Exhibit 3 - File Format for Data being sent to the State in ASCII-Tab Delimited Format

PATIENT ID		NUMBER		PATIENT ID
MEMID		TEXT		PATIENT ID
LASTNAME		TEXT		LAST NAME
FIRSTNAME		TEXT		FIRST NAME
DOB		TEXT		DATE OF BIRTH
GENDER		TEXT		GENDER
DATESBM		TEXT		DATE SUBMITTED
DATEDISP		TEXT		DATE DISPENSED
PHARMID		TEXT		PHARMACY ID
RXNO		TEXT		PRESCRIPTION NUMBER
REFID		TEXT		REFERENCE NUMBER
PRESCRIP		TEXT		PRESCRIPTION NUMBER
PRODTYP		TEXT		PRODUCT TYPE
PRODNDC		TEXT		NDC CODE
DRUGNAME		TEXT		DRUG NAME
QTY		NUMBER		QUANTITY
INGRCOST		CURRENCY		BASIC COST
DISPEE		CURRENCY		FEE
TAX		CURRENCY		TAX
COPAY		CURRENCY		COPAY
AMTDUE		CURRENCY		TOTAL
TYPE		TEXT		TYPE
DAYSSUPLY		TEXT		DAYS SUPPLY 1 SCRIPT
PRESCNME		TEXT		PROVIDER
GROUPNME		TEXT		PROVIDER GROUP