

844 PRODUCT TRANSFER ACCOUNT ADJUSTMENT - VERSION 5010

This example represents a debit memo being sent from a wholesaler to a manufacturer.  
The debit memo contains an adjustment for one line item.

844 Product Transfer Account Adjustment  
Example 1

Request for credit adjustment on Debit Memo #030123456 created on 05/01/2007

**TRANSACTION SET HEADER**

ST\*844\*100000103

**Transaction Set Identifier Code**

ST01 844 X12 Product Transfer Account Adjustment

**Transaction Set Control Number**

ST02 1000000103

**BEGINNING SEGMENT FOR PRODUCT TRANSFER ACCOUNT ADJUSTMENT**

BAA\*00\*RA\*20070501\*AM\*030123456

**Transaction Set Purpose Code**

BAA01 00 Original Qualifier

**Transaction Type Code**

BAA02 RA Request for Credit

**Date**

BAA03 20070501

**Reference Identification Qualifier**

BAA04 AM Adjustment Memo (Charge Back) Qualifier

**Reference Identification**

BAA05 030123456 Debit Memo #

**DISTRIBUTOR NAME**

N1\*DB\*M & D OF SHREVEPORT\*11\*PM0034123

**Entity Identifier Code**

N101 DB Distributor Branch Qualifier

**Name**

N102 M & D OF SHREVEPORT

**Identification Code Qualifier**

N103 11 DEA Number Qualifier

**Identification Code**

N104 PM0034123 DEA Number

**DISTRIBUTOR ADDRESS INFORMATION**

N3\*One First Street\*Storage Location 1

**Address Information**

N301 One First Street Address 1

N302 Storage Location 1 Address 2

**DISTRIBUTOR GEOGRAPHIC LOCATION**

N4\*Shreveport\*LA\*60054

**City**

N401 Shreveport City

**State**

N402 LA State

**Postal Code**

N403 60054 Postal Code

**MANUFACTURER NAME**

N1\*MF\*ACME FLEXIBLES\*11\*PE0048163

**Entity Identifier Code**

N101 MF Supplier Code Qualifier

**Name**

N102 ACME FLEXIBLES

**Qualifier**

N103 11 DEA Number Qualifier

**DEA Number**

N104 PE0048163

**MANUFACTURER ADDRESS INFORMATION**

N3\*One Second Street

**Address Information**

N301 One Second Street Address 1

**MANUFACTURER GEOGRAPHIC LOCATION**

N4\*Shreveport\*LA\*60054

**City**

N401 Shreveport City

**State**

N402 LA State

**Postal Code**

N403 60054 Postal Code

**CONTRACT NUMBER DETAIL**

CON\*VC\*0000161252\*VA

**Reference Identification Qualifier**

CON01 VC Vendor Contract Number Qualifier

**Reference Identification**

CON02 0000161252 Actual Contract Number

**Contract Status Code**

CON03 VA Valid Open Contract

**END USER NAME**

N1\*ST\*UTMB - GALVESTON OP\*21\*AYSAL4Z00

**Entity Identifier Code**

N101 ST Ship To Qualifier

**Name**

N102 UTMB – GALVESTON OP

**Identification Code Qualifier**

N103 21 HIN Number Qualifier

**Identification Code**

N104 AYSAL4Z00 HIN Number

**END USER ADDRESS INFORMATION**

N3\*One Hospital Drive\*2nd Flr Nurse's Stat.

**Address Information**

N301 One Hospital Drive Address 1

N302 2nd Flr Nurse's Stat. Address 2

**END USER GEOGRAPHIC LOCATION**

N4\*Galvestont\*TX\*77555

**City**

N401 Galveston City

**State**

N402 TX State

**Postal Code**

N403 77555 Postal Code

**SALES ITEM INFORMATION**

SII\*N4\*00002861501\*4\*EA\*5.00\*2.50\*10.00

**Product/Service ID Qualifier**

SII01 N4 Qualifier for NDC 5-4-2 format

**Product/Service ID**

SII02 00002861501 NDC in 5-4-2 format

**Quantity**

SII03 4 Quantity

**Composite Unit of Measure**

SII04 EA UOM

**Unit Price**

SII05 5.00 Wholesale Price

**Unit Price**

SII06 2.50 Contract Price

**Monetary Amount**

SII07 10.00 Requested Rebate Amount

**REFERENCE IDENTIFICATION**

N9\*DI\*0718535\*\*20070415

**Reference Identification Qualifier**

N901 DI Distributor Invoice Number Qualifier

**Reference Identification**

N902 0718535 Distributor Invoice Number

**Date**

N904 20070415 Distributor Invoice Date

**TRANSACTION TOTALS**

CTT\*1

**Number of Line Items**

CTT01 1

**MONETARY AMOUNT**

AMT\*CC\*10.00

**Amount Qualifier Code**

AMT01 CC Chargeback Claim Amount Qualifier

**Monetary Amount**

AMT02 10.00 Total Requested Rebate Amount

**TRANSACTION SET TRAILER**

SE\*16\*1000000103

**Number of Included Segments**

SE01 16

**Transaction Set Control Number**

SE02 1000000103

Transmission File:

ST8844\*1000000103

BAA\*00\*RA\*20070501\*AM\*030123456

N1\*DB\*M & D OF SHREVEPORT\*11\*PM0024123

N3\*One First Street\*Storage Location 1

N4\*Shreveport\*LA\*60054

N1\*SU\*ACME FLEXIBLES\*11\*PE0048163

N3\*1 Second Street

N4\*Shreveport\*LA\*60054

CON\*VC\*0000161252\*VA

N1\*ST\*UTMB-Galveston OP\*21\*AYSAL4Z00

N3\*One Hospital Drive\*2nd Floor Nurse's Station

N4\*Galveston\*TX\*77555

SII\*N4\*00002861501\*4\*EA\*5.00\*2.50\*10.00

N9\*DI\*0718535\*20070415

CTT\*1

AMT\*CC\*10.00

SE\*16\*1000000103