

Medicaid County Health Department Certified Match Program

Reports 2019 Quarter 4

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	201904	20194	1	\$1,508.82
027924230	Desoto CHD	T1002 KO	201904	20194	1	\$87.63
027924230	Desoto CHD	T1003	201904	20194	3	\$2,126.95
027924230	Desoto CHD	T1003 KO	201904	20194	3	\$146.99
Total						\$3,870.39
027935830	Hardee CHD	T1002	201804	20184	3	\$1,714.50
027935830	Hardee CHD	T1002 KO	201804	20184	3	\$327.66
Total						\$2,042.16
Grand Total:						\$5,912.55