

2016, Q1

Billing Provider Medicaid ID	Provider	Code	From Date of Service Qtr	To Date of Service Qtr	Rendering Provider Unduplicated Count	Reimbursed Amount
027924230	Desoto CHD	T1002	201601	20161	1	\$3.76
027924230	Desoto CHD	T1002KO	201601	20161	1	\$1.26
027924230	Desoto CHD	T1003	201601	20161	2	\$3,323.57
027924230	Desoto CHD	T1003KO	201601	20161	2	\$293.74
027924230 Total						\$3,622.33
027935830	Hardee CHD	T1002	201601	20161	2	\$2,857.66
027935830	Hardee CHD	T1002KO	201601	20161	2	\$382.96
027935830	Hardee CHD	T1003	201601	20161	1	\$1,848.26
027935830	Hardee CHD	T1003KO	201601	20161	1	\$244.13
027935830 Total						\$5,333.01
027952830	Marion CHD	T1002	201601	20161	11	\$1,835.12
027952830	Marion CHD	T1002KO	201601	20161	5	\$541.25
027952830 Total						\$2,376.37
027966830	St Lucie CHD	T1002	201601	20161	4	\$831.60
027966830 Total						\$831.60
Grand Total						\$12,163.31