

**2015, Q4**

Billing Provider Medicaid ID	Provider	Code	From Date of Service Qtr	To Date of Service Qtr	Rendering Provider Unduplicated Count	Reimbursed Amount
027924230	Desoto CHD	T1003	201504	20154	3	\$1,001.15
027924230	Desoto CHD	T1003KO	201504	20154	3	\$60.41
<b>027924230 Total</b>						\$1,061.56
027935830	Hardee CHD	T1002	201504	20154	2	\$1,552.88
027935830	Hardee CHD	T1002KO	201504	20154	2	\$167.56
027935830	Hardee CHD	T1003	201504	20154	1	\$1,047.83
027935830	Hardee CHD	T1003KO	201504	20154	1	\$73.88
<b>027935830 Total</b>						\$2,842.15
027952830	Marion CHD	T1002	201504	20154	16	\$16,033.25
027952830	Marion CHD	T1002KO	201504	20154	8	\$2,340.55
<b>027952830 Total</b>						\$18,373.80
027966830	St Lucie CHD	T1002	201504	20154	1	\$1,188.00
<b>027966830 Total</b>						\$1,188.00
<b>Grand Total</b>						\$23,465.51