

**Medicaid County Health Department Certified Match Program  
Reports 2017 Quarter 2**

<b>Billing Provider Medicaid ID</b>	<b>Provider Name</b>	<b>Procedure Code</b>	<b>From Date of Service Quarter</b>	<b>Quarter of To Date of Svc - Calendar</b>	<b>Rendering Provider Medicaid Unduplicated Count</b>	<b>Sum Of Reimbursed Amount</b>
027924230	Desoto CHD	T1002	201702	20172	1	\$1,830.36
027924230	Desoto CHD	T1002KO	201702	20172	1	\$112.14
027924230	Desoto CHD	T1003	201702	20172	4	\$3,570.43
027924230	Desoto CHD	T1003KO	201702	20172	4	\$196.78
<b>Total</b>						<b>\$5,709.71</b>
027935830	Hardee CHD	T1002	201702	20172	2	\$1,671.28
027935830	Hardee CHD	T1002KO	201702	20172	2	\$562.23
027935830	Hardee CHD	T1003	201702	20172	1	\$1,175.60
027935830	Hardee CHD	T1003KO	201702	20172	1	\$127.79
<b>Total</b>						<b>\$3,536.90</b>
<b>Grand Total:</b>						<b>\$9,246.61</b>