OHIP Fee Schedule Master Record Layout				
Field Name	Field Start Position	Field Length	Format	Field Description
First four characters of	1	4	Х	ANNN Refers to Provider
Fee Schedule code				
Effective Date	5	8	D	Date on which schedule of
				fees becomes effective.
Termination Date	13	8	D	Date after which the schedule
				fees is no longer in force.
				99999999 in this field signifies
				that the period of validity
				continues indefinitely
Provider Fee	21	11	N	Dollars (4 decimal places)
Assistant's fee	32	11	N	Zero filled
Specialist fee	43	11	N	Dollars (4 decimal places)
Anaesthetist's fee	54	11	N	Zero filled
Non-Anaesthetist's fee	65	11	N	Zero filled