1 Fixed 55,630 Neurosurgery AQ1 KIM, NAM HYUNG N
00704 JEONG 350925-2 Fixed 309,140 Neurosurgery AQ1 KIM, NAM HYUNG N
00810 KANG 370903-2 Fixed 17,460 Neurosurgery AQ1 KIM, NAM HYUNG N
00993 KIM 600809-2 Fixed 2 111,750 Neurosurgery AQ1 KIM, NAM HYUNG N
01117 KIM 310115-1 Fixed 2 94,760 Neurosurgery AQ1 KIM, NAM HYUNG N
S.N.
A.Ins.
S.M.C.R.
S.S.M.
Code
M.E.I.
Trust
S.M.E.
No.M.I.
S.I.
L.A.
I.C.
P.M.
Finding
Total
Hoso.
Amb
Total
C.C.
Index
Precision
10 Case
the inquiry is completed. Please carry out the process what you want
19890041 Ven. Examiner
2006.12.08

【Figure 9】

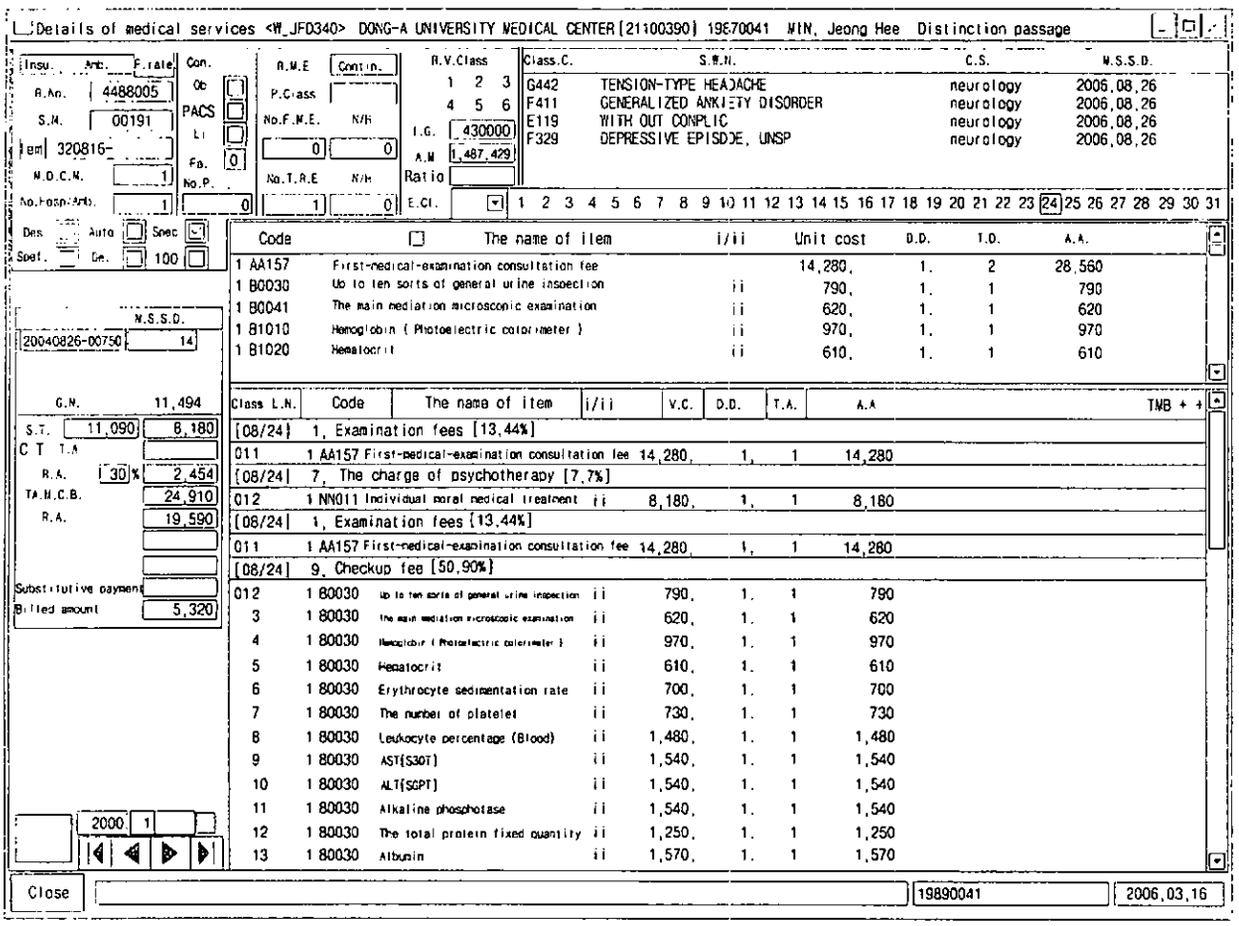


S.N.	M.C.R.	R.R.N.	R.F.A.	F.N.E.	TA.M.C.B.	V.Hosp.	S.N.E.	St.	Examiner	TD	CD	TDT	Ins
00001	JEONG	330113-2	Fixed		17,420	2	Neurosurgery	AQ1	KIM, NAM HYUNG				N
00002	KIM	310910-2	Fixed		8,850	1	Neurosurgery	AQ1	KIM, NAM HYUNG				N
00003	KO	780625-1	Fixed		8,670	1	Neurosurgery	AQ1	KIM, NAM HYUNG				N
00004	KIM	400307-2	Fixed		63,090	2	Neurosurgery	AQ1	KIM, NAM HYUNG				N
00005	JEONG	450810-1	Fixed		20,710	1	Neurosurgery	AQ1	KIM, NAM HYUNG				N
00006	KIM	570502-1	Fixed		8,740	1	Neurosurgery	AQ1	KIM, NAM HYUNG				N
00008	KANG	390112-1	Fixed		8,790	1	Neurosurgery	AQ1	KIM, NAM HYUNG				N
00009	LEE	891207-2	Fixed		8,880	1	Neurosurgery	AQ1	KIM, NAM HYUNG				N
00010	KIM	250505-1	Fixed		9,630	1	Neurosurgery	AQ1	KIM, NAM HYUNG				N
00011	LEE	410912-2	Fixed		8,670	1	Neurosurgery	AQ1	KIM, NAM HYUNG				N
00012	JEONG	210102-2	Fixed		18,240	2	Neurosurgery	AQ1	KIM, NAM HYUNG				N
00013	KIM	520919-2	Fixed		8,940	1	Neurosurgery	AQ1	KIM, NAM HYUNG				N
00014	JEONG	500608-1	Fixed		8,690	1	Neurosurgery	AQ1	KIM, NAM HYUNG				N
00015	KANG	530310-2	Fixed		8,790	1	Neurosurgery	AQ1	KIM, NAM HYUNG				N
00016	KIM	640331-1	Fixed		1 374,630	3	Neurosurgery	AQ1	KIM, NAM HYUNG	TD			N
00017	KIM	610110-1	Fixed		2 78,170	1	Neurosurgery	AQ1	KIM, NAM HYUNG				N
00018	LEE	260128-2	Fixed		8,670	1	Neurosurgery	AQ1	KIM, NAM HYUNG				N
00019	KIM	410228-2	Fixed		69,710	2	Neurosurgery	AQ1	KIM, NAM HYUNG				N
00020	JEONG	460120-2	Fixed		34,030	2	Neurosurgery	AQ1	KIM, NAM HYUNG				N
00021	KIM	360704-1	Fixed		64,020	1	Neurosurgery	AQ1	KIM, NAM HYUNG				N
00022	LEE	240410-1	Fixed		8,670	1	Neurosurgery	AQ1	KIM, NAM HYUNG				N
00023	KANG	331210-1	Fixed		9,000	1	Neurosurgery	AQ1	KIM, NAM HYUNG				N

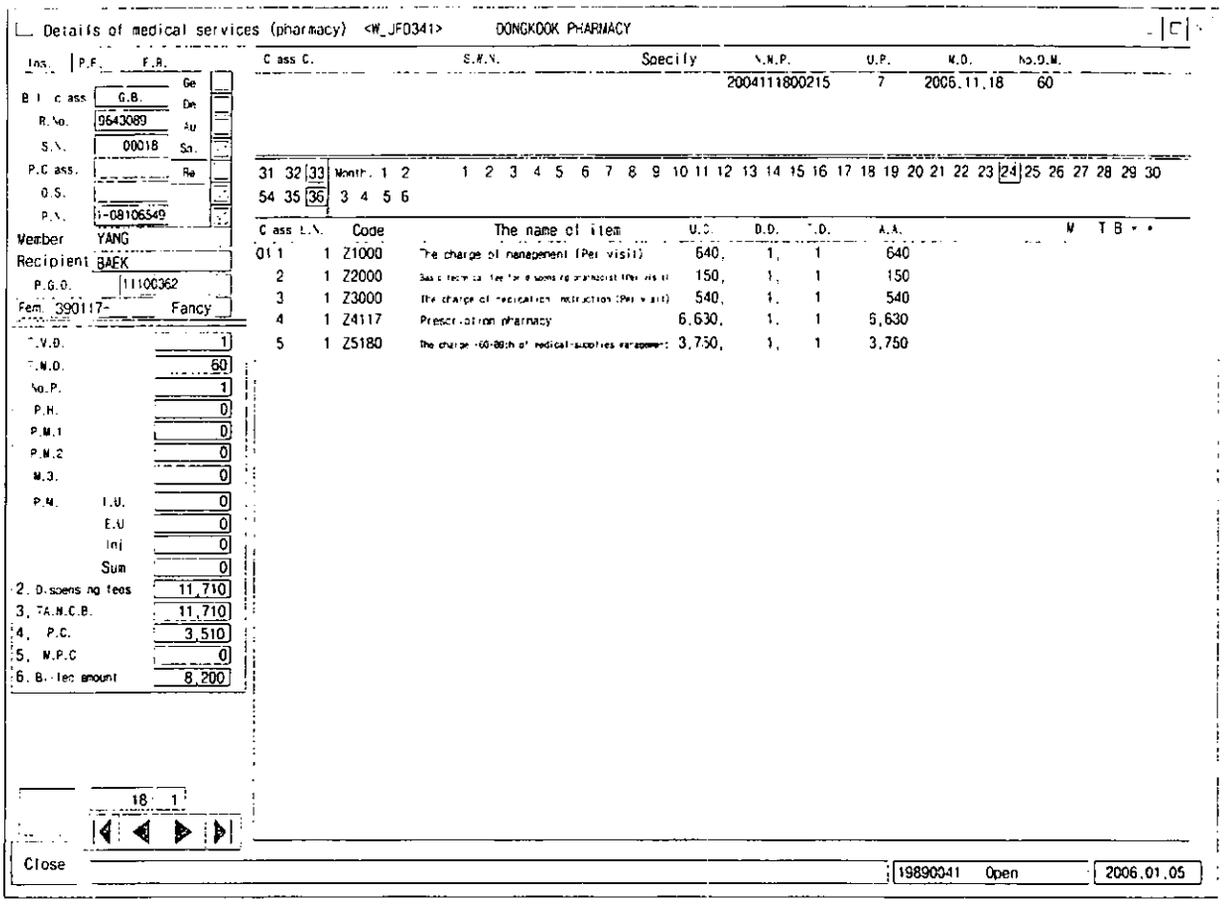
【Figure 10】


Details of medical services <W JF0340> DONG-A UNIVERSITY MEDICAL CENTER [21100390] 19870041 MIN, Jeong Hee Distinction passage
Insu. Amb. F.rate Con.
R.No. 4488005
S.N. 00191
320816-
M.D.C.M. 1
No.Hosp.Amb. 1
R.N.E Cont n.
P.C ass
No.F.M.E. V/F
0 0
No.P. No.T.R.E V/F
1 1 0
R.V.Class C ass.C. S.A.N. Do. C.S. M.S.S.D.
E114 The insulin accompanied by neurological complications Noth ng Internal nec c ne 2006.08.26
G632 2006.08.26
E780 Pure h gh-cholesterolem a Noth ng Internal nec c ne 2006.08.26
E119 Insulin-non-depending diabetes without complications Noth ng Internal nec c ne 2006.08.26
I.G. 018000
A.M 674,058
Ratio
E.Cl. 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
Des. Auto Spec
Spel. Ge. 100
G.N. No.D.P.
20040826-00750 35
N.P. 72,608
S.T. 11,090 25,050
C T T.A
R.A. 30 % 7,515
T.A.M.C.B. 43,650
U.C. 27,370
Substitutive payment
Billed amount 16,260
Class L.A. Code The name of item i/ Unit cost D.D. T.D. A.A. A.A TMB + +
1. Examination fees [30,69%]
02 1 1 AA257 R.E.C.F. 11,090, 1, 1 11,090
9. Checkup fee [69,31%]
01 2 1 C2411 Total cholestero l xec cuantity ii 1,500, 1, 1 1,500
3 1 C2420 Cholesterol ii 4,790, 1, 1 4,790
4 1 C2430 Cholesterol ii 5,270, 1, 1 5,270
5 1 C2443 Lipid (triglyceride) ii 2,780, 1, 1 2,780
6 1 C3710 Sugar inspection ii 800, 1, 1 800
7 1 C3825 Hemoglobin ii 5,700, 1, 1 5,700
8 1 C3860 Lactic acid ii 4,170, 1, 1 4,170
191 1
Close
19890041 Open
2006.03.16

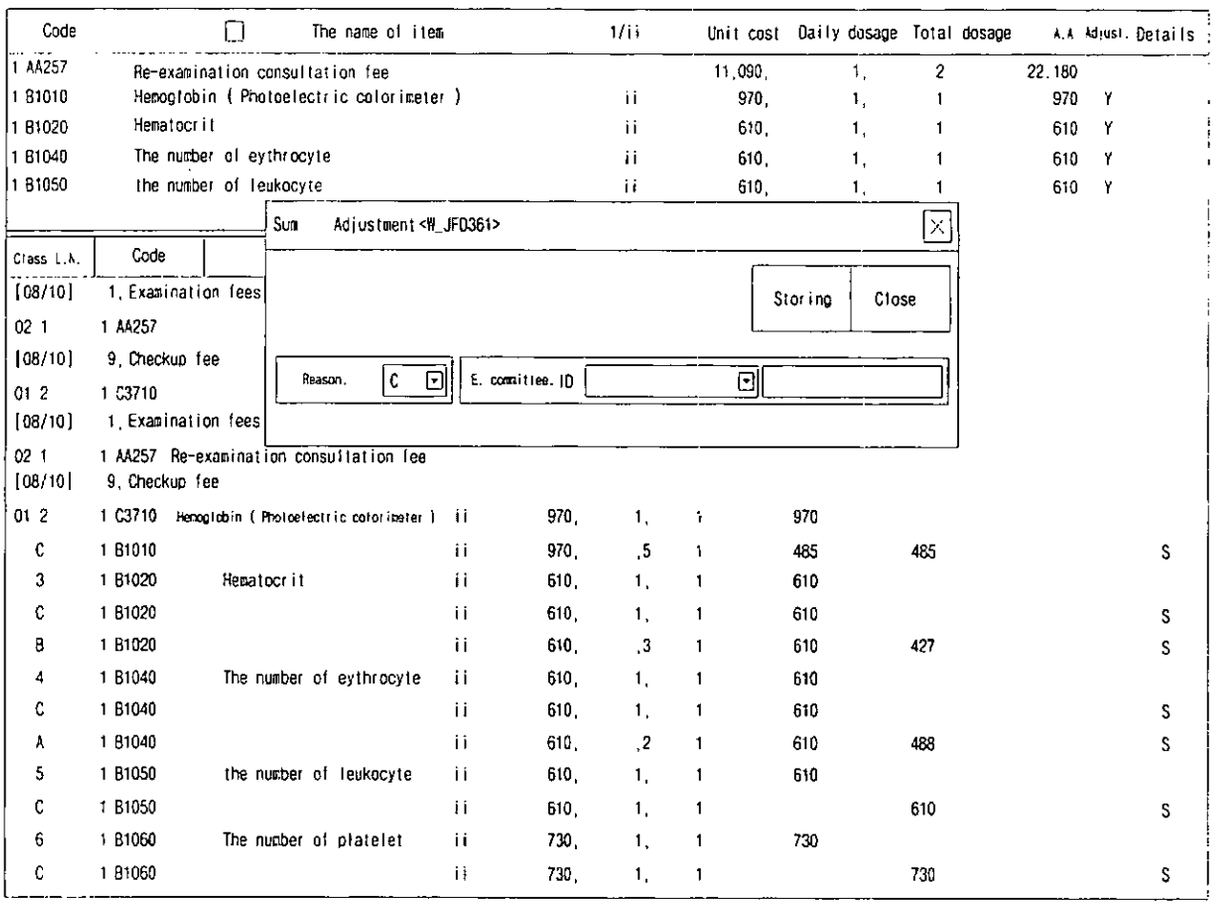
【Figure 11】


Details of medical services <W_JFD340> DONG-A UNIVERSITY MEDICAL CENTER [21100390] 19870041 MIN, Jeong Hee Distinction passage
Insu. Amt. F.rate
R.No. 4488005
S.N. 00191
Item 320816-
M.D.C.N. 1
No.Hosp.Amb. 1
Con.
Ob
PACS
Li
Fb. 0
No.P. 0
R.M.E Contin.
P.Class
No.F.M.E. N/H
0 0
No.T.R.E N/H
1 0
R.V.Class
1 2 3
4 5 6
I.G. 430000
A.M 1,487,429
Ratio
E.Cl.
Class.C. S.M.N. C.S. M.S.S.D.
G442 TENSION-TYPE HEADACHE neurology 2006,08,26
F411 GENERALIZED ANKIETY DISORDER neurology 2006,08,26
E119 WITH OUT CONPLIC neurology 2006,08,26
F329 DEPRESSIVE EPISDDE, UNSP neurology 2006,08,26
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
Des. Auto Spec
Spef. Ge. 100
M.S.S.D.
20040826-00750 14
G.N. 11,494
S.T. 11,090 8,180
C T T.A
R.A. 30 % 2,454
T.A.M.C.B. 24,910
R.A. 19,590
Substitutive payment
Billed amount 5,320
2000 1
Code The name of item i/ii Unit cost D.D. T.D. A.A.
1 AA157 First-medical-examination consultation fee 14,280, 1. 2 28,560
1 B0030 Up to ten sorts of general urine insoection ii 790, 1. 1 790
1 B0041 The main mediation microsconic exaination ii 620, 1. 1 620
1 B1010 Hemoglobin (Photoelectric colorimeter) ii 970, 1. 1 970
1 B1020 Hematocrit ii 610, 1. 1 610
Class L.N. Code The name of item i/ii V.C. D.D. T.A. A.A TMB + +
[08/24] 1, Examination fees [13,44%]
011 1 AA157 First-medical-examination consultation fee 14,280, 1, 1 14,280
[08/24] 7, The charge of psychotherapy [7,7%]
012 1 NN011 Individual moral medical treatment ii 8,180, 1, 1 8,180
[08/24] 1, Examination fees [13,44%]
011 1 AA157 First-medical-examination consultation fee 14,280, 1, 1 14,280
[08/24] 9, Checkup fee [50,90%]
012 1 80030 Up to ten sorts of general urine inspection ii 790, 1. 1 790
3 1 80030 The main mediation microscopic examination ii 620, 1. 1 620
4 1 80030 Hemoglobin (Photoelectric colorimeter) ii 970, 1. 1 970
5 1 80030 Hematocrit ii 610, 1. 1 610
6 1 80030 Erythrocyte sedimentation rate ii 700, 1. 1 700
7 1 80030 The number of platelet ii 730, 1. 1 730
8 1 80030 Leukocyte percentage (Blood) ii 1,480, 1. 1 1,480
9 1 80030 AST[SGOT] ii 1,540, 1. 1 1,540
10 1 80030 ALT[SGPT] ii 1,540, 1. 1 1,540
11 1 80030 Alkaline phosphotase ii 1,540, 1. 1 1,540
12 1 80030 The total protein fixed quantity ii 1,250, 1. 1 1,250
13 1 80030 Albumin ii 1,570, 1. 1 1,570
Close
19890041
2006,03,16

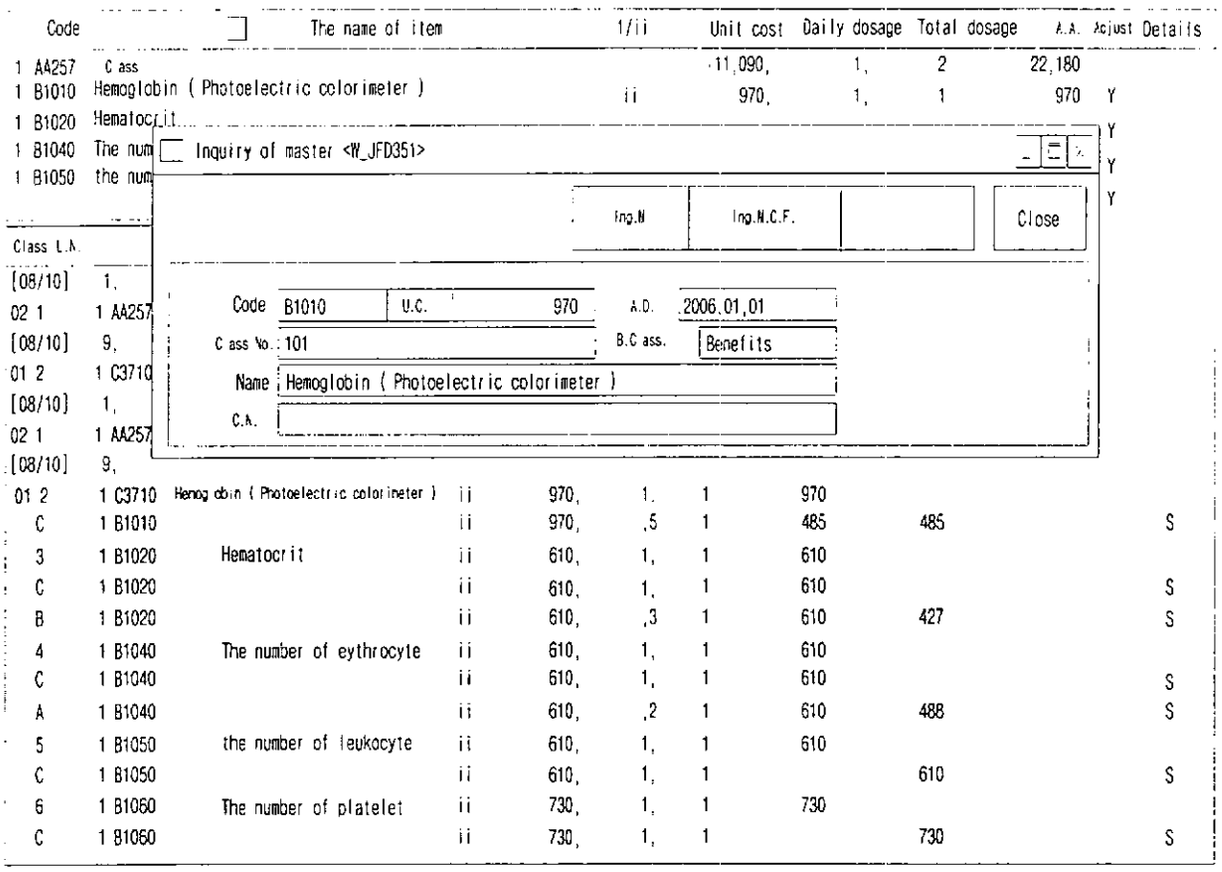
【Figure 12】


Details of medical services (pharmacy) <W_JF0341> DONGKOOK PHARMACY
Ins. P.F. F.R.
B I c ass G.B.
R.No. 9643089
S.N. 00018
P.C ass.
O.S.
P.N. i-0810654 9
Member YANG
Recipient BAEK
P.G.O. 11100362
Fem 390117- Fancy
C.V.D. 1
T.N.D. 60
No.P. 1
P.H. 0
P.M.1 0
P.M.2 0
M.3. 0
P.M. I.U. 0
E.U 0
Inj 0
Sum 0
2. D.soens ng fees 11,710
3. TA.M.C.B. 11,710
4. P.C. 3,510
5. M.P.C 0
6. B.-lec amount 8,200
Cass C. S.N.N. Specify N.N.P. U.P. M.D. No.D.M.
2004111800215 7 2006.11.18 60
31 32 33 Month. 1 2 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30
54 35 36 3 4 5 6
Cass L.N. Code The name of item U.C. D.D. T.D. A.A. M T B
01 1 Z1000 The charge of management (Per visit) 640, 1, 1 640
2 1 Z2000 150, 1, 1 150
3 1 Z3000 540, 1, 1 540
4 1 Z4117 Prescription pharmacy 6,630, 1, 1 6,630
5 1 Z5180 3,750, 1, 1 3,750
18 1
Close
19890041 Open
2006.01.05

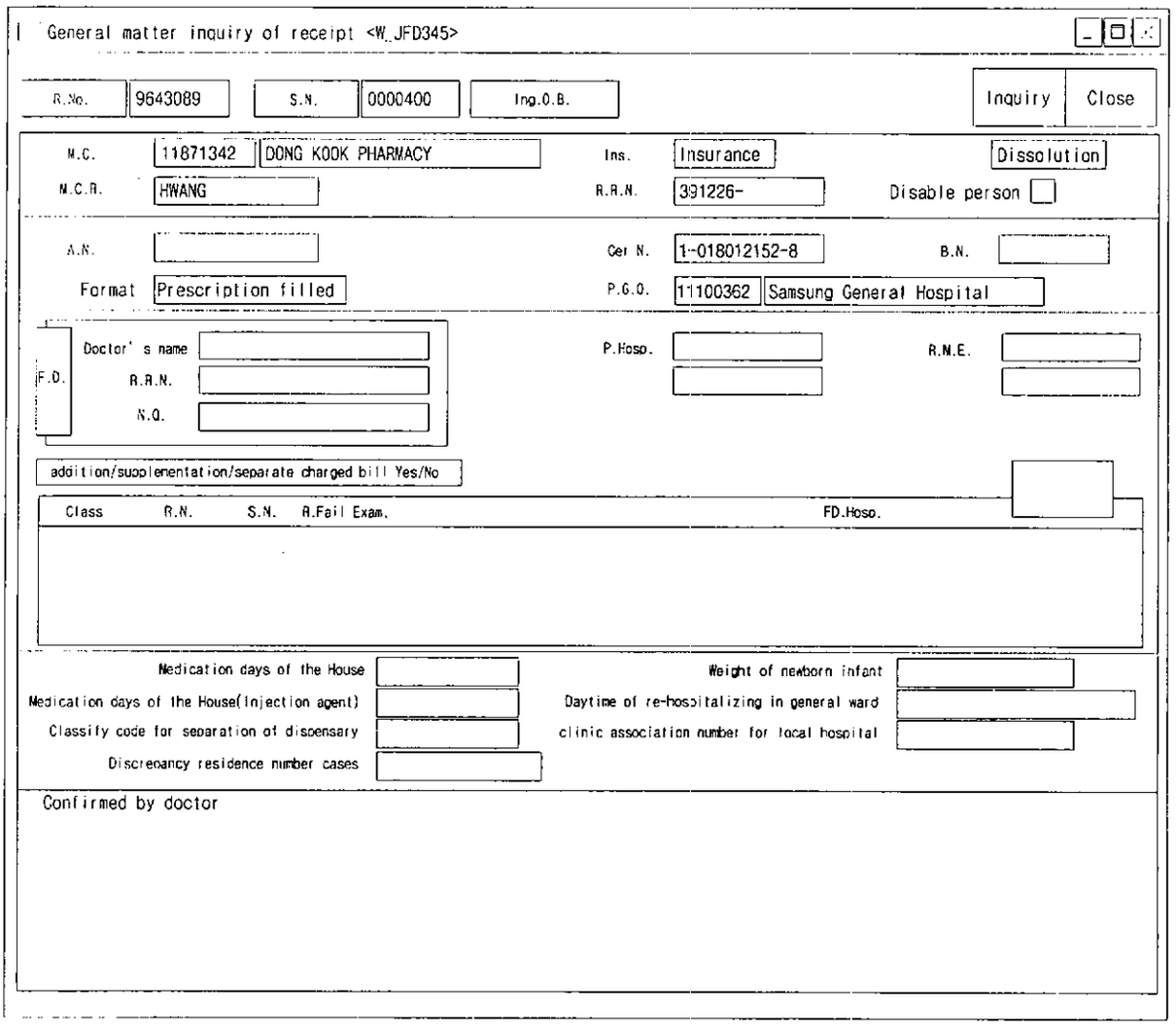
【Figure 13】


Code
The name of item
1/ii
Unit cost
Daily dosage
Total dosage
A.A
Adjust.
Details
1 AA257 Re-examination consultation fee 11,090, 1, 2 22.180
1 B1010 Hemoglobin (Photoelectric colorimeter) ii 970, 1, 1 970 Y
1 B1020 Hematocrit ii 610, 1, 1 610 Y
1 B1040 The number of eythrocyte ii 610, 1, 1 610 Y
1 B1050 the number of leukocyte ii 610, 1, 1 610 Y
Sum Adjustment <W_JFD361>
Storing
Close
Reason.
E. committee. ID
Class L.A.
Code
[08/10] 1. Examination fees
02 1 1 AA257
[08/10] 9. Checkup fee
01 2 1 C3710
[08/10] 1. Examination fees
02 1 1 AA257 Re-examination consultation fee
[08/10] 9. Checkup fee
01 2 1 C3710 Hemoglobin (Photoelectric colorimeter) ii 970, 1, 1 970
C 1 B1010 ii 970, ,5 1 485 485 S
3 1 B1020 Hematocrit ii 610, 1, 1 610
C 1 B1020 ii 610, 1, 1 610 S
B 1 B1020 ii 610, ,3 1 610 427 S
4 1 B1040 The number of eythrocyte ii 610, 1, 1 610
C 1 B1040 ii 610, 1, 1 610 S
A 1 B1040 ii 610, ,2 1 610 488 S
5 1 B1050 the number of leukocyte ii 610, 1, 1 610
C 1 B1050 ii 610, 1, 1 610 S
6 1 B1060 The number of platelet ii 730, 1, 1 730
C 1 B1060 ii 730, 1, 1 730 S

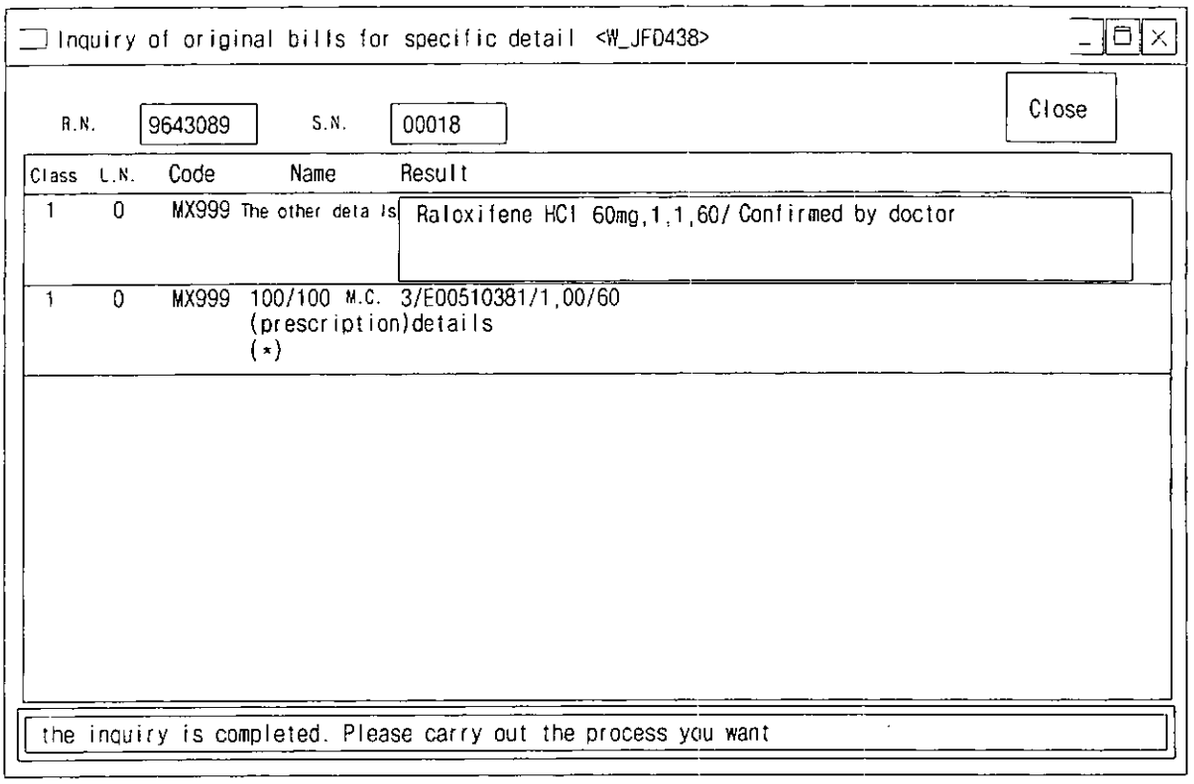
【Figure 14】


Code
The name of item
1/ii
Unit cost
Daily dosage
Total dosage
A.A.
Adjust
Details
1 AA257 C ass 11,090, 1, 2 22,180
1 B1010 Hemoglobin (Photoelectric colorimeter) ii 970, 1, 1 970 Y
1 B1020 Hematocrit Y
1 B1040 The num Y
1 B1050 the num Y
Inquiry of master <W_JFD351>
Ing.N
Ing.N.C.F.
Close
Class L.A.
[08/10] 1,
02 1 1 AA257
[08/10] 9,
01 2 1 C3710
[08/10] 1,
02 1 1 AA257
[08/10] 9,
Code B1010
U.C. 970
A.D. 2006.01.01
C ass No. 101
B.C ass. Benefits
Name Hemoglobin (Photoelectric colorimeter)
C.A.
01 2 1 C3710 Hemoglobin (Photoelectric colorimeter) ii 970, 1, 1 970
C 1 B1010 ii 970, ,5 1 485 485 S
3 1 B1020 Hematocrit ii 610, 1, 1 610
C 1 B1020 ii 610, 1, 1 610 S
B 1 B1020 ii 610, ,3 1 610 427 S
4 1 B1040 The number of eythrocyte ii 610, 1, 1 610
C 1 B1040 ii 610, 1, 1 610 S
A 1 B1040 ii 610, ,2 1 610 488 S
5 1 B1050 the number of leukocyte ii 610, 1, 1 610
C 1 B1050 ii 610, 1, 1 610 S
6 1 B1060 The number of platelet ii 730, 1, 1 730
C 1 B1060 ii 730, 1, 1 730 S

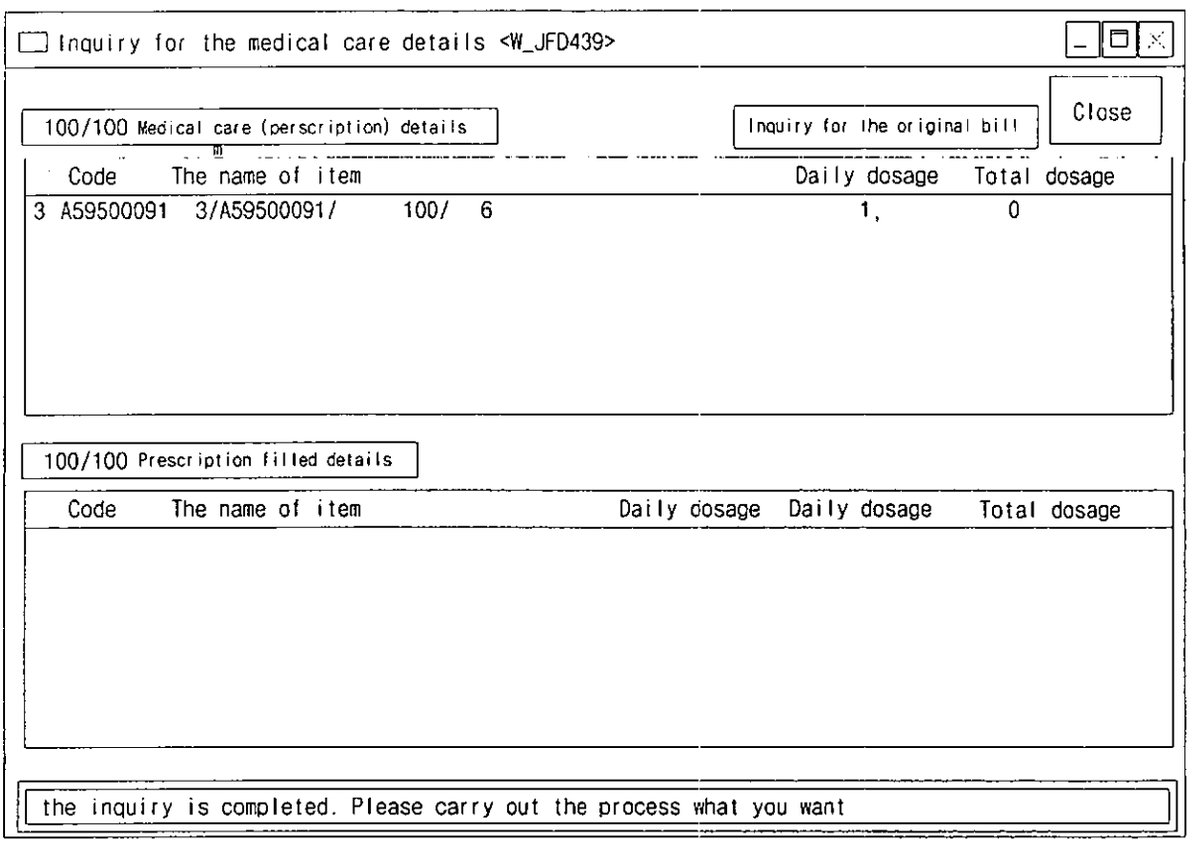
【Figure 15】


General matter inquiry of receipt <W_JFD345>
R.No.
9643089
S.N.
0000400
Ing.O.B.
Inquiry
Close
M.C.
11871342
DONG KOOK PHARMACY
Ins.
Insurance
Dissolution
M.C.R.
HWANG
R.R.N.
391226-
Disable person
A.N.
Cer N.
1--018012152-8
B.N.
Format
Prescription filled
P.G.O.
11100362
Samsung General Hospital
F.D.
Doctor' s name
R.R.N.
N.O.
P.Hosp.
R.N.E.
addition/supplenentation/separate charged bill Yes/No
Class
R.N.
S.N.
R.Fail Exam.
FD.Hoso.
Medication days of the House
Medication days of the House(injection agent)
Classify code for separation of dispensary
Discrepancy residence number cases
Weight of newborn infant
Daytime of re-hospitalizing in general ward
clinic association number for local hospital
Confirmed by doctor

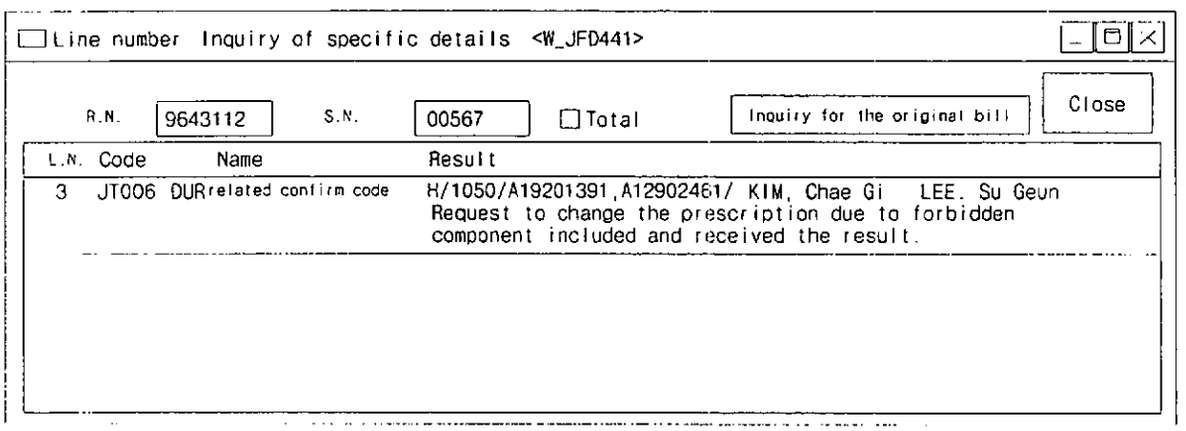
【Figure 16】


Inquiry of original bills for specific detail <W_JFD438>
R.N.
9643089
S.N.
00018
Close
Class
L.N.
Code
Name
Result
1
0
MX999
The other deta ls
Raloxifene HCl 60mg,1,1,60/ Confirmed by doctor
1
0
MX999
100/100 M.C.
(prescription)details
(*)
3/E00510381/1,00/60
the inquiry is completed. Please carry out the process you want

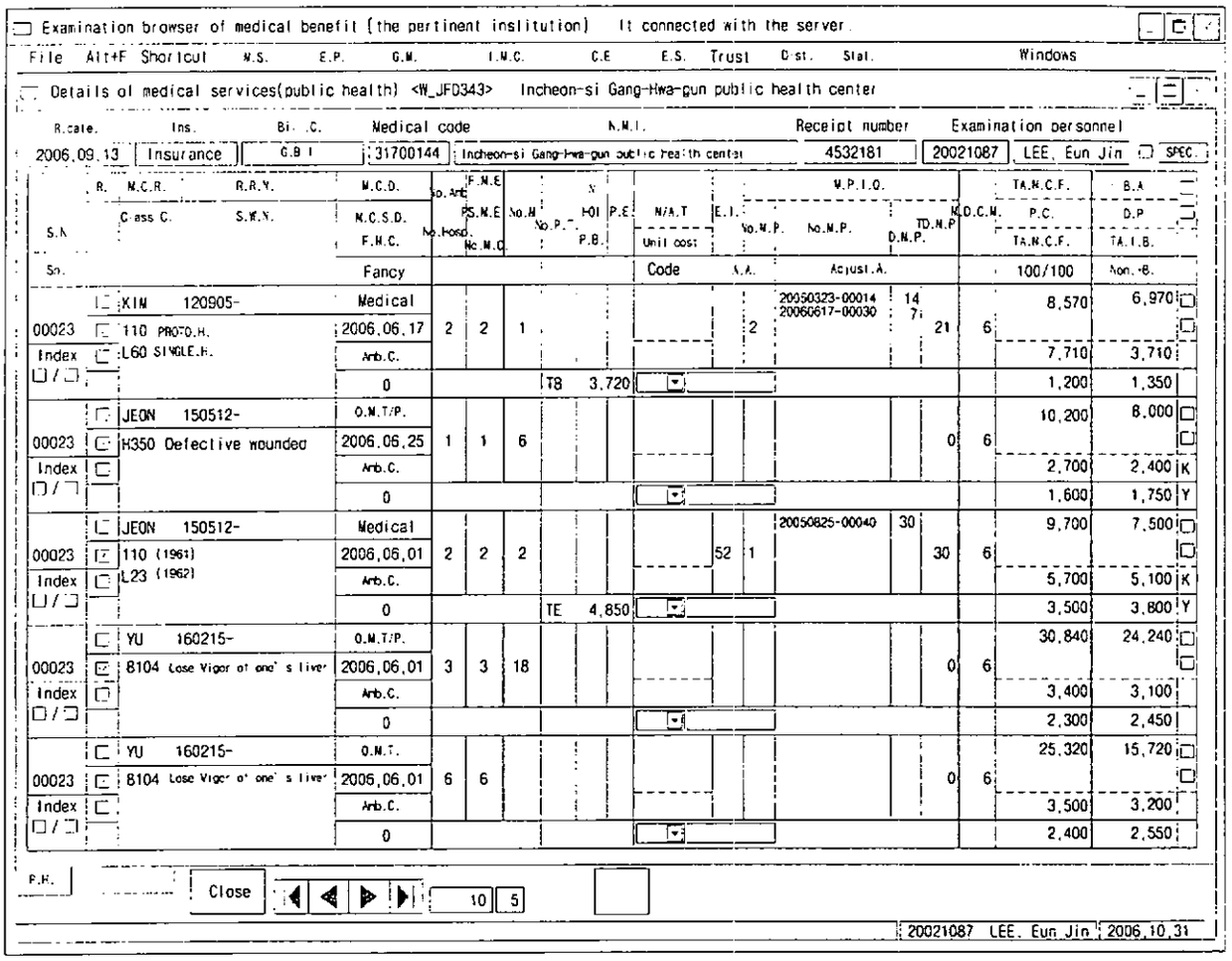
【Figure 17】



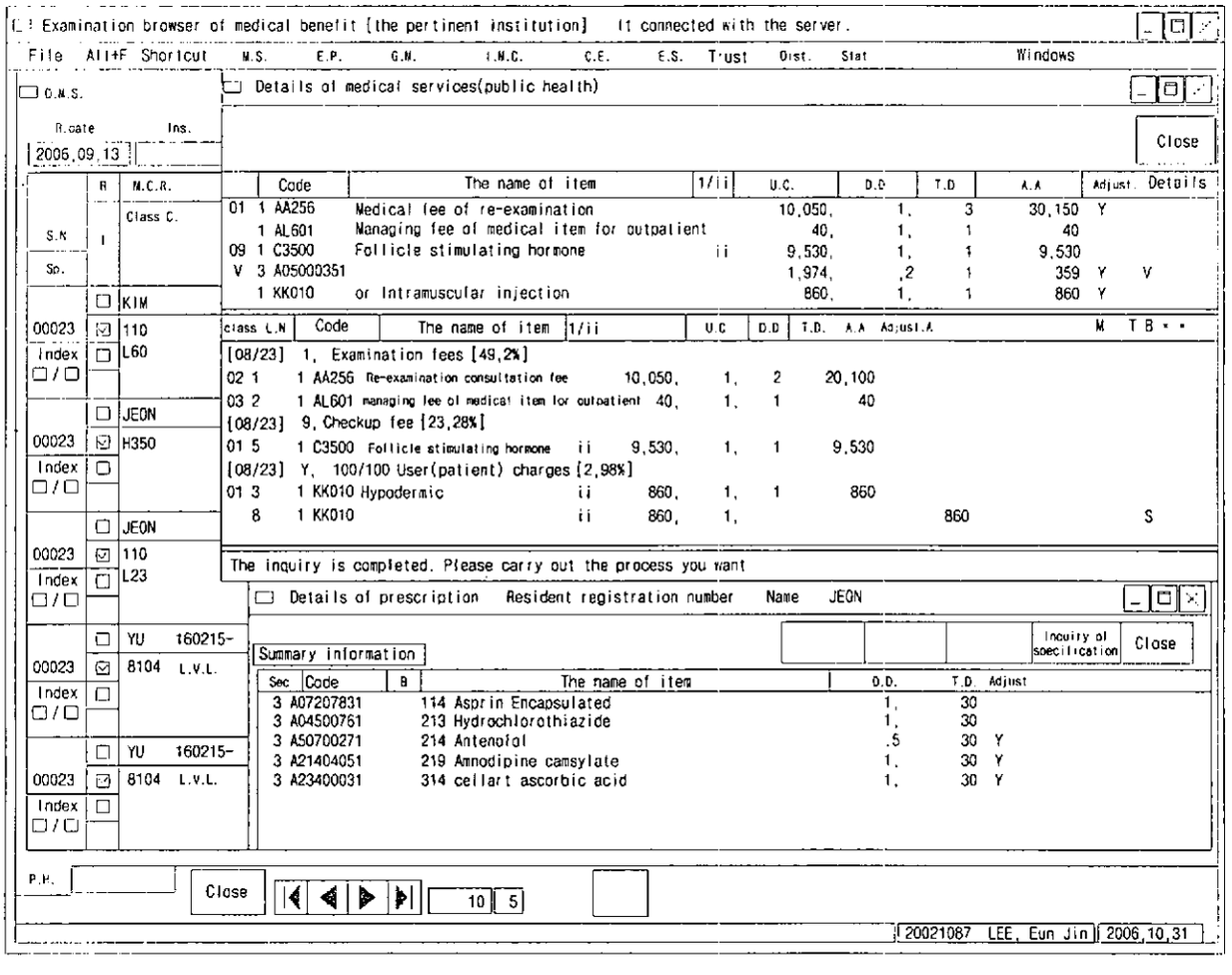
【Figure 18】



【Figure 19】


Examination browser of medical benefit (the pertinent institution) It connected with the server.
File Alt+F Shortcut N.S. E.P. G.M. I.N.C. C.E E.S. Trust D.st. Stat. Windows
Details of medical services(public health) <W_JFD343> Incheon-si Gang-Hwa-gun public health center
R.date. Ins. Bi. .C. Medical code N.M.I. Receipt number Examination personnel
2006.09.13 Insurance G.B I 31700144 Incheon-si Gang-Hwa-gun public health center 4532181 20021087 LEE. Eun Jin SPEC.
S.N R. M.C.R. R.R.Y. M.C.D. F.N.E. P.S.N.E. No.H No.P. H01 P.E N/A.T E.I. M.P.I.Q. No.M.P. TD.N.P D.N.P. K.D.C.M. P.C. TA.N.C.F. B.A D.P TA.I.B.
Class C. S.W.Y. M.C.S.D. F.N.C. No.Hosp. No.M.C. P.B. Unit cost
So. Fancy Code A.A. Adjust.A. 100/100 Non.-B.
00023 Index KIN 120905- Medical 110 PROTO.H. L60 SINGLE.H. 2006.06.17 Anb.C. 0 2 2 1 T8 3,720 2 20050323-00014 20060617-00030 14 7 21 6 8,570 7,710 1,200 6,970 3,710 1,350
00023 Index JEON 150512- O.M.T/P. H350 Defective wounded 2006.06.25 Anb.C. 0 1 1 6 0 6 10,200 2,700 1,600 8,000 2,400 1,750 K Y
00023 Index JEON 150512- Medical 110 (1961) L23 (1962) 2006.06.01 Anb.C. 0 2 2 2 TE 4,850 52 1 20050825-00040 30 30 6 9,700 5,700 3,500 7,500 5,100 3,800 K Y
00023 Index YU 160215- O.M.T/P. 8104 Lose Vigor of one' s liver 2006.06.01 Anb.C. 0 3 3 18 0 6 30,840 3,400 2,300 24,240 3,100 2,450
00023 Index YU 160215- O.M.T. 8104 Lose Vigor of one' s liver 2006.06.01 Anb.C. 0 6 6 0 6 25,320 3,500 2,400 15,720 3,200 2,550
P.R. Close 10 5
20021087 LEE. Eun Jin 2006.10.31

【Figure 20】


Examination browser of medical benefit [the pertinent institution] It connected with the server.
File Alt+F Shortcut M.S. E.P. G.M. I.N.C. C.E. E.S. Trust Dist. Stat Windows
O.M.S.
R.cate Ins.
2006,09,13
Details of medical services(public health)
Close
Code The name of item 1/ii U.C. D.D T.D A.A Adjust. Details
01 1 AA256 Medical fee of re-examination 10,050, 1, 3 30,150 Y
1 AL601 Managing fee of medical item for outpatient 40, 1, 1 40
09 1 C3500 Follicle stimulating hormone ii 9,530, 1, 1 9,530
V 3 A05000351 1,974, ,2 1 359 Y V
1 KK010 or Intramuscular injection 860, 1, 1 860 Y
S.N
So.
R
M.C.R.
Class C.
KIM
00023
110
L60
Index
JEON
H350
JEON
110
L23
YU 160215-
8104 L.V.L.
YU 160215-
8104 L.V.L.
class L.N Code The name of item 1/ii U.C D.D T.D. A.A Adjust.A M T B
[08/23] 1, Examination fees [49,2%]
02 1 1 AA256 Re-examination consultation fee 10,050, 1, 2 20,100
03 2 1 AL601 managing fee of medical item for outpatient 40, 1, 1 40
[08/23] 9, Checkup fee [23,28%]
01 5 1 C3500 Follicle stimulating hormone ii 9,530, 1, 1 9,530
[08/23] Y, 100/100 User(patient) charges [2,98%]
01 3 1 KK010 Hypodermic ii 860, 1, 1 860
8 1 KK010 ii 860, 1, 860 S
The inquiry is completed. Please carry out the process you want
Details of prescription Resident registration number Name JEON
Summary information
Inquiry of specification
Close
Sec Code B The name of item D.D. T.D. Adjust
3 A07207831 114 Asprin Encapsulated 1, 30
3 A04500761 213 Hydrochlorothiazide 1, 30
3 A50700271 214 Antenolol .5 30 Y
3 A21404051 219 Amnodipine camsylate 1, 30 Y
3 A23400031 314 cellart ascorbic acid 1, 30 Y
P.H.
Close
10 5
20021087 LEE, Eun Jin 2006,10,31