

Medicaid County Health Department Certified Match Program

Reports 2017 Quarter 4

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	201704	20174	1	\$2,550.82
027924230	Desoto CHD	T1002 KO	201704	20174	1	\$522.24
027924230	Desoto CHD	T1003	201704	20174	4	\$4,435.16
027924230	Desoto CHD	T1003 KO	201704	20174	2	\$144.31
<b>Total</b>						<b>\$7,652.53</b>
027935830	Hardee CHD	T1002	201704	20174	2	\$3,132.95
027935830	Hardee CHD	T1002 KO	201704	20174	2	\$727.04
027935830	Hardee CHD	T1003	201704	20174	1	\$1,044.76
027935830	Hardee CHD	T1003 KO	201704	20174	1	\$192.54
<b>Total</b>						<b>\$5,097.29</b>
<b>Grand Total:</b>						<b>\$12,749.82</b>