

This Report Pertains to NEIL KENNEDY RECOVERY CLINIC (1365)

Notes:

(1) Reporting for Claims Received from 01MAY18 thru 31MAY18

(2) This Report Produced on 02JUL18 From Extract Created 30JUN18

Board	Batch	CS	PS	Claims	Quantity	Billed Amount	Allowed Amount	Co-Pay Amount	Other Carrier Amount	Withhold Amount	Net Amount
MAHOA	76B000001	D	P	1	1.0	\$90.00	\$88.50	\$0.00	\$0.00	\$0.00	\$0.00
		P	P	32	52.0	\$7,800.00	\$7,800.00	\$0.00	\$0.00	\$0.00	\$7,800.00
<i>MAHOA</i>				33	53.0	<i>\$7,890.00</i>	<i>\$7,888.50</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$7,800.00</i>
<i>G.TOT</i>				33	53.0	<i>\$7,890.00</i>	<i>\$7,888.50</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$7,800.00</i>