

Medicaid County Health Department Certified Match Program

Reports 2020 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	202002	20202	0	\$0.00
027924230	Desoto CHD	T1002 KO	202002	20202	0	\$0.00
027924230	Desoto CHD	T1003	202002	20202	0	\$0.00
027924230	Desoto CHD	T1003 KO	202002	20202	0	\$0.00
Total						\$0.00
027935830	Hardee CHD	T1002	202002	20202	0	\$0.00
027935830	Hardee CHD	T1002 KO	202002	20202	0	\$0.00
Total						\$0.00
Grand Total:						\$0.00