

This Report Pertains to ST VINCENT CHARITY MEDICAL CENTER (13002)

Notes:

(1) Reporting for Claims Received from 01NOV16 thru 30NOV16

(2) This Report Produced on 06FEB17 From Extract Created 04FEB17

Board	Batch	CS	PS	Claims	Quantity	Billed Amount	Allowed Amount	Co-Pay Amount	Other Carrier Amount	Withhold Amount	Net Amount
CUYAA	18A000001	A	P	6	-30.0	\$-584.60	\$-584.60	\$0.00	\$0.00	\$0.00	\$-584.60
		D	P	12	27.0	\$3,104.46	\$3,104.46	\$0.00	\$0.00	\$0.00	\$0.00
		P	P	200	416.0	\$74,192.48	\$74,192.48	\$0.00	\$0.00	\$0.00	\$74,192.48
CUYAA				218	413.0	\$76,712.34	\$76,712.34	\$0.00	\$0.00	\$0.00	\$73,607.88
G.TOT				218	413.0	\$76,712.34	\$76,712.34	\$0.00	\$0.00	\$0.00	\$73,607.88