

**Medicaid County Health Department Certified Match Program**

**Reports 2018 Quarter 4**

<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	201804	20184	1	\$1,527.41
027924230	Desoto CHD	T1002 KO	201804	20184	1	\$200.34
027924230	Desoto CHD	T1003	201804	20184	4	\$3,075.18
027924230	Desoto CHD	T1003 KO	201804	20184	3	\$177.65
<b>Total</b>						<b>\$4,980.58</b>
027935830	Hardee CHD	T1002	201804	20184	2	\$2,326.60
027935830	Hardee CHD	T1002 KO	201804	20184	2	\$738.36
<b>Total</b>						<b>\$3,064.96</b>
<b>Grand Total:</b>						<b>\$8,045.54</b>