

Medicaid County Health Department Certified Match Program

Reports 2021 Quarter 2

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	202102	20212	1	\$296.03
027924230	Desoto CHD	T1002KO	202102	20212	1	\$2.82
027924230	Desoto CHD	T1003	202102	20212	5	\$5,778.75
027924230	Desoto CHD	T1003KO	202102	20212	5	\$111.61
Total						\$6,189.21
027935830	Gilchrist CHD	T1002	202102	20212	3	\$499.07
027935830	Gilchrest CHD	T1002KO	202102	20212	3	\$204.45
Total						\$703.52
Grand Total:						\$6,892.73