

**Medicaid County Health Department Certified Match Program**

**Reports 2020 Quarter 3**

<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	202003	20203	1	\$92.37
027924230	Desoto CHD	T1002	202003	20203	1	\$75.58
027924230	Desoto CHD	T1003	202003	20203	4	\$588.23
027924230	Desoto CHD	T1003	202003	20203	1	\$0.00
027924230	Desoto CHD	T1003 KO	202003	20203	2	\$62.96
<b>Total</b>						<b>\$819.14</b>
027935830	Gilchrist CHD	T1002	202003	20203	3	\$273.00
027935830	Gilchrist CHD	T1002 KO	202003	20203	3	\$37.80
<b>Total</b>						<b>\$310.80</b>
<b>Grand Total:</b>						<b>\$1,129.94</b>