

Medicaid County Health Department Certified Match Program

Reports 2022 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	202202	20223	0	\$0.00
027924230	Desoto CHD	T1002 KO	202202	20223	0	\$0.00
027924230	Desoto CHD	T1003	202202	20223	0	\$0.00
027924230	Desoto CHD	T1003 KO	202202	20223	0	\$0.00
<b>Total</b>						<b>\$0.00</b>
027935830	Gilchrist CHD	T1002	202202	20223	0	\$0.00
027935830	Gilchrist CHD	T1002 KO	202202	20223	0	\$0.00
<b>Total</b>						<b>\$0.00</b>
<b>Grand Total:</b>						<b>\$0.00</b>