

**Medicaid County Health Department Certified Match Program
Reports 2016 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	T1003	201603	20163	4	\$2,866.90
027924230	Desoto CHD	T1003KO	201603	20163	3	\$152.89
Total						\$3,019.79
027935830	Hardee CHD	T1002	201603	20163	2	\$1,624.32
027935830	Hardee CHD	T1002KO	201603	20163	2	\$305.94
027935830	Hardee CHD	T1003	201603	20163	1	\$1,149.56
027935830	Hardee CHD	T1003KO	201603	20163	1	\$96.34
Total						\$3,176.16
027952830	Marion CHD	T1002	201603	20163	2	\$33.84
027952830	Marion CHD	T1002KO	201603	20163	2	\$62.85
Total						\$96.69
Grand Total:						\$6,292.64