Vermont Medicaid (DVHA)

Medicaid										
BIN	**PCN**	**GRP**	**Member ID**	**Member First Name**	**Member Last Name**	**Birth Date**	**Gender**	**Eligibility Dates**	**NDC**	**OCC Code**
610593	**VTMTEST**	VTMEDICAID	000000001	Nancy	Test	1/1/1960	F	10/1/2011 - 1/31/2012	59762130001	0
610593	**VTMTEST**	VTMEDICAID	000000004	Stacey	Test	1/1/1960	F	10/1/2011 - 1/31/2012	59762130001	2
610593	**VTMTEST**	VTMEDICAID	000000005	Michelle	Test	1/1/1960	F	10/1/2011 - 1/31/2012	59762130001	4

Medicare Part D Supplemental										
BIN	**PCN**	**GRP**	**Member ID**	**Member First Name**	**Member Last Name**	**Birth Date**	**Gender**	**Eligibility Dates**	**NDC**	**OCC Code**
610593	**VTDTEST**	VTMEDICAID	000000006	Nancy	Test	1/1/1940	F	10/1/2011 - 1/31/2012	00603321316	3
610593	**VTDTEST**	VTMEDICAID	000000007	Diane	Test	1/1/1940	F	10/1/2011 - 1/31/2012	59762130001	2
610593	**VTDTEST**	VTMEDICAID	000000007	Diane	Test	1/1/1940	F	10/1/2011 - 1/31/2012	00603321316	3
610593	**VTDTEST**	VTMEDICAID	000000007	Diane	Test	1/1/1940	F	10/1/2011 - 1/31/2012	59762130001	4