

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

***Notes:***

***(1) Reporting for Claims Received from 01SEP16 thru 30SEP16***

***(2) This Report Produced on 05DEC16 From Extract Created 03DEC16***

<b>Board</b>	<b>Batch</b>	<b>CS</b>	<b>PS</b>	<b>Claims</b>	<b>Quantity</b>	<b>Billed Amount</b>	<b>Allowed Amount</b>	<b>Co-Pay Amount</b>	<b>Other Carrier Amount</b>	<b>Withhold Amount</b>	<b>Net Amount</b>
CUYAA	18A000001	A	P	8	-29.0	\$-452.12	\$-452.12	\$0.00	\$0.00	\$0.00	\$-452.12
		D	P	39	103.0	\$4,076.46	\$4,076.46	\$0.00	\$0.00	\$0.00	\$0.00
		P	P	173	357.0	\$59,488.46	\$59,488.46	\$0.00	\$0.00	\$0.00	\$59,488.46
CUYAA				220	431.0	\$63,112.80	\$63,112.80	\$0.00	\$0.00	\$0.00	\$59,036.34
G.TOT				220	431.0	\$63,112.80	\$63,112.80	\$0.00	\$0.00	\$0.00	\$59,036.34