

**Medicaid County Health Department Certified Match Program
Reports 2016 Quarter 2**

Billing Provider Medicaid ID	Provider Name	Procedure Code	From Date of Service Quarter	Quarter of To Date of Svc - Calendar	Rendering Provider Medicaid Unduplicated Count	Sum Of Reimbursed Amount
027924230	Desoto CHD	T1003	201602	20162	2	\$1,827.74
027924230	Desoto CHD	T1003KO	201602	20162	2	\$217.21
Total						\$2,044.95
027935830	Hardee CHD	T1002	201602	20162	2	\$1,864.99
027935830	Hardee CHD	T1002KO	201602	20162	2	\$229.32
027935830	Hardee CHD	T1003	201602	20162	1	\$1,146.73
027935830	Hardee CHD	T1003KO	201602	20162	1	\$156.75
Total						\$3,397.79
027952830	Marion CHD	T1002	201602	20162	10	\$2,410.31
027952830	Marion CHD	T1002KO	201602	20162	7	\$727.48
Total						\$3,137.79
Grand Total:						\$8,580.53