

Medicaid County Health Department Certified Match Program

Reports 2022 Quarter 1

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	202201	20221	1	\$1,517.63
027924230	Desoto CHD	T1002 KO	202201	20221	1	\$5.56
027924230	Desoto CHD	T1003	202201	20221	5	\$3,102.89
027924230	Desoto CHD	T1003 KO	202201	20221	5	\$110.31
<b>Total</b>						<b>\$4,736.39</b>
027935830	Gilchrist CHD	T1002	202201	20221	2	\$204.33
027935830	Gilchrist CHD	T1002 KO	202201	20221	2	\$47.26
<b>Total</b>						<b>\$251.59</b>
<b>Grand Total:</b>						<b>\$4,987.98</b>