

**Medicaid County Health Department Certified Match Program**

**Reports 2020 Quarter 1**

<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	202001	20201	1	\$453.39
027924230	Desoto CHD	T1002 KO	202001	20201	1	\$19.05
027924230	Desoto CHD	T1003	202001	20201	3	\$657.85
027924230	Desoto CHD	T1003 KO	202001	20201	3	\$67.60
<b>Total</b>						<b>\$1,197.89</b>
027935830	Hardee CHD	T1002	202001	20201	3	\$510.54
027935830	Hardee CHD	T1002 KO	202001	20201	3	\$123.19
<b>Total</b>						<b>\$633.73</b>
<b>Grand Total:</b>						<b>\$1,831.62</b>