

Medicaid County Health Department Certified Match Program

Reports 2017 Quarter 3

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	T1002	201703	20173	1	\$1,205.03
027924230	Desoto CHD	T1002 KO	201703	20173	1	\$141.49
027924230	Desoto CHD	T1003	201703	20173	4	\$2,368.52
027924230	Desoto CHD	T1003 KO	201703	20173	2	\$66.30
Total						\$3,781.34
027935830	Hardee CHD	T1002	201703	20173	2	\$507.85
027935830	Hardee CHD	T1002 KO	201703	20173	2	\$103.40
027935830	Hardee CHD	T1003	201703	20173	1	\$213.99
027935830	Hardee CHD	T1003 KO	201703	20173	1	\$29.14
Total						\$854.38
Grand Total:						\$4,635.72