

This Report Pertains to FAMILY SERVICES OF NW OHIO (3314)

Notes:

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

(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
LUCAB	48B000001	D	P	4	10.0	\$213.30	\$213.30	\$0.00	\$0.00	\$0.00	\$0.00
		P	P	8	16.5	\$1,294.06	\$1,294.06	\$0.00	\$0.00	\$0.00	\$1,294.06
LUCAB				12	26.5	\$1,507.36	\$1,507.36	\$0.00	\$0.00	\$0.00	\$1,294.06
G.TOT				12	26.5	\$1,507.36	\$1,507.36	\$0.00	\$0.00	\$0.00	\$1,294.06