

COLUMN	VARIABLES	DESCRIPTION
A	INTERNAL IDENTIFIER (*)	Identification number of the organization given by the Authentic Source
B	ORGANIZATION TYPE (*)	Type of organization - see TAB CATEGORIES for details
C	RIZIV/INAMI NUMBER	INAMI/RIZIV identifier (if exist), 8 DIGITS, cell must be formatted as text
D	KBO/BCE NUMBER	CBE/BCE/KBO identifier, 10 DIGITS, cell must be formatted as text
E	NAME OF THE ORGANIZATION (*)	Denomination of the organization
F	STREET NAME (*)	Street of the organization
G	HOUSE NUMBER (*)	House number of the organization
H	POSTBOX NUMBER	Postbox of the address
I	ZIPCODE (*)	Postal code of the municipality
J	MUNICIPALITY (*)	Municipality of the organization
K	RESPONSIBLE FIRSTNAME	First name of the responsible
L	RESPONSIBLE LASTNAME(*)	Last name of the responsible
M	RESPONSIBLE PHONE(*)	Phone of the responsible (only numbers are allowed, no formatting)
N	RESPONSIBLE2 FIRSTNAME	First name of the backup responsible
O	RESPONSIBLE2 LASTNAME	Last name of the backup responsible
P	RESPONSIBLE2 PHONE	Phone of the backup responsible (only numbers are allowed, no formatting)
Q	MEDICAL REPOSNSIBLE FIRSTNAME	First name of the medical responsible of the organization (if exist)
R	MEDICAL REPOSNSIBLE LASTNAME	Last name of the medical responsible of the organization (if exist)
S	MEDICAL RESPONSIBLE PHONE	Phone number of the medical responsible of the organization (only numbers are allowed, no formatting) (if exist)
T	MEDICAL REPOSNSIBLE NIHII NUMBER	INAMI/RIZIV number of the medical responsible (only numbers are allowed, no formatting) (if exist)

**THE VARIABLES FOLLOWED BY A STAR (\*) ARE MANDATORY**