

999 HEALTH CARE SYSTEMS
 Medicaid Billing Report

Date: 11/15/2010

Page 1 of 1

CLAIM NUMBER	RESIDENT NAME	NUMBER	MEDICAID NUMBER	COVERAGE DATES	TOTAL CHARGE	RESOURCE	NET CHARGE	
Intermediate								
01400 120 5 95.50	ANTON 477.50 *	S B	0011 123345678999	07/27/05 07/31/05	477.50	0.00	477.50	
01422 120 31 95.50	ANTON 2960.50 *	S B	0011 123345678999	08/01/05 08/31/05	2960.50	3012.00	51.50-	
01416 120 31 101.26	BAUER 3139.06 *	S S	0412 100286119199	07/01/05 07/31/05	3139.06	699.00	2440.06	
01438 120 31 101.26	BAUER 3139.06 *	S S	0412 100286119199	08/01/05 08/31/05	3139.06	699.00	2440.06	
01313 120 28 95.50	CARRINGTON 2674.00 *	A A	2005 123456789999	02/01/05 02/28/05	2674.00	3012.00	338.00-	
01334 120 31 95.50	CARRINGTON 2960.50 *	A A	2005 123456789999	03/01/05 03/31/05	2960.50	3012.00	51.50-	
01355 120 30 95.50	CARRINGTON 2865.00 *	A A	2005 123456789999	04/01/05 04/30/05	2865.00	3012.00	147.00-	
			NUMBER	R/B/N	ANCILLARY	TOTAL	RESOURCE	NET
	End Of Month Generated Claims		0	0.00	0.00	0.00	0.00	0.00
	Screen Generated Claims		0	0.00	0.00	0.00	0.00	0.00
	Released Claims		7	18215.62	0.00	18215.62	13446.00	4769.62
	TOTAL		7	18215.62	0.00	18215.62	13446.00	4769.62