

Medicaid County Health Department Certified Match Program

Reports 2020 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	202004	20204	1	\$1,069.19
027924230	Desoto CHD	T1002KO	202004	20204	1	\$5.64
027924230	Desoto CHD	T1003	202004	20204	4	\$2,302.40
027924230	Desoto CHD	T1003	202004	20204	1	\$0.00
027924230	Desoto CHD	T1003 KO	202004	20204	3	\$59.76
027924230	Desoto CHD	T1003 KO	202004	20204	1	\$0.00
Total						\$3,436.99
027935830	Gilchrist CHD	T1002	202004	20204	3	\$148.04
027935830	Gilchrest CHD	T1002 KO	202004	20204	2	\$25.38
Total						\$173.42
Grand Total:						\$3,610.41