

Medicaid County Health Department Certified Match Program

Reports 2018 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	T1002	201802	20182	1	\$1,229.43
027924230	Desoto CHD	T1002 KO	201802	20182	1	\$140.80
027924230	Desoto CHD	T1003	201802	20182	4	\$2,202.58
027924230	Desoto CHD	T1003 KO	201802	20182	3	\$63.70
<b>Total</b>						<b>\$3,636.51</b>
027935830	Hardee CHD	T1002	201802	20182	2	\$1,198.79
027935830	Hardee CHD	T1002 KO	201802	20182	2	\$289.28
027935830	Hardee CHD	T1003	201802	20182	1	\$638.00
027935830	Hardee CHD	T1003 KO	201802	20182	1	\$115.48
<b>Total</b>						<b>\$2,241.55</b>
<b>Grand Total:</b>						<b>\$5,878.06</b>