

Submission 6 Narratives – (Test Scenarios 6-0, 6-1, 6-2)

Instructions: Prepare a submission for Parktestsix Medicaid who is providing Medicaid coverage for two Responsible Individuals. The information to be included in this submission is provided in the following narrative.

Submission Narrative

Parktestsix Medicaid (Employer Identification Number (EIN) 000000631), 65 Health Avenue, Austin, TX 78741 is a provider of Medicaid.

Elias Koop is the point of contact for Parktestsix Medicaid and may be contacted at 5554052543.

Signature, Title and Date on the signature line should be blank.

General Information for Forms 1095-B:

Covered individuals should be listed alphabetically by their first name. Note: This constraint applies only to the AATS test environment.

Scenario 6-1 Responsible Individual 1: Maria Candice Nichols

Maria Candice Nichols (Social Security Number (SSN) 000000601) and her son Max Nichols (SSN 000000602) were covered by Medicaid for at least one day per month for all 12 months of the calendar year. Maria's daughter, Jane Nichols (SSN 000000603) was born on November 15, 2015, and was covered by Medicaid for at least one day per month for November and December.

Note: While it is understood that there are two correct ways to complete Part IV, in this AATS Scenario, please select the "Covered all 12 months" check box when applicable rather than entering data in each of the 12 monthly check boxes.

Maria Candice Nichols' address is 1724 Hurst Street, San Marcos, TX 78666.

Scenario 6-2 Responsible Individual 2: Ben Nichas

Ben Nichas (SSN 000000604) was covered by Medicaid for at least one day per month for the months of March through December inclusive.

Ben Nichas' address is 1963 Hardin Avenue, Dallas, TX 75201.