

This Report Pertains to COMMUNITY HEALTH CENTER (1508)

Notes:

(1) Reporting for Claims Received from 01AUG16 thru 31AUG16

(2) This Report Produced on 07NOV16 From Extract Created 05NOV16

Board	Batch	CS	PS	Claims	Quantity	Billed Amount	Allowed Amount	Co-Pay Amount	Other Carrier Amount	Withhold Amount	Net Amount
SUMMB	77B000001	D	P	200	205.0	\$4,950.98	\$3,439.58	\$0.00	\$0.00	\$0.00	\$0.00
		P	P	216	229.4	\$7,581.74	\$5,781.08	\$0.00	\$0.00	\$0.00	\$5,781.08
<i>SUMMB</i>				416	434.4	\$12,532.72	\$9,220.66	\$0.00	\$0.00	\$0.00	\$5,781.08
<i>G.TOT</i>				416	434.4	\$12,532.72	\$9,220.66	\$0.00	\$0.00	\$0.00	\$5,781.08