

Medicaid County Health Department Certified Match Program

Reports 2021 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	202104	20214	1	\$746.35
027924230	Desoto CHD	T1003	202104	20214	5	\$8,799.12
027924230	Desoto CHD	T1003KO	202104	20214	4	\$186.88
<b>Total</b>						<b>\$9,732.35</b>
027935830	Gilchrist CHD	T1002	202104	20214	2	\$600.48
027935830	Gilchrest CHD	T1002KO	202104	20214	2	\$165.41
<b>Total</b>						<b>\$765.89</b>
<b>Grand Total:</b>						<b>\$10,498.24</b>