

Medicaid County Health Department Certified Match Program

Reports 2019 Quarter 2

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	201902	20192	1	\$1,010.69
027924230	Desoto CHD	T1002 KO	201902	20192	1	\$183.96
027924230	Desoto CHD	T1003	201902	20192	5	\$2,745.23
027924230	Desoto CHD	T1003 KO	201902	20192	5	\$121.49
Total						\$4,061.37
027935830	Hardee CHD	T1002	201902	20192	3	\$1,312.27
027935830	Hardee CHD	T1002 KO	201902	20192	2	\$529.20
Total						\$1,841.47
Grand Total:						\$5,902.84