

CLAIMS FOR METROPLUS HEALTH - CHECK NUMBER: 64595 - CHECK TOTAL: \$1,166.20

4382	ARIAS, NORA	252703	\$1,166.20	\$1,166.20	CASH PAYMENT	0108021343786
DATE OF SERVICE	SERVICE CODE	UNITS	BILLED	PAID	DENIAL REASON	
2013-07-20	T1019	4.0	\$68.60	\$68.60		
2013-07-21	T1019	4.0	\$68.60	\$68.60		
2013-07-22	T1019	12.0	\$205.80	\$205.80		
2013-07-23	T1019	12.0	\$205.80	\$205.80		
2013-07-24	T1019	12.0	\$205.80	\$205.80		
2013-07-25	T1019	12.0	\$205.80	\$205.80		
2013-07-26	T1019	12.0	\$205.80	\$205.80		
TOTAL				\$1,166.20		

4380	CORDERO, ROSENDO	256326	\$1,011.85	\$0.00	CLAIM DENIED	0108301345226
DATE OF SERVICE	SERVICE CODE	UNITS	BILLED	PAID	DENIAL REASON	
2013-08-18	T1019	900.0	\$154.35	\$0.00	Precertification/authorization/notification absent	
2013-08-19	T1019	1000.0	\$171.50	\$0.00	Precertification/authorization/notification absent	
2013-08-20	T1019	1000.0	\$171.50	\$0.00	Precertification/authorization/notification absent	
2013-08-21	T1019	1000.0	\$171.50	\$0.00	Precertification/authorization/notification absent	
2013-08-22	T1019	1000.0	\$171.50	\$0.00	Precertification/authorization/notification absent	
2013-08-23	T1019	1000.0	\$171.50	\$0.00	Precertification/authorization/notification absent	
TOTAL				\$0.00		

4381	CORDERO, ROSENDO	257149	\$171.50	\$0.00	CLAIM DENIED	0109061343861
DATE OF SERVICE	SERVICE CODE	UNITS	BILLED	PAID	DENIAL REASON	
2013-08-24	T1019	1000.0	\$171.50	\$0.00	Precertification/authorization/notification absent	
TOTAL				\$0.00		