

Medicaid County Health Department Certified Match Program

Reports 2021 Quarter 3

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	202103	20213	1	\$520.03
027924230	Desoto CHD	T1002KO	202103	20213	1	\$2.82
027924230	Desoto CHD	T1003	202103	20213	4	\$3,531.98
027924230	Desoto CHD	T1003KO	202103	20213	1	\$64.09
Total						\$4,118.92
027935830	Gilchrist CHD	T1002	202103	20213	0	\$0.00
027935830	Gilchrest CHD	T1002KO	202103	20213	0	\$0.00
Total						\$0.00
Grand Total:						\$4,118.92