

Medicaid County Health Department Certified Match Program

Reports 2021 Quarter 1

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	202101	20211	1	\$579.28
027924230	Desoto CHD	T1002KO	202101	20211	1	\$4.23
027924230	Desoto CHD	T1003	202101	20211	4	\$4,120.65
027924230	Desoto CHD	T1003	202101	20211	1	\$0.00
027924230	Desoto CHD	T1003 KO	202101	20211	3	\$92.16
027924230	Desoto CHD	T1003 KO	202101	20211	1	\$0.00
Total						\$4,796.32
027935830	Gilchrist CHD	T1002	202101	20211	0	\$0.00
027935830	Gilchrest CHD	T1002 KO	202101	20211	0	\$0.00
Total						\$0.00
Grand Total:						\$4,796.32