

CLAIMS FOR METROPLUS HEALTH - CHECK NUMBER: 30634 - CHECK TOTAL: \$4,750.55

3350	ARIAS, NORA	250963	\$1,166.20	\$1,166.20	CASH PAYMENT	0107191344179
DATE OF SERVICE	SERVICE CODE	UNITS	BILLED	PAID	DENIAL REASON	
2013-07-06	T1019	4.0	\$68.60	\$68.60		
2013-07-07	T1019	4.0	\$68.60	\$68.60		
2013-07-08	T1019	12.0	\$205.80	\$205.80		
2013-07-09	T1019	12.0	\$205.80	\$205.80		
2013-07-10	T1019	12.0	\$205.80	\$205.80		
2013-07-11	T1019	12.0	\$205.80	\$205.80		
2013-07-12	T1019	12.0	\$205.80	\$205.80		
TOTAL				\$1,166.20		

3348	CORDERO, ROSENDO	250964	\$1,200.50	\$1,200.50	CASH PAYMENT	0107191344180
DATE OF SERVICE	SERVICE CODE	UNITS	BILLED	PAID	DENIAL REASON	
2013-07-06	T1019	10.0	\$171.50	\$171.50		
2013-07-07	T1019	10.0	\$171.50	\$171.50		
2013-07-08	T1019	10.0	\$171.50	\$171.50		
2013-07-09	T1019	10.0	\$171.50	\$171.50		
2013-07-10	T1019	10.0	\$171.50	\$171.50		
2013-07-11	T1019	10.0	\$171.50	\$171.50		
2013-07-12	T1019	10.0	\$171.50	\$171.50		
TOTAL				\$1,200.50		

3353	PERSAD, USHA	250969	\$1,217.65	\$1,217.65	CASH PAYMENT	0107191344185
DATE OF SERVICE	SERVICE CODE	UNITS	BILLED	PAID	DENIAL REASON	
2013-07-06	T1019	8.0	\$137.20	\$137.20		
2013-07-07	T1019	8.0	\$137.20	\$137.20		
2013-07-08	T1019	11.0	\$188.65	\$188.65		
2013-07-09	T1019	11.0	\$188.65	\$188.65		
2013-07-10	T1019	11.0	\$188.65	\$188.65		
2013-07-11	T1019	11.0	\$188.65	\$188.65		
2013-07-12	T1019	11.0	\$188.65	\$188.65		

DATE OF SERVICE	SERVICE CODE	UNITS	BILLED	PAID	DENIAL REASON
TOTAL				\$1,217.65	

3354	RYALS, CHARLES	250970	\$686.00	\$686.00	CASH PAYMENT	0107191344186
DATE OF SERVICE	SERVICE CODE	UNITS	BILLED	PAID	DENIAL REASON	
2013-07-08	T1019	8.0	\$137.20	\$137.20		
2013-07-09	T1019	8.0	\$137.20	\$137.20		
2013-07-10	T1019	8.0	\$137.20	\$137.20		
2013-07-11	T1019	8.0	\$137.20	\$137.20		
2013-07-12	T1019	8.0	\$137.20	\$137.20		
TOTAL				\$686.00		

3349	SHUMON, NUK-FNU	250971	\$480.20	\$480.20	CASH PAYMENT	0107191344187
DATE OF SERVICE	SERVICE CODE	UNITS	BILLED	PAID	DENIAL REASON	
2013-07-06	T1019	4.0	\$68.60	\$68.60		
2013-07-07	T1019	4.0	\$68.60	\$68.60		
2013-07-08	T1019	4.0	\$68.60	\$68.60		
2013-07-09	T1019	4.0	\$68.60	\$68.60		
2013-07-10	T1019	4.0	\$68.60	\$68.60		
2013-07-11	T1019	4.0	\$68.60	\$68.60		
2013-07-12	T1019	4.0	\$68.60	\$68.60		
TOTAL				\$480.20		

3352	MURDOCK, GERTRUDE	251846	\$651.70	\$0.00	CLAIM DENIED	0107251343929
DATE OF SERVICE	SERVICE CODE	UNITS	BILLED	PAID	DENIAL REASON	
2013-07-15	T1019	1000.0	\$171.50	\$0.00	Precertification/authorization/notification absent	
2013-07-16	T1019	1000.0	\$171.50	\$0.00	Precertification/authorization/notification absent	
2013-07-17	T1019	1000.0	\$171.50	\$0.00	Precertification/authorization/notification absent	
2013-07-18	T1019	800.0	\$137.20	\$0.00	Precertification/authorization/notification absent	
TOTAL				\$0.00		

3351	OSORIO, ELVIA	251847	\$360.15	\$0.00	CLAIM DENIED	0107251343930
DATE OF SERVICE	SERVICE CODE	UNITS	BILLED	PAID	DENIAL REASON	
2013-07-13	T1019	300.0	\$51.45	\$0.00	Precertification/authorization/notification absent	
2013-07-14	T1019	300.0	\$51.45	\$0.00	Precertification/authorization/notification absent	
2013-07-15	T1019	300.0	\$51.45	\$0.00	Precertification/authorization/notification absent	

DATE OF SERVICE	SERVICE CODE	UNITS	BILLED	PAID	DENIAL REASON
2013-07-16	T1019	300.0	\$51.45	\$0.00	Precertification/authorization/notification absent
2013-07-17	T1019	300.0	\$51.45	\$0.00	These are non-covered services because this is not deemed a 'medical necessity' by the payer
2013-07-18	T1019	300.0	\$51.45	\$0.00	Precertification/authorization/notification absent
2013-07-19	T1019	300.0	\$51.45	\$0.00	Precertification/authorization/notification absent
TOTAL				\$0.00	