

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

Notes:

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

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

Board	Batch	CS	PS	Claims	Quantity	Billed Amount	Allowed Amount	Co-Pay Amount	Other Carrier Amount	Withhold Amount	Net Amount
LUCAB	48B000001	D	P	2	1.6	\$337.40	\$337.40	\$0.00	\$0.00	\$0.00	\$0.00
		P	P	9	28.3	\$881.63	\$881.63	\$0.00	\$0.00	\$0.00	\$881.63
<i>LUCAB</i>				<i>11</i>	<i>29.9</i>	<i>\$1,219.03</i>	<i>\$1,219.03</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$881.63</i>
<i>G.TOT</i>				<i>11</i>	<i>29.9</i>	<i>\$1,219.03</i>	<i>\$1,219.03</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$881.63</i>