

**ND Health Enterprise MMIS  
Remittance Advice Field Level All RA's**

RA FIRST PAGE	
Address Line 1	Payee address line 1
Address Line 2	Payee address line 2
City, State and Zip	Payee City, State and Zip
Billing Provider id	
Payee ID	
RA HEADER FOR ALL PAGES	
Remittance No	The remittance statement number uniquely identifies the remittance statement prepared for this provider for a given payment cycle.
EFT/Check Number	Claim Warrant Number
Payment Date	Date of Payment