

Medicaid County Health Department Certified Match Program

Reports 2019 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	201903	20193	1	\$924.03
027924230	Desoto CHD	T1002 KO	201903	20193	1	\$39.06
027924230	Desoto CHD	T1003	201903	20193	5	\$2,479.22
027924230	Desoto CHD	T1003 KO	201903	20193	4	\$125.77
Total						\$3,568.08
027935830	Hardee CHD	T1002	201903	20193	2	\$1,078.48
027935830	Hardee CHD	T1002 KO	201903	20193	2	\$156.24
Total						\$1,234.72
Grand Total:						\$4,802.80