

NPI: [REDACTED]
PAGE #: 1 OF 6
DATE: 03/22/24
CHECK/EFT #: 898037980

[REDACTED]
PO BOX 6477
DALTON, GA 30722-6477

PERF	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	[REDACTED]			MID	[REDACTED]	ACNT TJ3				ICN 1824068245820	ASG Y MOA MA01 MA07	
1043315260	0228 022824	11	66.0	Q4225	76	98571.00	98571.00	0.00	19714.20	CO-253	1577.14	77279.66
REM: N782												
PT RESP 19714.20						CLAIM TOTALS	98571.00	98571.00	0.00	19714.20	1577.14	77279.66
CLAIM INFORMATION FORWARDED TO: STATE OF MICHIGAN - MDHHS											NET	77279.66
NAME	[REDACTED]			MID	[REDACTED]	ACNT TJ3				ICN 1824068245830	ASG Y MOA MA01 MA07	
1043315260	0228 022824	11	1.0	15273		300.00	300.00	0.00	60.00	CO-253	4.80	235.20
REM: N782												
1043315260	0228 022824	11	1.0	15274		50.00	50.00	0.00	10.00	CO-253	0.80	39.20
REM: N782												
1043315260	0228 022824	11	66.0	Q4225		98571.00	98571.00	0.00	19714.20	CO-253	1577.14	77279.66
REM: N782												
PT RESP 19784.20						CLAIM TOTALS	98921.00	98921.00	0.00	19784.20	1582.74	77554.06
CLAIM INFORMATION FORWARDED TO: STATE OF MICHIGAN - MDHHS											NET	77554.06
NAME	[REDACTED], TOMMIE L			MID	[REDACTED]	ACNT TJ3				ICN 1824068245840	ASG Y MOA MA01 MA07	
1043315260	0228 022824	11	66.0	Q4225	76	98571.00	98571.00	0.00	19714.20	CO-253	1577.14	77279.66
REM: N782												
PT RESP 19714.20						CLAIM TOTALS	98571.00	98571.00	0.00	19714.20	1577.14	77279.66
CLAIM INFORMATION FORWARDED TO: STATE OF MICHIGAN - MDHHS											NET	77279.66
NAME	[REDACTED]			MID	[REDACTED]	ACNT TJ3				ICN 1824068245850	ASG Y MOA MA01 MA07	
1043315260	0228 022824	11	49.0	Q4225	76	73181.50	73181.50	0.00	14636.30	CO-253	1170.90	57374.30
REM: N782												
PT RESP 14636.30						CLAIM TOTALS	73181.50	73181.50	0.00	14636.30	1170.90	57374.30
CLAIM INFORMATION FORWARDED TO: STATE OF MICHIGAN - MDHHS											NET	57374.30
NAME	[REDACTED]			MID	[REDACTED]	ACNT JM1				ICN 1824068243430	ASG Y MOA MA01 MA07	
1043315260	1128 112823	32	1.0	15002	5	300.00	0.00	0.00	0.00	CO-5	300.00	0.00
REM: M77												
1043315260	1128 112823	32	66.0	Q4262		98571.00	66417.32	0.00	13283.46	CO-45	32153.68	52071.18
REM: N782										CO-253	1062.68	
PT RESP 13283.46						CLAIM TOTALS	98871.00	66417.32	0.00	13283.46	33516.36	52071.18
CLAIM INFORMATION FORWARDED TO: STATE OF MICHIGAN - MDHHS											NET	52071.18
NAME	[REDACTED]			MID	[REDACTED]	ACNT JM1				ICN 1824068243440	ASG Y MOA MA01 MA07	
1043315260	1128 112823	32	66.0	Q4225	76	98571.00	98571.00	0.00	19714.20	CO-253	1577.14	77279.66
REM: N782												
PT RESP 19714.20						CLAIM TOTALS	98571.00	98571.00	0.00	19714.20	1577.14	77279.66
CLAIM INFORMATION FORWARDED TO: STATE OF MICHIGAN - MDHHS											NET	77279.66
NAME	[REDACTED]			MID	[REDACTED]	ACNT JM1				ICN 1824068243450	ASG Y MOA MA01 MA07	
1043315260	1128 112823	32	66.0	Q4225	76	98571.00	98571.00	0.00	19714.20	CO-253	1577.14	77279.66
REM: N782												
PT RESP 19714.20						CLAIM TOTALS	98571.00	98571.00	0.00	19714.20	1577.14	77279.66
CLAIM INFORMATION FORWARDED TO: STATE OF MICHIGAN - MDHHS											NET	77279.66
NAME	[REDACTED]			MID	[REDACTED]	ACNT JM1				ICN 1824068243460	ASG Y MOA MA01 MA07	
1043315260	1128 112823	32	66.0	Q4225	76	98571.00	98571.00	0.00	19714.20	CO-253	1577.14	77279.66
REM: N782												
PT RESP 19714.20						CLAIM TOTALS	98571.00	98571.00	0.00	19714.20	1577.14	77279.66
CLAIM INFORMATION FORWARDED TO: STATE OF MICHIGAN - MDHHS											NET	77279.66

PERF	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
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NAME [REDACTED], [REDACTED]							MID [REDACTED]	ACNT JM1		ICN 1824068243470	ASG Y	MOA	MA01	MA07				
1043315260	1128	112823	32	19.0	Q4225	76	28376.50	28376.50	0.00	5675.30	CO-253	454.02	22247.18					
REM: N782																		
PT RESP 5675.30																		
CLAIM TOTALS													28376.50	28376.50	0.00	5675.30	454.02	22247.18
CLAIM INFORMATION FORWARDED TO: STATE OF MICHIGAN - MDHHS															NET	22247.18		

NAME [REDACTED], [REDACTED]							MID [REDACTED]	ACNT JM2		ICN 1824068243480	ASG Y	MOA	MA01	MA07				
1043315260	1205	120523	32	1.0	15273		200.00	0.00	0.00	0.00	CO-151	200.00	0.00					
REM: M86																		
1043315260	1205	120523	32	2.0	15274		100.00	0.00	0.00	0.00	CO-B13	100.00	0.00					
1043315260	1205	120523	32	66.0	Q4225		98571.00	98571.00	0.00	19714.20	CO-253	1577.14	77279.66					
REM: N782																		
PT RESP 19714.20																		
CLAIM TOTALS													98871.00	98571.00	0.00	19714.20	1877.14	77279.66
CLAIM INFORMATION FORWARDED TO: STATE OF MICHIGAN - MDHHS															NET	77279.66		

NAME [REDACTED], [REDACTED]							MID [REDACTED]	ACNT JM2		ICN 1824068243490	ASG Y	MOA	MA01	MA07				
1043315260	1205	120523	32	66.0	Q4225	76	98571.00	98571.00	0.00	19714.20	CO-253	1577.14	77279.66					
REM: N782																		
PT RESP 19714.20																		
CLAIM TOTALS													98571.00	98571.00	0.00	19714.20	1577.14	77279.66
CLAIM INFORMATION FORWARDED TO: STATE OF MICHIGAN - MDHHS															NET	77279.66		

NAME [REDACTED] JOHN							MID [REDACTED]	ACNT JM2		ICN 1824068244110	ASG Y	MOA	MA01	MA07				
1043315260	1205	120523	32	66.0	Q4225	76	98571.00	98571.00	0.00	19714.20	CO-253	1577.14	77279.66					
REM: N782																		
PT RESP 19714.20																		
CLAIM TOTALS													98571.00	98571.00	0.00	19714.20	1577.14	77279.66
CLAIM INFORMATION FORWARDED TO: STATE OF MICHIGAN - MDHHS															NET	77279.66		

NAME [REDACTED], [REDACTED]							MID [REDACTED]	ACNT JM2		ICN 1824068244120	ASG Y	MOA	MA01	MA07				
1043315260	1205	120523	32	66.0	Q4225	76	98571.00	98571.00	0.00	19714.20	CO-253	1577.14	77279.66					
REM: N782																		
PT RESP 19714.20																		
CLAIM TOTALS													98571.00	98571.00	0.00	19714.20	1577.14	77279.66
CLAIM INFORMATION FORWARDED TO: STATE OF MICHIGAN - MDHHS															NET	77279.66		

NAME [REDACTED], [REDACTED]							MID [REDACTED]	ACNT JM2		ICN 1824068244130	ASG Y	MOA	MA01	MA07				
1043315260	1205	120523	32	19.0	Q4225	76	28376.50	28376.50	0.00	5675.30	CO-253	454.02	22247.18					
REM: N782																		
PT RESP 5675.30																		
CLAIM TOTALS													28376.50	28376.50	0.00	5675.30	454.02	22247.18
CLAIM INFORMATION FORWARDED TO: STATE OF MICHIGAN - MDHHS															NET	22247.18		

NAME [REDACTED], [REDACTED]							MID [REDACTED]	ACNT JM3		ICN 1824068244140	ASG Y	MOA	MA01	MA07				
1043315260	1212	121223	32	1.0	15273		300.00	0.00	0.00	0.00	CO-151	300.00	0.00					
REM: M86																		
1043315260	1212	121223	32	2.0	15274		100.00	0.00	0.00	0.00	CO-B13	100.00	0.00					
1043315260	1212	121223	32	66.0	Q4225		98571.00	98571.00	0.00	19714.20	CO-253	1577.14	77279.66					
REM: N782																		
PT RESP 19714.20																		
CLAIM TOTALS													98971.00	98571.00	0.00	19714.20	1977.14	77279.66
CLAIM INFORMATION FORWARDED TO: STATE OF MICHIGAN - MDHHS															NET	77279.66		

NAME [REDACTED], [REDACTED]							MID [REDACTED]	ACNT JM3		ICN 1824068244150	ASG Y	MOA	MA01	MA07				
1043315260	1212	121223	32	66.0	Q4225	76	98571.00	98571.00	0.00	19714.20	CO-253	1577.14	77279.66					
REM: N782																		
PT RESP 19714.20																		
CLAIM TOTALS													98571.00	98571.00	0.00	19714.20	1577.14	77279.66
CLAIM INFORMATION FORWARDED TO: STATE OF MICHIGAN - MDHHS															NET	77279.66		

NAME [REDACTED], [REDACTED]							MID [REDACTED]	ACNT JM3		ICN 1824068244160	ASG Y	MOA	MA01	MA07				
1043315260	1212	121223	32	66.0	Q4225	76	98571.00	98571.00	0.00	19714.20	CO-253	1577.14	77279.66					
REM: N782																		
PT RESP 19714.20																		
CLAIM TOTALS													98571.00	98571.00	0.00	19714.20	1577.14	77279.66
CLAIM INFORMATION FORWARDED TO: STATE OF MICHIGAN - MDHHS															NET	77279.66		

NAME [REDACTED], [REDACTED]							MID [REDACTED]	ACNT JM3		ICN 1824068244170	ASG Y	MOA	MA01	MA07				
1043315260	1212	121223	32	66.0	Q4225	76	98571.00	98571.00	0.00	19714.20	CO-253	1577.14	77279.66					
REM: N782																		
PT RESP 19714.20																		
CLAIM TOTALS													98571.00	98571.00	0.00	19714.20	1577.14	77279.66
CLAIM INFORMATION FORWARDED TO: STATE OF MICHIGAN - MDHHS															NET	77279.66		

NPI: [REDACTED]
CHECK/EFT #: 898037980

03/22/24

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PERF	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD	
NAME [REDACTED], [REDACTED]				MID [REDACTED]		ACNT JM3		ICN 1824068244180	ASG Y	MOA	MA01	MA07	
1043315260	1212	121223	32	19.0	Q4225	76	28376.50	28376.50	0.00	5675.30	CO-253	454.02	22247.18
REM: N782													
PT RESP 5675.30 CLAIM TOTALS 28376.50 28376.50 0.00 5675.30 454.02 22247.18													
CLAIM INFORMATION FORWARDED TO: STATE OF MICHIGAN - MDHHS NET 22247.18													

NAME [REDACTED], [REDACTED]				MID [REDACTED]		ACNT JM4		ICN 1824068244190	ASG Y	MOA	MA01	MA07	
1043315260	1219	121923	32	1.0	15273		300.00	0.00	0.00	0.00	CO-B13	300.00	0.00
1043315260	1219	121923	32	1.0	15274		50.00	0.00	0.00	0.00	CO-B13	50.00	0.00
1043315260	1219	121923	32	66.0	Q4225		98571.00	98571.00	0.00	19714.20	CO-253	1577.14	77279.66
REM: N782													
PT RESP 19714.20 CLAIM TOTALS 98921.00 98571.00 0.00 19714.20 1927.14 77279.66													
CLAIM INFORMATION FORWARDED TO: STATE OF MICHIGAN - MDHHS NET 77279.66													

NAME [REDACTED], [REDACTED]				MID [REDACTED]		ACNT JM4		ICN 1824068244200	ASG Y	MOA	MA01	MA07	
1043315260	1219	121923	32	66.0	Q4225	76	98571.00	98571.00	0.00	19714.20	CO-253	1577.14	77279.66
REM: N782													
PT RESP 19714.20 CLAIM TOTALS 98571.00 98571.00 0.00 19714.20 1577.14 77279.66													
CLAIM INFORMATION FORWARDED TO: STATE OF MICHIGAN - MDHHS NET 77279.66													

NAME [REDACTED], [REDACTED]				MID [REDACTED]		ACNT JM4		ICN 1824068244210	ASG Y	MOA	MA01	MA07	
1043315260	1219	121923	32	66.0	Q4225	76	98571.00	98571.00	0.00	19714.20	CO-253	1577.14	77279.66
REM: N782													
PT RESP 19714.20 CLAIM TOTALS 98571.00 98571.00 0.00 19714.20 1577.14 77279.66													
CLAIM INFORMATION FORWARDED TO: STATE OF MICHIGAN - MDHHS NET 77279.66													

NAME [REDACTED], [REDACTED]				MID [REDACTED]		ACNT JM4		ICN 1824068244220	ASG Y	MOA	MA01	MA07	
1043315260	1219	121923	32	66.0	Q4225	76	98571.00	98571.00	0.00	19714.20	CO-253	1577.14	77279.66
REM: N782													
PT RESP 19714.20 CLAIM TOTALS 98571.00 98571.00 0.00 19714.20 1577.14 77279.66													
CLAIM INFORMATION FORWARDED TO: STATE OF MICHIGAN - MDHHS NET 77279.66													

NAME [REDACTED], [REDACTED]				MID [REDACTED]		ACNT JM4		ICN 1824068244230	ASG Y	MOA	MA01	MA07	
1043315260	1219	121923	32	8.0	Q4225	76	11948.00	11948.00	0.00	2389.60	CO-253	191.17	9367.23
REM: N782													
PT RESP 2389.60 CLAIM TOTALS 11948.00 11948.00 0.00 2389.60 191.17 9367.23													
CLAIM INFORMATION FORWARDED TO: STATE OF MICHIGAN - MDHHS NET 9367.23													

NAME [REDACTED] JOHN				MID [REDACTED]		ACNT JM5		ICN 1824068244240	ASG Y	MOA	MA01	MA07	
1043315260	1226	122623	32	1.0	15273		300.00	0.00	0.00	0.00	CO-B13	300.00	0.00
1043315260	1226	122623	32	1.0	15274		50.00	0.00	0.00	0.00	CO-B13	50.00	0.00
1043315260	1226	122623	32	66.0	Q4225		98571.00	98571.00	0.00	19714.20	CO-253	1577.14	77279.66
REM: N782													
PT RESP 19714.20 CLAIM TOTALS 98921.00 98571.00 0.00 19714.20 1927.14 77279.66													
CLAIM INFORMATION FORWARDED TO: STATE OF MICHIGAN - MDHHS NET 77279.66													

NAME [REDACTED], [REDACTED]				MID [REDACTED]		ACNT JM5		ICN 1824068244250	ASG Y	MOA	MA01	MA07	
1043315260	1226	122623	32	66.0	Q4225	76	98571.00	98571.00	0.00	19714.20	CO-253	1577.14	77279.66
REM: N782													
PT RESP 19714.20 CLAIM TOTALS 98571.00 98571.00 0.00 19714.20 1577.14 77279.66													
CLAIM INFORMATION FORWARDED TO: STATE OF MICHIGAN - MDHHS NET 77279.66													

NAME [REDACTED], [REDACTED]				MID [REDACTED]		ACNT JM5		ICN 1824068244260	ASG Y	MOA	MA01	MA07	
1043315260	1226	122623	32	66.0	Q4225	76	98571.00	98571.00	0.00	19714.20	CO-253	1577.14	77279.66
REM: N782													
PT RESP 19714.20 CLAIM TOTALS 98571.00 98571.00 0.00 19714.20 1577.14 77279.66													
CLAIM INFORMATION FORWARDED TO: STATE OF MICHIGAN - MDHHS NET 77279.66													

NAME [REDACTED], [REDACTED]				MID [REDACTED]		ACNT JM5		ICN 1824068244270	ASG Y	MOA	MA01	MA07	
1043315260	1226	122623	32	66.0	Q4225	76	98571.00	98571.00	0.00	19714.20	CO-253	1577.14	77279.66
REM: N782													
PT RESP 19714.20 CLAIM TOTALS 98571.00 98571.00 0.00 19714.20 1577.14 77279.66													
CLAIM INFORMATION FORWARDED TO: STATE OF MICHIGAN - MDHHS NET 77279.66													

NPI: [REDACTED]

CHECK/EFT #: 898037980

03/22/24

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PERF	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME [REDACTED], [REDACTED] MID [REDACTED] ACNT JM5 ICN 1824068244280 ASG Y MOA MA01 MA07												
1043315260	1226	122623	32	8.0	Q4225	76	11948.00	11948.00	0.00	2389.60	CO-253	191.17 9367.23
REM: N782												
PT RESP 2389.60 CLAIM TOTALS 11948.00 11948.00 0.00 2389.60 191.17 9367.23												
CLAIM INFORMATION FORWARDED TO: STATE OF MICHIGAN - MDHHS NET 9367.23												
NAME [REDACTED], [REDACTED] MID [REDACTED] ACNT JM6 ICN 1824068245610 ASG Y MOA MA01 MA07												
1043315260	0102	010224	32	1.0	15273		300.00	300.00	0.00	60.00	CO-253	4.80 235.20
REM: N782												
1043315260	0102	010224	32	1.0	15274		50.00	50.00	0.00	10.00	CO-253	0.80 39.20
REM: N782												
1043315260	0102	010224	32	66.0	Q4225		98571.00	98571.00	0.00	19714.20	CO-253	1577.14 77279.66
REM: N782												
PT RESP 19784.20 CLAIM TOTALS 98921.00 98921.00 0.00 19784.20 1582.74 77554.06												
CLAIM INFORMATION FORWARDED TO: STATE OF MICHIGAN - MDHHS NET 77554.06												
NAME [REDACTED], [REDACTED] MID [REDACTED] ACNT JM6 ICN 1824068245620 ASG Y MOA MA01 MA07												
1043315260	0102	010224	32	66.0	Q4225	76	98571.00	98571.00	0.00	19714.20	CO-253	1577.14 77279.66
REM: N782												
PT RESP 19714.20 CLAIM TOTALS 98571.00 98571.00 0.00 19714.20 1577.14 77279.66												
CLAIM INFORMATION FORWARDED TO: STATE OF MICHIGAN - MDHHS NET 77279.66												
NAME [REDACTED], [REDACTED] MID [REDACTED] ACNT JM6 ICN 1824068245630 ASG Y MOA MA01 MA07												
1043315260	0102	010224	32	66.0	Q4225	76	98571.00	98571.00	0.00	19714.20	CO-253	1577.14 77279.66
REM: N782												
PT RESP 19714.20 CLAIM TOTALS 98571.00 98571.00 0.00 19714.20 1577.14 77279.66												
CLAIM INFORMATION FORWARDED TO: STATE OF MICHIGAN - MDHHS NET 77279.66												
NAME [REDACTED], [REDACTED] MID [REDACTED] ACNT JM6 ICN 1824068245640 ASG Y MOA MA01 MA07												
1043315260	0102	010224	32	55.0	Q4225	76	82142.50	82142.50	0.00	16428.50	CO-253	1314.28 64399.72
REM: N782												
PT RESP 16428.50 CLAIM TOTALS 82142.50 82142.50 0.00 16428.50 1314.28 64399.72												
CLAIM INFORMATION FORWARDED TO: STATE OF MICHIGAN - MDHHS NET 64399.72												
NAME [REDACTED], [REDACTED] MID [REDACTED] ACNT JM7 ICN 1824068245650 ASG Y MOA MA01 MA07												
1043315260	0109	010924	32	1.0	15273		300.00	300.00	0.00	60.00	CO-253	4.80 235.20
REM: N782												
1043315260	0109	010924	32	1.0	15274		50.00	50.00	0.00	10.00	CO-253	0.80 39.20
REM: N782												
1043315260	0109	010924	32	66.0	Q4225		98571.00	98571.00	0.00	19714.20	CO-253	1577.14 77279.66
REM: N782												
PT RESP 19784.20 CLAIM TOTALS 98921.00 98921.00 0.00 19784.20 1582.74 77554.06												
CLAIM INFORMATION FORWARDED TO: STATE OF MICHIGAN - MDHHS NET 77554.06												
NAME [REDACTED], [REDACTED] MID [REDACTED] ACNT JM7 ICN 1824068245660 ASG Y MOA MA01 MA07												
1043315260	0109	010924	32	66.0	Q4225	76	98571.00	98571.00	0.00	19714.20	CO-253	1577.14 77279.66
REM: N782												
PT RESP 19714.20 CLAIM TOTALS 98571.00 98571.00 0.00 19714.20 1577.14 77279.66												
CLAIM INFORMATION FORWARDED TO: STATE OF MICHIGAN - MDHHS NET 77279.66												
NAME [REDACTED], [REDACTED] MID [REDACTED] ACNT JM6 ICN 1824068245670 ASG Y MOA MA01 MA07												
1043315260	0109	010924	32	66.0	Q4225	76	98571.00	98571.00	0.00	19714.20	CO-253	1577.14 77279.66
REM: N782												
PT RESP 19714.20 CLAIM TOTALS 98571.00 98571.00 0.00 19714.20 1577.14 77279.66												
CLAIM INFORMATION FORWARDED TO: STATE OF MICHIGAN - MDHHS NET 77279.66												
NAME [REDACTED], [REDACTED] MID [REDACTED] ACNT JM6 ICN 1824068245680 ASG Y MOA MA01 MA07												
1043315260	0109	010924	32	34.0	Q4225	76	50779.00	50779.00	0.00	10155.80	CO-253	812.46 39810.74
REM: N782												
PT RESP 10155.80 CLAIM TOTALS 50779.00 50779.00 0.00 10155.80 812.46 39810.74												
CLAIM INFORMATION FORWARDED TO: STATE OF MICHIGAN - MDHHS NET 39810.74												

PERF	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	[REDACTED]	[REDACTED]			MID	[REDACTED]	ACNT JM8			ICN 1824068245690	ASG Y MOA MA01 MA07	
1043315260	0206	020624	32	1.0	15273		300.00	0.00	0.00	0.00 CO-B13	300.00	0.00
1043315260	0206	020624	32	2.0	15274		100.00	0.00	0.00	0.00 CO-B13	100.00	0.00
1043315260	0206	020624	32	66.0	Q4225		98571.00	98571.00	0.00	19714.20 CO-253	1577.14	77279.66
REM: N782												
PT RESP 19714.20 CLAIM TOTALS 98971.00 98571.00 0.00 19714.20 1977.14 77279.66												
CLAIM INFORMATION FORWARDED TO: STATE OF MICHIGAN - MDHHS NET 77279.66												

NAME	[REDACTED]	[REDACTED]			MID	[REDACTED]	ACNT JM8			ICN 1824068245700	ASG Y MOA MA01 MA07	
1043315260	0206	020624	32	66.0	Q4225 76		98571.00	98571.00	0.00	19714.20 CO-253	1577.14	77279.66
REM: N782												
PT RESP 19714.20 CLAIM TOTALS 98571.00 98571.00 0.00 19714.20 1577.14 77279.66												
CLAIM INFORMATION FORWARDED TO: STATE OF MICHIGAN - MDHHS NET 77279.66												

NAME	[REDACTED]	[REDACTED]			MID	[REDACTED]	ACNT JM8			ICN 1824068245710	ASG Y MOA MA01 MA07	
1043315260	0206	020624	32	66.0	Q4225 76		98571.00	98571.00	0.00	19714.20 CO-253	1577.14	77279.66
REM: N782												
PT RESP 19714.20 CLAIM TOTALS 98571.00 98571.00 0.00 19714.20 1577.14 77279.66												
CLAIM INFORMATION FORWARDED TO: STATE OF MICHIGAN - MDHHS NET 77279.66												

NAME	[REDACTED]	[REDACTED]			MID	[REDACTED]	ACNT JM8			ICN 1824068245720	ASG Y MOA MA01 MA07	
1043315260	0206	020624	32	33.0	Q4225 76		49285.50	49285.50	0.00	9857.10 CO-253	788.57	38639.83
REM: N782												
PT RESP 9857.10 CLAIM TOTALS 49285.50 49285.50 0.00 9857.10 788.57 38639.83												
CLAIM INFORMATION FORWARDED TO: STATE OF MICHIGAN - MDHHS NET 38639.83												

NAME	[REDACTED]	[REDACTED]			MID	[REDACTED]	ACNT JM9			ICN 1824068245730	ASG Y MOA MA01 MA07	
1043315260	0216	021624	32	1.0	15273		200.00	200.00	0.00	40.00 CO-253	3.20	156.80
REM: N782												
1043315260	0216	021624	32	1.0	15274		50.00	50.00	0.00	10.00 CO-253	0.80	39.20
REM: N782												
1043315260	0216	021624	32	66.0	Q4225		98571.00	98571.00	0.00	19714.20 CO-253	1577.14	77279.66
REM: N782												
PT RESP 19764.20 CLAIM TOTALS 98821.00 98821.00 0.00 19764.20 1581.14 77475.66												
CLAIM INFORMATION FORWARDED TO: STATE OF MICHIGAN - MDHHS NET 77475.66												

NAME	[REDACTED]	[REDACTED]			MID	[REDACTED]	ACNT JM9			ICN 1824068245740	ASG Y MOA MA01 MA07	
1043315260	0216	021624	32	66.0	Q4225 76		98571.00	98571.00	0.00	19714.20 CO-253	1577.14	77279.66
REM: N782												
PT RESP 19714.20 CLAIM TOTALS 98571.00 98571.00 0.00 19714.20 1577.14 77279.66												
CLAIM INFORMATION FORWARDED TO: STATE OF MICHIGAN - MDHHS NET 77279.66												

NAME	[REDACTED]	[REDACTED]			MID	[REDACTED]	ACNT JM9			ICN 1824068245750	ASG Y MOA MA01 MA07	
1043315260	0216	021624	32	66.0	Q4225 76		98571.00	98571.00	0.00	19714.20 CO-253	1577.14	77279.66
REM: N782												
PT RESP 19714.20 CLAIM TOTALS 98571.00 98571.00 0.00 19714.20 1577.14 77279.66												
CLAIM INFORMATION FORWARDED TO: STATE OF MICHIGAN - MDHHS NET 77279.66												

NAME	[REDACTED]	[REDACTED]			MID	[REDACTED]	ACNT JM9			ICN 1824068245760	ASG Y MOA MA01 MA07	
1043315260	0216	021624	32	46.0	Q4225 76		68701.00	68701.00	0.00	13740.20 CO-253	1099.22	53861.58
REM: N782												
PT RESP 13740.20 CLAIM TOTALS 68701.00 68701.00 0.00 13740.20 1099.22 53861.58												
CLAIM INFORMATION FORWARDED TO: STATE OF MICHIGAN - MDHHS NET 53861.58												

NAME	[REDACTED]	[REDACTED]			MID	[REDACTED]	ACNT JM10			ICN 1824068245770	ASG Y MOA MA01 MA07	
1043315260	0220	022024	32	1.0	15273		300.00	300.00	0.00	60.00 CO-253	4.80	235.20
REM: N782												
1043315260	0220	022024	32	1.0	15274		50.00	50.00	0.00	10.00 CO-253	0.80	39.20
REM: N782												
1043315260	0220	022024	32	66.0	Q4225		98571.00	98571.00	0.00	19714.20 CO-253	1577.14	77279.66
REM: N782												
PT RESP 19784.20 CLAIM TOTALS 98921.00 98921.00 0.00 19784.20 1582.74 77554.06												
CLAIM INFORMATION FORWARDED TO: STATE OF MICHIGAN - MDHHS NET 77554.06												

NAME [REDACTED]	MID [REDACTED]	ACNT JM10	ICN 1824068245780	ASG Y	MOA	MA01	MA07
1043315260 0220 022024 32	66.0 Q4225 76	98571.00	98571.00	0.00	19714.20	CO-253	1577.14 77279.66
PT RESP 19714.20			CLAIM TOTALS	98571.00	98571.00	0.00	19714.20 1577.14 77279.66
CLAIM INFORMATION FORWARDED TO: STATE OF MICHIGAN - MDHHS							NET 77279.66

NAME [REDACTED]	MID [REDACTED]	ACNT JM10	ICN 1824068245800	ASG Y	MOA	MA01	MA07
1043315260 0220 022024 32	42.0 Q4225 76	62727.00	62727.00	0.00	12545.40	CO-253	1003.63 49177.97
PT RESP 12545.40			CLAIM TOTALS	62727.00	62727.00	0.00	12545.40 1003.63 49177.97
CLAIM INFORMATION FORWARDED TO: STATE OF MICHIGAN - MDHHS							NET 49177.97

NAME [REDACTED]	MID [REDACTED]	ACNT LT8	ICN 1824068245810	ASG Y	MOA	MA01	MA07
1043315260 0228 022824 11	1.0 15271	300.00	155.59	0.00	31.12	CO-45	144.41 121.98
PT RESP 10784.32			CLAIM TOTALS	53766.00	53766.00	0.00	10753.20 860.26 42152.54
CLAIM INFORMATION FORWARDED TO: STATE OF MICHIGAN - MDHHS							NET 42274.52

TOTALS: # OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
49	4200785.00	4166386.91	0.00	833277.38	101060.42	3266447.20	338422.80	2928024.40

PROVIDER ADJ DETAILS:	PLB REASON CODE	FCN	AMOUNT	CHECK AMOUNT	MID NUMBER
	WO	681324051901674	74658.38		[REDACTED]
	WO	681324051901655	70912.80		[REDACTED]
	WO	681324051901667	27663.69		[REDACTED]
	WO	681324051901672	63600.78		[REDACTED]
	WO	681324051303200	20109.60		[REDACTED]
	WO	681324051901671	22598.00		[REDACTED]
	WO	681324051901663	17059.92		[REDACTED]
	WO	681324051901670	242.25		[REDACTED]
	WO	681324051901664	4282.34		[REDACTED]
	WO	681324051901666	6475.92		[REDACTED]
	WO	681324051901660	9525.60	2928024.40	[REDACTED]

GLOSSARY: Group, Reason, MOA, Remark and Adjustment Codes

CO Contractual Obligation. Amount for which the provider is financially liable. The patient may not be billed for this amount.

B13 Previously paid. Payment for this claim/service may have been provided in a previous payment.

151 Payment adjusted because the payer deems the information submitted does not support this many/frequency of services.

253 Sequestration-reduction in federal payment.

45 Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Usage: This adjustment cannot equal the total service or claim charge amount; and must not duplicate provider adjustment amounts (payments and contractual reductions) that have resulted from prior payer(s) adjudication.

5 The procedure code/type of bill is inconsistent with the place of service. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

MA01 Alert: If you do not agree with what we approved for these services, you may appeal our decision. To make sure that we are fair to you, we require another individual that did not process your initial claim to conduct the appeal. However, in order to be eligible for an appeal, you must write to us within 120 days of the date you received this notice, unless you have a good reason for being late.

MA07 Alert: The claim information has also been forwarded to Medicaid for review.

M77 Missing/incomplete/invalid/inappropriate place of service.

M86 Service denied because payment already made for same/similar procedure within set time frame.

N782 Alert: Patient is a Medicaid/Qualified Medicare Beneficiary. Review your records for any wrongfully collected coinsurance. This amount may be billed to a subsequent payer.

WO Overpayment Recovery