

Medicaid County Health Department Certified Match Program

Reports 2019 Quarter 1

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	201901	20191	1	\$1,331.18
027924230	Desoto CHD	T1002 KO	201901	20191	1	\$224.28
027924230	Desoto CHD	T1003	201901	20191	4	\$3,419.73
027924230	Desoto CHD	T1003 KO	201901	20191	3	\$142.94
Total						\$5,118.13
027935830	Hardee CHD	T1002	201901	20191	3	\$2,707.44
027935830	Hardee CHD	T1002 KO	201901	20191	3	\$917.28
Total						\$3,624.72
Grand Total:						\$8,742.85