

Medicaid County Health Department Certified Match Program

Reports 2018 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	201803	20183	1	\$965.18
027924230	Desoto CHD	T1002 KO	201803	20183	1	\$115.20
027924230	Desoto CHD	T1003	201803	20183	3	\$2,588.33
027924230	Desoto CHD	T1003 KO	201803	20183	3	\$70.85
Total						\$3,739.56
027935830	Hardee CHD	T1002	201803	20183	2	\$1,455.40
027935830	Hardee CHD	T1002 KO	201803	20183	2	\$430.08
Total						\$1,885.48
Grand Total:						\$5,625.04