

This Report Pertains to MERIDIAN COMMUNITY CARE (1366)

Notes:

(1) Reporting for Claims Received from 01JUN18 thru 30JUN18

(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
COLUB	76B000001	D	P	15	61.0	\$1,647.00	\$1,331.02	\$0.00	\$0.00	\$0.00	\$0.00
<i>COLUB</i>				<i>15</i>	<i>61.0</i>	<i>\$1,647.00</i>	<i>\$1,331.02</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>
MAHOA	76B000001	D	P	13	13.0	\$1,658.66	\$1,522.38	\$0.00	\$0.00	\$0.00	\$0.00
		P	P	11	23.0	\$957.00	\$805.36	\$173.73	\$0.00	\$0.00	\$631.63
			U	1	1.0	\$65.00	\$60.00	\$3.00	\$0.00	\$0.00	\$57.00
<i>MAHOA</i>				<i>25</i>	<i>37.0</i>	<i>\$2,680.66</i>	<i>\$2,387.74</i>	<i>\$176.73</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$688.63</i>
MAHOM	76B000001	D	P	2	0.6	\$128.58	\$126.52	\$0.00	\$0.00	\$0.00	\$0.00
		P	P	1	0.3	\$64.29	\$63.26	\$0.00	\$0.00	\$0.00	\$63.26
<i>MAHOM</i>				<i>3</i>	<i>0.9</i>	<i>\$192.87</i>	<i>\$189.78</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$63.26</i>
TRUMB	76B000001	D	P	11	24.2	\$715.86	\$633.70	\$0.00	\$0.00	\$0.00	\$0.00
		P	P	9	31.8	\$925.38	\$779.44	\$101.33	\$0.00	\$0.00	\$678.11
<i>TRUMB</i>				<i>20</i>	<i>56.0</i>	<i>\$1,641.24</i>	<i>\$1,413.14</i>	<i>\$101.33</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$678.11</i>
<i>G.TOT</i>				<i>63</i>	<i>154.9</i>	<i>\$6,161.77</i>	<i>\$5,321.68</i>	<i>\$278.06</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$1,430.00</i>