LAST_NAME	FIRST_NAME	Altruista ID	PATIENT_DOB	RISK_CATEGORY_NAME	RISK_SCORE	CLIENT NAME	NEXT_CONTACT_DATE

ASSIGNED DATE/ATTRIBUTED DATE	ADDRESS	PHONE NUMBER	INSURANCE ID	PROGRAM_NAMES	LAST_CLAIM	LAST_VISIT_DATE

NEXT_VISIT_DATE	PCP_NAME	ER_VISITS	APP_VISITS	ADTDAYS_COUNT	DUE_DAYS	FAMILY_ID	PSU_SCORE	CARE_MANAGER

CARE_MANAGER_PHONE	MEDICAID_ID	RESIDENCE_STATUS	PCP_PHONE_NUMBER	ROI_VALID_FROM_DATE	ROI_VALID_TO_DATE