

This Report Pertains to NEIL KENNEDY RECOVERY CLINIC (1365)

Notes:

(1) Reporting for Claims Received from 01OCT16 thru 31OCT16

(2) This Report Produced on 11JAN17 From Extract Created 07JAN17

Board	Batch	CS	PS	Claims	Quantity	Billed Amount	Allowed Amount	Co-Pay Amount	Other Carrier Amount	Withhold Amount	Net Amount
MAHOA	76B000001	D	P	4	5.0	\$607.10	\$607.10	\$0.00	\$0.00	\$0.00	\$0.00
		P	P	360	429.5	\$40,413.62	\$39,910.22	\$59.96	\$0.00	\$0.00	\$39,850.26
MAHOA				364	434.5	\$41,020.72	\$40,517.32	\$59.96	\$0.00	\$0.00	\$39,850.26
TRUMB	76B000001	D	P	54	235.6	\$7,422.76	\$4,796.38	\$0.00	\$0.00	\$0.00	\$0.00
		P	P	8	8.0	\$1,184.00	\$480.00	\$0.00	\$0.00	\$0.00	\$480.00
TRUMB				62	243.6	\$8,606.76	\$5,276.38	\$0.00	\$0.00	\$0.00	\$480.00
G.TOT				426	678.1	\$49,627.48	\$45,793.70	\$59.96	\$0.00	\$0.00	\$40,330.26