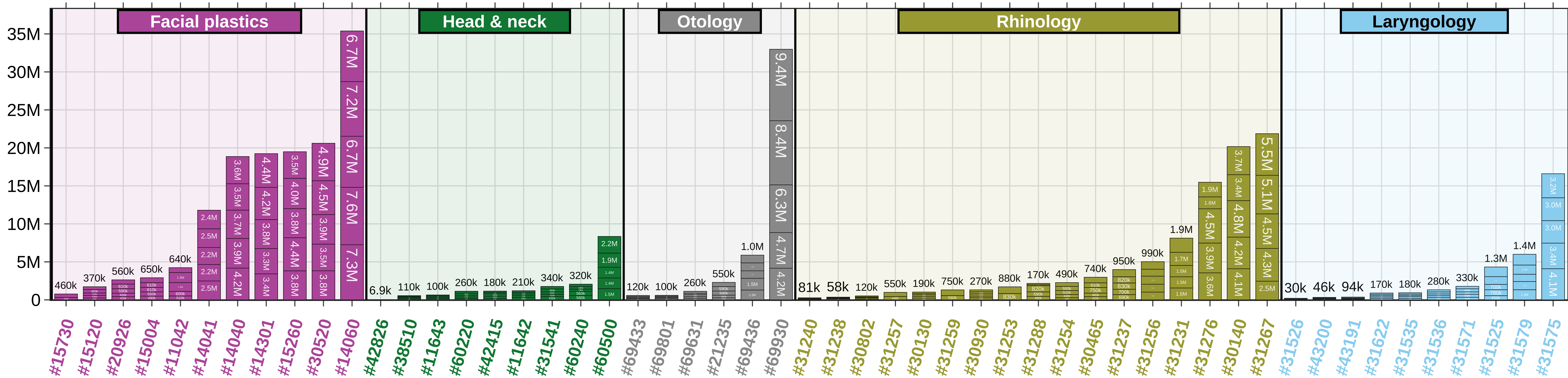


Total Medicare Payment (\$)



HCPCS formatted