b10 - exportable data content

No	Data Element	Data Description	Computable PDF Export	CCD XML Export	JSON
1	Patient ID	Patient ID from Solid Practice EMR		X	
2	First Name	First name of patient		X	
3	Last Name	Last name of patient		X	
4	Middle Name	Middle name of patient		X	
5	Suffix	Suffix of patient name		X	
6	Date of Birth	Patient date of birth		X	
7	Gender	Gender of patient		X	
8	Race	Patient race		X	
9	Ethnicity	Patient ethnicity		X	
10	Marital Status	Marital status of patient		X	
11	Language	Primary language of patient		X	
12	Contact Method	Preferred contact method		X	
13	Address Line 1	Patient address line 1		X	
14	Address Line 2	Patient address line 2		X	
15	City	Patient address city		X	
16	State	Patient address state		X	
17	Zip	Patient address zip code		X	
18	Email	Patient email		X	
19	Home Phone	Patient home phone number		X	
20	Cell Phone	Patient cell phone number		X	
21	Work Phone	Patient work phone number		X	
22	Emergency Contact First Name	Patient emergency contact first name		X	
23	Emergency Contact Last Name	Patient emergency contact last name		X	
24	Emergency Contact Relationship	Patient emergency contact relationship		X	
25	Emergency Contact Address Line 1	Patient emergency contact address line 1		X	
26	Emergency Contact City	Patient emergency contact address city		X	
27	Emergency Contact State	Patient emergency contact address state		X	
28	Emergency Contact Zip	Patient emergency contact address zip code		X	
29	Emergency Contact Phone	Patient emergency contact phone number		X	
30	Prescriptions	Patient's current and past Medications		X	

31	Preferred Pharmacy	Preferred Pharmacy		X	
32	Preferred Pharmacy Address	Preferred Pharmacy Address		X	
33	Preferred Pharmacy City	Preferred Pharmacy City		X	
34	Preferred Pharmacy State	Preferred Pharmacy State		X	
35	Preferred Pharmacy Zip	Preferred Pharmacy Zip		X	
36	Smoking status	Patient smoking status		X	
37	Social history	Social history		X	
38	Patient Immunization history	Patient immunization history		X	
39	Problem List	Patient problems		X	
40	Procedures	Patient procedures		X	
41	Vitals	Patient Vitals		X	
42	Allergies	Patient allergies		X	
43	Primary Provider	Primary provider		X	
44	Providers List	Care team members			X
45	Lab Results	Lab Results			x
46	Lab Order, Imaging Order	Order sent by provider for patient			x
47	Imaging Reports	Imaging results and documents	X		
48	Files uploaded to the patient chart - insurance cards, consent form etc.	Files uploaded to the patient chart	X		
49	Primary Carrier Name	Patient primary carrier name			X
50	Primary Subscriber ID	Patient primary subscriber ID - insurance			X
51	Primary Group No	Patient primary group number - insurance			X
52	Primary Plan Name	Patient plan name - insurance			X
53	Secondary Carrier Name	Patient secondary carrier name- insurance			X
54	Secondary Subscriber ID	Patient secondary subscriber ID- insurance			X
55	Secondary Group No	Patient secondary group number- insurance			X
56	Secondary Plan Name	Patient secondary plan name- insurance			X
57	Guarantor First Name	Guarantor for Patient Payment			X
58	Guarantor Last Name	Guarantor for Patient Payment			X
59	Guarantor Middle Name	Guarantor for Patient Payment			X
60	Guarantor Address	Guarantor for Patient Payment			X
61	Guarantor Phone	Guarantor for Patient Payment			X
62	Guarantor Relationship	Guarantor for Patient Payment			X

63	Guarantor City	Guarantor for Patient Payment			X
64	Guarantor State	Guarantor for Patient Payment			X
65	Guarantor Zip	Guarantor for Patient Payment			X
66	Appointment Type	Type of Appointment			X
67	Appointment Date/Time	Date and time of appointments			X
68	Appointment Status	Status of Appointment			X
69	Appointment Description	Description of Appointment			X
70	Scheduled Provider	Provider name of the appointment			X
71	Appointment Duration	Time duration of the appointment scheduled			X
72	Receipt - Service date	Date of service			X
73	Receipt - Service - Copay	Paid copay amount of service			X
74	Receipt - Service - Deductible	Paid deductible amount			X
75	Receipt - Service - Outstanding balance (with Claim#)	Paid claim's outstanding balance amount			X
76	Receipt - Service - Credit account	Credit amount (if any) to patient account			X
77	Receipt - Amount	Service's amount			X
78	Receipt - Patient Name	Receipt's patient name			X
79	Receipt - Patient Address	Receipt's patient address			X
80	Receipt - Bill Date	Receipt's originally created date			X
81	Receipt - Account No	Receipt's patient account number			X
82	Receipt - Amount Paid	Receipt's total amount			X
83	Receipt - Transaction Number	Receipt's transaction number			X
84	Receipt - Paid Method	Receipt's paid by method			X
85	Receipt - Billing Facility Name	Billing facility name			X
86	Receipt - Billing Facility Address	Billing facility address			X
87	Receipt - Billing Facility Contact Info	Billing facility contact info			X