PR=1063422988 000058417 671

LOWCOUNTRY NURSING GROUP L
INTERIM HEALTHCARE
3870 LEEDS AVE STE 104
NORTH CHARLESTON , SC 29405-7493

000058418 PROVIDER ID. PROFESSIONAL SERVICES DEPT OF HEALTH AND HUMAN SERVICES ----+

1063422988

REMITTANCE ADVICE

PAGE PAYMENT DATE 01/02/2015

	+ SOUTH CAR	DLINA MEI	DICAID PRO	OGRAM			L				+		<u> </u>
PROVIDERS OWN REF. NUMBER	CLAIM REFERENCE NUMBER		SERVICE RI DATE(S) MMDDYY	PROC.	AMOUNT BILLED		T	RECIPIENT ID. NUMBER	RECIPIENT NAME F M I LAST NAME	M O D	TLE. 18 ALLOWED CHARGES	COPAY AMT	TITLE 18 PAYMENT
6070387	1435200276812300A 01 02		120614 121014	T1019 T1019	170.00 102.00 68.00	0.00 0.00 0.00	R	4780946627	D A REAFLER EDITS: L01 712 EDITS: L01 883 EDITS: L02 717	000		2	0.00
6070388	1435200310812300A 01 02 03 04		120614 120814 121014 121214	T1019 T1019 T1019 T1019	459.00 204.00 85.00 85.00	204.00 204.00 0.00 0.00	P	5714231101	B S JAMERSON EDITS: L02 852 1 EDITS: L04 852 1	000 000 000 000 2/26/1 2/26/1	4 L03 852	0.00 0.00 0.00 0.00 2 12/26/1	0.00 0.00 0.00 0.00
0616493	1435400959877400A 01		121814	T1019	52.70 52.70	52.70 52.70		1780374972	s G AXSON	000		0.00	0.00
1035609	1435400960877400A]	121814	T1019	34.00 34.00	34.00 34.00		3106809101	P L SINGLETARY	000		0.00	0.00
1039718	1435400961877400A 01 02		121814 121814	S5130 T1019	46.90 12.90 34.00	46.90 12.90 34.00	P	4108888201	C MILLER	000		0.00	0.00
1041158	1435400962877400A 01 02		121814 121814	T1019 S5130	46.90 34.00 12.90	46.90 34.00 12.90	lъ	1605964401	T JEFFERSON	000		0.00	0.00
1043080	1435400963877400A 01 02		121814 121814	S5130 T1019	59.80 25.80 34.00	59.80 25.80 34.00	P	7101399301	J SIMPSON	000		0.00	0.00
1048200	1435400964877400A 01 02		121814 121814	T1019 S5130	42.21 30.60 11.61	42.21 30.60 11.61	P	2780432044	M T TURNER	000		0.00	0.00
	LANATION OF THE	·	+-	 CERT. PG		\$486 MEDICAID		∔ STATU TOT	+		NAME ANI		
RROR CODE	S LISTED ON THIS		†		+ +			+ P = 1	PAYMENT MADE LOW	COUNTR	Y NURSING	GROUP I	<u>.</u>

ERROR CODES LISTED ON THIS FORM REFER TO: "MEDICAID PROVIDER MANUAL". CERTIFIED AMT MEDICAID TOTAL IF YOU STILL HAVE QUESTIONS +-----PHONE THE D.H.H.S. NUMBER SPECIFIED FOR INQUIRY OF CHECK TOTAL CHECK NUMBER CLAIMS IN THAT MANUAL.

P = PAYMENT MADE R = REJECTEDS = IN PROCESSE = ENCOUNTER

INTERIM HEALTHCARE 3870 LEEDS AVE STE 104

NORTH CHARLESTON SC 29405

PROVIDER ID. 000058419 PROFESSIONAL SERVICES PAYMENT DATE

IF YOU STILL HAVE QUESTIONS+----

PHONE THE D.H.H.S. NUMBER SPECIFIED FOR INQUIRY OF CLAIMS IN THAT MANUAL.

+---+ 2 1063422988 REMITTANCE ADVICE 01/02/2015 SOUTH CAROLINA MEDICAID PROGRAM **PROVIDERS** CLAIM SERVICE RENDERED AMOUNT | TITLE 19 | S | RECIPIENT RECIPIENT NAME M |TLE. 18| COPAY TITLE PAYMENT T OWN REF. REFERENCE DATE(S) BILLED ID. F M O ALLOWED AMT 18 NUMBER NUMBER PY IND MMDDYY PROC. MEDICAIDS NUMBER I I LAST NAME D CHARGES PAYMENT 1048222 1435400965877400A 29.90 29.90 P 4107048001 V MCFADDEN 01 121814 T1019 17.00 17.00 P 000 0.00 0.00 02 S5130 12.90 121814 12.90 P 000 0.00 0.00 1048951 46.90 P 2108057301 J 1435400966877400A 46.90 BROOKS 121814 S5130 12.90 000 0.00 12.90 P 0.00 01 02 121814 T1019 34.00 34.00 P 000 0.00 0.00 1050002 1435400967877400A 29.90 29.90 P 3106156201 M L SINGLETON 121814 S5130 12.90 12.90 P 000 0.00 01 0.00 02 17.00 17.00 P 121814 T1019 000 0.00 0.00 1052939 1435400968877400A 34.00 P 0102002701 B 34.00 PRIOLEAU 121814 T1019 34.00 000 34.00 P 0.00 0.00 0.00|R|0780818325|S M STANLEY 1053178 1435400969877400A 44.20 121814 T1019 44,20 0.00 R 000 0.00 0.00 EDITS: L01 951 1053430 1435400970877400A 51.00 51.00 P 5607273201 L P OTT 01 121814 T1019 51.00 51.00 P 000 0.00 0.00 1053456 1435400971877400A 52.70 52.70 P 5780843758 B R MORRILL 121814 T1019 52.70 52.70 P 000 0.00 0.00 1053931 1435400972877400A 71.40 P 2780870723 C COOK 71.40 01 121814 T1019 71.40 71.40 P 000 0.00 0.00 63.90 P 0715045901 D G BROWN 1055390 63.90 1435400973877400A 01 121814 S5130 12.90 12.90 P 000 0.00 0.00 02 121814 T1019 51.00 51.00 P 000 0.00 0.00 1055416 1435400974877400A 47.60 47.60 P 5101694402 J T WASHINGTON 121814 T1019 47.60 47.60 P 000 0.00 0.00 1055545 1435400975877400A 46.90 46.90 P 9100493602 H W RANDOLPH \$474.20 STATUS CODES: PROVIDER NAME AND ADDRESS CERT. PG TOT FOR AN EXPLANATION OF THE MEDICAID PG TOT ERROR CODES LISTED ON THIS P = PAYMENT MADELOWCOUNTRY NURSING GROUP L FORM REFER TO: "MEDICAID R = REJECTEDINTERIM HEALTHCARE PROVIDER MANUAL". S = IN PROCESS 3870 LEEDS AVE STE 104 CERTIFIED AMT MEDICAID TOTAL E = ENCOUNTER NORTH CHARLESTON SC 29405

CHECK TOTAL

CHECK NUMBER

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PROVIDER ID. 000058420 F

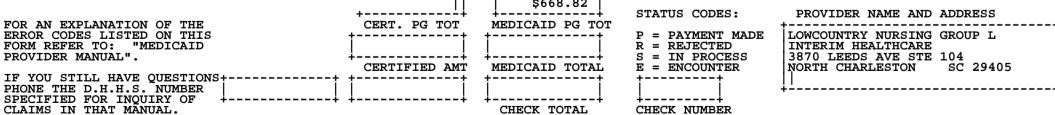
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PROFESSIONAL SERVICES
REMITTANCE ADVICE

PAYMENT DATE | 01/02/2015 | PAGE | 3 |

SOUTH	CAROLTNA	MEDICAID	PROGRAM	

NUMBER	REFERENCE NUMBER	PY IND	DATE(S) MMDDYY	PROC.	BILLED	TITLE 19 PAYMENT MEDICAID	T	ID. NUMBER	RECIPIENT NAME F M I I LAST NAME	M O D	TLE. 18 ALLOWED CHARGES	COPAY AMT	TITLE 18 PAYMENT
	01 02		121814 121814	S5130 T1019	12.90 34.00	12.90 34.00	P P			000		0.00	0.00
1055656	1435400976877400A 01 02 03 04		120914 121114 121214 121314	T1019 T1019 T1019 T1019	163.20 37.40 37.40 39.10 49.30	163.20 37.40 37.40 39.10 49.30	P	8781045381	F S NEUNER	000 000 000		0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00
1056019	1435400977877400A 01 02		121814 121814	S5130 T1019	46.90 12.90 34.00	46.90 12.90 34.00	lР	0780925395	s g brooks	000		0.00	0.00
1056240	1435400978877400A 01 02		121714 121814	T1019 T1019	156.40 81.60 74.80	156.40 81.60 74.80	P	5781085266	D O IWEGBUE	000		0.00 0.00	0.00
1056439	1435400979877400A 01 02		121814 121814	T1019 T1019	62.90 17.00 45.90	62.90 17.00 45.90	ĺъ	1630239869	M D SINGLETON	000		0.00	0.00
1056598	1435400980877400A 01		121814	T1019	35.70 35.70	35.70 35.70	P P	5182563502	S A MUCKELVANEY	000		0.00	0.00
9600013	1435400981877400A 01		121814	T1019	35.70 35.70	35.70 35.70	P P	3780727363	J C LECLAIR	000		0.00	0.00
9601882	1435400982877400A 01 02 03		121814 121814 121814	S5130 T1019 T1019	61.32 10.32 39.10 11.90	61.32 10.32 39.10 11.90	IЪ	1781134836	J SINGLETON J	R 000 000 000		0.00 0.00 0.00	0.00 0.00 0.00
9602100	1435400983877400A 01 02		121814 121814	S5130 T1019	63.90 12.90 51.00	63.90 12.90 51.00	P	1107733501	L M PAGE	000		0.00	0.00
9602136	1435400984877400A				42.80	42.80	P	8726370301	M B SMITH				
++			+	+		\$668	.82		JS CODES: PRO	-+	NAME ANI	ADDRES	+i S



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PROFESSIONAL SERVICES

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REMITTANCE ADVICE

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106342298		OLINA MEDICAID	PROGRAM	_	REMITT	AN(CE ADVICE		01/02/201	5 +		4
PROVIDERS OWN REF. NUMBER	CLAIM REFERENCE NUMBER	SERVICE DATE(S PY IND MMDDYY	RENDERED PROC.	AMOUNT BILLED		T	ID.	RECIPIENT NAM F M I I LAST NAME	0	TLE. 18 ALLOWED CHARGES	COPAY AMT	TITLE 18 PAYMENT
	01 02	121814 121814	S5130 T1019	25.80 17.00					000		0.00	
9604737	1435400985877400A 01 02	121814 121814	T1019 T1019	51.00 34.00 17.00	34.00	P	7729773201	S E ALSTON	000		0.00	0.00
9605752	1435400986877400A 01 02	121814 121814	S5130 T1019	34.94 7.74 27.20	7.74	P	4105281901	J WASHINGTO	N 000		0.00	0.00
9613401	1435400987877400A 01	121814	T1019	20.40 20.40			4780915876	C D SMITH	000		0.00	0.00
9613479	1435400988877400A 01	121814	T1019	35.70 35.70			8781273683	K P BOYD	000		0.00	0.00
9616105	1435400989877400A 01	121814	T1019	35.70 35.70			1781331779	K U BOYD	000		0.00	0.00
9620895	1435400990877400A 01	121814	T1019	20.40 20.40		P P	4780705471	B C MAI	000		0.00	0.00
9622104	1435400991877400A 01	121814	T1019	35.70 35.70	35.70 35.70			M D GIBSON	000		0.00	0.00
9623713	1435400992877400A 01	121814	T1019	34.00 34.00			1107209301	s brown	000		0.00	0.00
9637474	1435400993877400A 01	121814	T1019	34.00 34.00	34.00 34.00	P P	5780433859	J BROOKINS	000		0.00	0.00
9639410	1435400994877400A 01	121814	T1019	68.00 68.00				G L BRYANT	000		0.00	0.00
9642075	1435400995877400A 01	121814	T1019	46.90 34.00	46.90 34.00	P P	0086572201	L JEFFERSON	000		0.00	0.00
	LANATION OF THE		+ CERT. PO		\$416 \$416 		∔ STAT	÷ US CODES:	+	HAME ANI		+
FORM REFER PROVIDER MA			CERTIFIE	+ + + + ED AMT	MEDICAID	 TO'	R = 1 + S = 1	PAYMENT MADE REJECTED IN PROCESS ENCOUNTER	LOWCOUNTR INTERIM H 3870 LEED NORTH CHA	EALTHCARE S AVE STE	C	
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PROFESSIONAL SERVICES

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REMITTANCE ADVICE

01/02/2015

106342298	88 + SOUTH CARO	LINA MED	CAID PRO	GRAM		REMITTA	ANC	CE ADVICE	_		5		+
PROVIDERS OWN REF. NUMBER	CLAIM REFERENCE NUMBER		ERVICE REDATE(S)	PROC.	AMOUNT BILLED		T	ID.	RECIPIENT NAME I I LAST NAME	0	TLE. 18 ALLOWED CHARGES		TITLE 18 PAYMENT
	02	1	21814	s5130	12.90	12.90	P			000		0.00	0.00
9642179	1435400996877400A 01 02		21814 21814	T1019 T1019	153.00 68.00 85.00	68.00	P	0781568307	R J HUANG	000		0.00	0.00
9646177	1435400997877400A 01	1.	21814	T1003	193.20 193.20	183.54 183.54		3781484082	s a brown	000		0.00	0.00
9649580	1435400998877400A 01	1.	21814	T1019	34.00 34.00			9780580973	B HALL	000		0.00	0.00
9650393	1435400999877400A 01	1.	21814	X0273	28.50 28.50	28.50 28.50	P P	1555072602	E HAYNES	000		0.00	0.00
9650394	1435401000877400A 01	1.	21814	T1003	103.60 103.60	98.42 98.42	P P	7781528787	M N BROWN	000		0.00	0.00
9650999	1435400001877500A 01 02		21814 21814	T1019 X0273	62.50 34.00 28.50	34.00	P	8960252301	H RIGBY	000		0.00	0.00
9652816	1435400002877500A 01	1	21814	T1019	44.20 44.20			0781657439	W POWELL	000		0.00	0.00
9653656	1435400003877500A 01 02		21814 21814	S5130 T1019	46.90 12.90 34.00	12.90	P	4108310201	H B HARRELL	000		0.00	0.00
9656068	1435400004877500A 01 02		21814 21814	T1019 S5130	63.90 51.00 12.90	51.00	P	1780548440	V L JOHNSON	000		0.00	0.00
9661458	1435400005877500A	1	21814	T1019	34.00 34.00	34.00 34.00		6721948901	M F DAVIS	000		0.00	0.00
9661760	1435400006877500A				34.00	34.00	P	4781947739	m JORDAN				
#	- ANA ETON CO	++-				\$782 \$782		∔ STATI	JS CODES:	PROVIDER	. NAME ANI	D ADDRESS	++ 5
ERROR CODE: FORM REFER PROVIDER M			‡ <u>-</u>	CERT. PG		MEDICAID I		+ P = 1 R = 1 + S = 1	PAYMENT MADE REJECTED IN PROCESS ENCOUNTER	LOWCOUNTR INTERIM H 3870 LEED NORTH CHA	EALTHCARE S AVE STE	3	
PHONE THE I SPECIFIED I	LL HAVE QUESTIONS+- D.H.H.S. NUMBER FOR INQUIRY OF +- FHAT MANUAL.					CHECK TO	· ·		NUMBER	1			+

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PROFESSIONAL SERVICES

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REMITTANCE ADVICE

01/02/2015

106342298		OLINA MEDICAID I	PROGRAM	_	REMITTA	ANO	CE ADVICE	1 0:	1/02/201	5 +		6
PROVIDERS OWN REF. NUMBER	CLAIM REFERENCE NUMBER	SERVICE DATE(S PY IND MMDDYY	RENDERED PROC.	AMOUNT BILLED		Т	RECIPIENT ID. NUMBER	RECIPIENT NAME F M I I LAST NAME	0	TLE. 18 ALLOWED CHARGES	COPAY AMT	TITLE 18 PAYMENT
	01	121814	T1019	34.00	34.00	P			000		0.00	0.00
9663223	1435400007877500A 01	121814	T1019	32.30 32.30	32.30 32.30	P P	1781963077	Z SPANOS	000		0.00	0.00
9663483	1435400008877500A 01	121814	T1003	316.40 316.40	300.58 300.58	P P	2781624221	S M SMILEY	000		0.00	0.00
9667527	1435400009877500A 01 02	121814 121814	S5130 T1019	46.90 12.90 34.00	46.90 12.90 34.00	Þ	3102250401	M J MAZYCK	000		0.00	0.00
1032058	1435400614888100A 01 02	121914 121914	S5130 T1019	28.67 16.77 11.90	28.67 16.77 11.90	P	9605922001	T R BLAYTON	000		0.00	0.00
1035609	1435400615888100A 01	121914	T1019	34.00 34.00	34.00 34.00		3106809101	P L SINGLETARY	000		0.00	0.00
1039718	1435400616888100A 01 02	121914 121914	S5130 T1019	46.90 12.90 34.00	46.90 12.90 34.00	P	4108888201	C MILLER	000		0.00	0.00
1041158	1435400617888100A 01	121914	T1019	34.00 34.00	34.00 34.00		1605964401	T JEFFERSON	000		0.00	0.00
1043080	1435400618888100A 01	121914	T1019	34.00 34.00	34.00 34.00	P P	7101399301	J SIMPSON	000		0.00	0.00
1044837	1435400619888100A 01	121914	T1019	34.00 34.00	34.00 34.00	P P	2100383303	J S TAYLOR	000		0.00	0.00
1048200	1435400620888100A 01 02	121914 121914	T1019 S5130	46.90 34.00 12.90	46.90 34.00 12.90	P	2780432044	M T TURNER	000		0.00	0.00
1048222	1435400621888100A			29.90	29.90	P	4107048001	V MCFADDEN				
FOR AN EXPLANATION OF THE CERT. PG TOT MEDICAID PG TOT FORM REFER TO: "MEDICAID FORM REFER TO: "												
PHONE THE I	LL HAVE QUESTIONS+ D.H.H.S. NUMBER FOR INQUIRY OF + THAT MANUAL.		CERTIFIE	+ +	MEDICAID T	·		ENCOUNTER NO + + K NUMBER	ORTH CHAI	KLESTON	SC 294	±U5 +

PROVIDER ID. 000058424 PROFESSIONAL SERVICES PAYMENT DATE

PAGE DEPT OF HEALTH AND HUMAN SERVICES 7 1063422988 01/02/2015 REMITTANCE ADVICE SOUTH CAROLINA MEDICAID PROGRAM **PROVIDERS** CLAIM SERVICE RENDERED AMOUNT | TITLE 19 | S | RECIPIENT RECIPIENT NAME М TLE. 18 COPAY TITLE BILLED PAYMENT T ALLOWED 18 OWN REF. REFERENCE DATE(S) ID. F M 0 AMT PY IND NUMBER NUMBER MMDDYY PROC. MEDICAID S NUMBER I I LAST NAME D CHARGES PAYMENT 01 121914 T1019 17.00 17.00 P 000 0.00 0.00 02 121914 S5130 12.90 12.90 P 000 0.00 0.00 1048951 46.90 P 2108057301 J 1435400622888100A 46.90 BROOKS 01 121914 S5130 12.90 12.90 P 000 0.00 0.00 02 121914 T1019 34.00 34.00 P 000 0.00 0.00 1050002 1435400623888100A 59.80 59.80 P 3106156201 M L SINGLETON 121914 T1019 34.00 000 01 34.00 P 0.00 0.00 02 121914 S5130 25.80 25.80 P 000 0.00 0.00 1052939 34.00 P 0102002701 B 1435400624888100A 34.00 PRIOLEAU 121914 T1019 34.00 34.00 P 000 0.00 0.00 1053178 1435400625888100A 32.30 0.00 R 0780818325 S M STANLEY 32.30 121914 T1019 0.00 R 000 0.00 0.00 EDITS: L01 951 1435400626888100A 1053430 96.90 96.90 P 5607273201 L P OTT 120914 т1019 51.00 51.00 P 000 0.00 0.00 01 02 121914 T1019 45.90 45.90 P 000 0.00 0.00 1053456 37.40 37.40 P 5780843758 B R MORRILL 1435400627888100A 01 121914 T1019 37.40 37.40 P 000 0.00 0.00 1053931 88.40 88.40 P 2780870723 C 1435400628888100A COOK 01 121914 T1019 88.40 88.40 P 000 0.00 0.00 1055390 1435400629888100A 34.00 34.00 P 0715045901 D G BROWN 121914 T1019 34.00 34.00 P 000 0.00 01 0.00 1055545 1435400630888100A 46.90 46.90 P 9100493602 H W RANDOLPH 121914 S5130 12.90 12.90 P 000 0.00 0.00 01 02 T1019 34.00 34.00 P 0.00 121914 000 0.00 46.90 46.90 P 0780925395 S G BROOKS 1056019 1435400631888100A

		01	<u> </u>	121914	S5130	12.90	12.90	P					000		0.00	0.00
E F P I P S	RROR CODES ORM REFER ROVIDER MA F YOU STIL HONE THE D PECIFIED F	ANATION OF THE LISTED ON THIS TO: "MEDICAID NUAL". LI HAVE QUESTIONS+ CH.H.S. NUMBER OR INQUIRY OF +		‡-	CERT. PO		\$491 MEDICAID 1	PG '	-+ TOT -+ -+ AL -+	P = 1 R = 1 S = 1 E = 1	US CODES: PAYMENT MADE REJECTED IN PROCESS ENCOUNTER+ K NUMBER	LOWCOU INTER:	UNTRY IM HI LEEDS	HAME ANI NAME ANI Y NURSING EALTHCARE S AVE STE RLESTON	GROUP I	

000058425 PROVIDER ID. PROFESSIONAL SERVICES

-----+ DEPT OF HEALTH AND HUMAN SERVICES 1063422988 REMITTANCE ADVICE

+	+ SOUTH CAR	OLINA MEDIO	CAID PRO	GRAM				_	÷			+		++
PROVIDERS OWN REF. NUMBER	CLAIM REFERENCE NUMBER		RVICE RE ATE(S) DDYY	PROC.	AMOUNT BILLED		T	RECIPIENT ID. NUMBER	RECIPIENT NAM F M I I LAST NAME		0	TLE. 18 ALLOWED CHARGES	COPAY AMT	TITLE 18 PAYMENT
	02	121	1914	T1019	34.00	34.00	P				000		0.00	0.00
1056240	1435400632888100A 01	120	0914	T1019	68.00 68.00				D O IWEGBUE		000		0.00	0.00
1056439	1435400633888100A 01 02		1914 1914	T1019 T1019	49.30 15.30 34.00		P	1630239869	M D SINGLETON		000		0.00	0.00
1056598	1435400634888100A 01	121	1914	T1019	30.60 30.60	30.60 30.60		5182563502	S A MUCKELVAN	EY	000		0.00	0.00
9600013	1435400635888100A 01	121	1914	T1019	35.70 35.70	35.70 35.70	P P	3780727363	J C LECLAIR		000		0.00	0.00
9601882	1435400636888100A 01 02 03 04	121 121	1914 1914 1914 1914	S5130 T1019 S5130 T1019	63.90 10.32 39.10 2.58 11.90	63.90 10.32 39.10 2.58 11.90	P P	1781134836	J SINGLETON	JR	000 000 000 000		0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00
9602100	1435400637888100A 01 02		1914 1914	S5130 T1019	63.90 12.90 51.00	12.90	P	1107733501	L M PAGE		000		0.00	0.00
9602136	1435400638888100A 01 02	121 121	1914 1914	S5130 T1019	42.80 25.80 17.00	25.80	P	8726370301	M B SMITH		000		0.00	0.00
9603628	1435400639888100A 01	121	1914	T1019	81.60 81.60			6558889001	L M HARRIS		000		0.00	0.00
9604737	1435400640888100A	121	1914	T1019	34.00 34.00	34.00 34.00	P P	7729773201	S E ALSTON		000		0.00	0.00
9605190	1435400641888100A 01	121	1914	T1019	66.30 66.30	66.30 66.30	P P	9781024819	E S THEOBALD		000		0.00	0.00
IF YOU STII PHONE THE I SPECIFIED I	LANATION OF THE S LISTED ON THIS TO: "MEDICAID ANUAL". LL HAVE QUESTIONS+- D.H.H.S. NUMBER FOR INQUIRY OF +-	+	CERT. PO	TOT I	\$536 MEDICAID	PG	+ STATU TOT+ P = H+ S = D FAL E = H+ +	JS CODES: PAYMENT MADE REJECTED IN PROCESS ENCOUNTER	LOWCO INTER	UNTRY IM HI LEEDS	NAME AND Y NURSING EALTHCARE S AVE STE RLESTON	GROUP I	<u>. </u>	

PAYMENT DATE

01/02/2015

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PROVIDER ID. 000058426 PROFESSIONAL SERVICES

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IF YOU STILL HAVE QUESTIONS +----

PHONE THE D.H.H.S. NUMBER SPECIFIED FOR INQUIRY OF CLAIMS IN THAT MANUAL.

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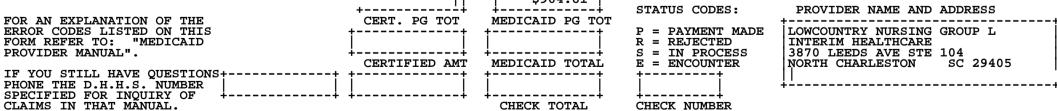
+	SOUTH CAR	DLINA MED	ICAID PRO	GRAM		KEMITI	HIAC	LE ADVICE	1.		+		+
PROVIDERS OWN REF. NUMBER	CLAIM REFERENCE NUMBER	PY IND MI	ERVICE REDATE(S)	PROC.	AMOUNT BILLED	TITLE 19 PAYMENT MEDICAID	Т	RECIPIENT ID. NUMBER	RECIPIENT NAMI F M I I LAST NAME	0	TLE. 18 ALLOWED CHARGES	COPAY AMT	TITLE 18 PAYMENT
9605752	1435400642888100A 01 02		21914 21914	S5130 T1019	55.81 11.61 44.20	55.81 11.61 44.20	P	4105281901	J WASHINGTO	000		0.00	0.00
9613479	1435400643888100A 01	1:	21914	T1019	30.60 30.60	30.60 30.60	P P	8781273683	K P BOYD	000		0.00	0.00
9616105	1435400644888100A 01	1:	21914	T1019	30.60 30.60	30.60 30.60		1781331779	K U BOYD	000		0.00	0.00
9622104	1435400645888100A 01	1:	21914	T1019	28.90 28.90	28.90 28.90		5730567001	M D GIBSON	000		0.00	0.00
9623565	1435400646888100A 01 02		20814 20814	T1019 S5130	56.69 42.50 14.19	56.69 42.50 14.19	P	6781410284	R S SANDERS	000		0.00	0.00
9623713	1435400647888100A 01	1:	21914	T1019	34.00 34.00	34.00 34.00		1107209301	s brown	000		0.00	0.00
9637474	1435400648888100A 01	1:	21914	T1019	34.00 34.00	34.00 34.00		5780433859	J BROOKINS	000		0.00	0.00
9639410	1435400649888100A 01	1:	21914	T1019	62.90 62.90	62.90 62.90		1781301837	G L BRYANT	000		0.00	0.00
9642075	1435400650888100A 01 02		21914 21914	T1019 S5130	46.90 34.00 12.90	46.90 34.00 12.90	P	0086572201	L JEFFERSON	000		0.00	0.00
9642179	1435400651888100A 01	1:	21914	T1019	88.40 88.40	88.40 88.40		0781568307	R J HUANG	000		0.00	0.00
9646177	1435400652888100A 01	1:	21914	T1003	75.60 75.60	71.82 71.82		3781484082	S A BROWN	000		0.00	0.00
 		ļļ	 -	 		\$540	62	 	 S CODES:	PROVIDER	 ++ NAME AND	ADDRESS	
ERROR CODES FORM REFER PROVIDER MA	ANATION OF THE LISTED ON THIS TO: "MEDICAID NUAL".		ļ	CERT. PG		MEDICAID F	· ·	TOT + P = I R = I + S = 3	PAYMENT MADE REJECTED IN PROCESS ENCOUNTER	LOWCOUNTR' INTERIM HI 3870 LEED: NORTH CHA	Y NURSING EALTHCARE S AVE STE	GROUP I	L

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PROVIDERS OWN REF. NUMBER	CLAIM REFERENCE NUMBER	PY IND	SERVICE RI DATE(S) MMDDYY	PROC.	AMOUNT BILLED	TITLE 19 PAYMENT MEDICAID	T	RECIPIENT ID. NUMBER	RECIPIENT NAM F M I I LAST NAME	E M O D	TLE. 18 ALLOWED CHARGES	COPAY AMT	TITLE 18 PAYMENT
9649580	1435400653888100A 01		121914	T1019	34.00 34.00	34.00 34.00		9780580973	B HALL	000		0.00	0.00
9650394	1435400654888100A 01 02		121214 121914	T1003 T1003	302.40 128.80 173.60	287.28 122.36 164.92	P	7781528787	M N BROWN	000		0.00	0.00
9650999	1435400655888100A 01 02		121914 121914	T1019 X0273	62.50 34.00 28.50	62.50 34.00 28.50	P	8960252301	H RIGBY	000		0.00	0.00
9652816	1435400656888100A 01		121914	T1019	44.20 44.20	44.20 44.20		0781657439	W POWELL	000		0.00	0.00
9653656	1435400657888100A 01 02		121914 121914	S5130 T1019	23.45 6.45 17.00	23.45 6.45 17.00	lъ	4108310201	H B HARRELL	000		0.00	0.00
9656068	1435400658888100A 01 02		121914 121914	T1019 S5130	63.90 51.00 12.90	63.90 51.00 12.90	ĺР	1780548440	V L JOHNSON	000		0.00	0.00
9661458	1435400659888100A 01		121914	T1019	34.00 34.00	34.00 34.00		6721948901	M F DAVIS	000		0.00	0.00
9661760	1435400660888100A 01		121914	T1019	34.00 34.00	34.00 34.00		4781947739	M JORDAN	000		0.00	0.00
9663483	1435400661888100A 01		121914	T1003	316.40 316.40	300.58 300.58		2781624221	S M SMILEY	000		0.00	0.00
1035609	1435500445810200A 01		122014	T1019	34.00 34.00	34.00 34.00		3106809101	P L SINGLETAR	000		0.00	0.00
1039718	1435500446810200A 01 02		122014 122014	S5130 T1019	46.90 12.90 34.00	46.90 12.90 34.00	P	4108888201	C MILLER	000		0.00	0.00
÷	+	+	++ 	<u> </u>	\$964	. 8		i US CODES:	 PROVIDER	HH	ADDRES	∔∔ 3	
FOR AN EXPI ERROR CODES FORM REFER PROVIDER MA			‡-·	CERT. PG		MEDICAID	·	TOT + P = 1 R = 1 + S = 1	PAYMENT MADE REJECTED IN PROCESS ENCOUNTER	LOWCOUNTR INTERIM H 3870 LEED	Y NURSING EALTHCARE S AVE STE	GROUP I	



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PROVIDERS OWN REF. NUMBER	CLAIM REFERENCE NUMBER	PY IND M	SERVICE RE DATE(S) MMDDYY	ENDERED PROC.	AMOUNT BILLED		T	RECIPIENT ID. NUMBER	RECIPIENT NAME F M I I LAST NAME		0	TLE. 18 ALLOWED CHARGES	COPAY AMT	TITLE 18 PAYMENT
1048200	1435500447810200A 01 02		L22014 L22014	T1019 S5130	42.21 30.60 11.61	42.21 30.60 11.61	P	2780432044	M T TURNER		000		0.00	0.00
1048951	1435500448810200A 01	1	L22014	T1019	34.00 34.00			2108057301	J BROOKS		000		0.00	0.00
1050002	1435500449810200A 01 02	1	L22014 L22014	S5130 T1019	29.90 12.90 17.00	29.90 12.90 17.00	P	3106156201	M L SINGLETON		000		0.00	0.00
1052939	1435500450810200A 01	1	L22014	T1019	34.00 34.00	34.00 34.00		0102002701	B PRIOLEAU		000		0.00	0.00
1053931	1435500451810200A 01 02		L22014 L22014	T1003 T1019	257.80 193.20 64.60	248.14 183.54 64.60	P	2780870723	C COOK		000		0.00	0.00
1056019	1435500452810200A 01	1	L22014	T1019	34.00 34.00	34.00 34.00	P P	0780925395	S G BROOKS		000		0.00	0.00
9601882	1435500453810200A 01 02 03 04	1	L22014	S5130 T1019 S5130 T1019	63.90 10.32 39.10 2.58 11.90	10.32 39.10 2.58	P P P	1781134836	J SINGLETON	JR	000 000 000 000		0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00
9602100	1435500454810200A 01	1	L22014	T1019	34.00 34.00			1107733501	L M PAGE		000		0.00	0.00
9602136	1435500455810200A 01	1	L22014	T1019	83.30 83.30			8726370301	M B SMITH		000		0.00	0.00
9603628	1435500456810200A 01	1	L22014	T1019	119.00 119.00			6558889001	L M HARRIS		000		0.00	0.00
ERROR CODES FORM REFER PROVIDER MA IF YOU STII PHONE THE I SPECIFIED I	LANATION OF THE S LISTED ON THIS TO: "MEDICAID ANUAL". LL HAVE QUESTIONS+- DOI: 1.0.1.1.5. NUMBER FOR INQUIRY OF +- THAT MANUAL.		†	CERT. PG	TOT 1	\$722 MEDICAID I	PG	+ STATU TOT+ P = 1+ S = 1 FAL E = 1	REJECTED IN PROCESS	LOWCOU INTERI 3870 I	JNTRY IM HI LEEDS	NAME AND Y NURSING EALTHCARE S AVE STE RLESTON	GROUP I	

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+	+ SOUTH CAR	OLINA MEDICAI	D PROGRAM	_				ļ:		+		+-==-+
PROVIDERS OWN REF. NUMBER	CLAIM REFERENCE NUMBER	SERVI DATE PY IND MMDDY		BILLED	TITLE 19 PAYMENT MEDICAID	S T S	RECIPIENT ID. NUMBER	RECIPIENT NAME F M I I LAST NAME	M O D	TLE. 18 ALLOWED CHARGES	COPAY AMT	TITLE 18 PAYMENT
9604737	1435500457810200A 01	12201	4 T1019	51.00 51.00	51.00 51.00	P P	7729773201	S E ALSTON	000		0.00	0.00
9637474	1435500458810200A 01	12201	4 T1019	34.00 34.00	34.00 34.00	P P	5780433859	J BROOKINS	000		0.00	0.00
9650394	1435500459810200A 01	12201	4 T1003	168.00 168.00	159.60 159.60	P P	7781528787	M N BROWN	000		0.00	0.00
9652816	1435500460810200A 01	12201	4 T1019	44.20 44.20	44.20 44.20	P P	0781657439	W POWELL	000		0.00	0.00
9661458	1435500461810200A 01	12201	4 T1019	17.00 17.00	17.00 17.00	P P	6721948901	M F DAVIS	000		0.00	0.00
1035609	1435700906810800A 01 02	12211 12221	4 T1019 T1019	68.00 34.00 34.00	68.00 34.00 34.00	lΡ	3106809101	P L SINGLETARY	000		0.00	0.00
1039718	1435700907810800A 01 02 03	12211 12221 12221	4 S5130	79.20 34.00 12.90 32.30	79.20 34.00 12.90 32.30	P P	4108888201	C MILLER	000		0.00 0.00 0.00	0.00 0.00 0.00
1041158	1435700908810800A 01 02	12221 12221		46.90 34.00 12.90	46.90 34.00 12.90	P	1605964401	T JEFFERSON	000		0.00	0.00
1042533	1435700909810800A 01 02	12211 12221	4 T1019 T1019	170.00 91.80 78.20	170.00 91.80 78.20	P	2100383302	J P NEWMAN	000		0.00	0.00
1043080	1435700910810800A 01 02	12221 12221		59.80 25.80 34.00	59.80 25.80 34.00	P	7101399301	J SIMPSON	000		0.00	0.00
1044837	1435700911810800A			105.40	105.40	P	2100383303	J S TAYLOR				
ERROR CODES FORM REFER PROVIDER MA IF YOU STII PHONE THE I	LL HAVE QUESTIONS+				\$835	PG	+ STAT	PAYMENT MADE LOREJECTED IN PROCESS 38	OWCOUNTRY	NAME AND NURSING EALTHCARE S AVE STE RLESTON	GROUP I	<u>. </u>
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PROVIDERS OWN REF. NUMBER	CLAIM REFERENCE NUMBER		SERVICE RI DATE(S) MMDDYY	ENDERED PROC.			S	RECIPIENT ID.	RECIPIENT NAM F M I I LAST NAME	1 0	TLE. 18 ALLOWED CHARGES	AMT	TITLE 18 PAYMENT
	01		122214	T1019	105.40	105.40	P			00	0	0.00	0.00
1048200	1435700912810800A 01 02 03 04		122114 122114 122214 122214	T1019 S5130 T1019 S5130	76.80 17.00 12.90 34.00 12.90	17.00	P P P	2780432044	M T TURNER	00 00 00 00	0	0.00 0.00 0.00 0.00	0.00
1048222	1435700913810800A 01 02		122214 122214	T1019 S5130	32.89 18.70 14.19	32.89 18.70 14.19	lъ	4107048001	V MCFADDEN	00		0.00	0.00
1048951	1435700914810800A 01 02 03		122114 122214 122214	T1019 S5130 T1019	80.90 34.00 12.90 34.00	80.90 34.00 12.90 34.00	P P	2108057301	J BROOKS	00	Ŏ	0.00 0.00 0.00	0.00
1050002	1435700915810800A 01 02		122214 122214	T1019 S5130	59.80 34.00 25.80	59.80 34.00 25.80	P	3106156201	M L SINGLETON	00		0.00	0.00
1052939	1435700916810800A 01		122214	T1019	34.00 34.00	34.00 34.00	P P	0102002701	B PRIOLEAU	00	0	0.00	0.00
1053456	1435700917810800A 01		122214	T1019	52.70 52.70	52.70 52.70	P P	5780843758	B R MORRILL	00	o	0.00	0.00
1053931	1435700918810800A 01 02		122114 122114	T1003 T1019	281.00 196.00 85.00	271.20 186.20 85.00	P	2780870723	C COOK	00		0.00 0.00	0.00
1055390	1435700919810800A 01 02		120814 122214	S5130 T1019	59.80 25.80 34.00	25.80	P	0715045901	D G BROWN	00		0.00 0.00	0.00
1055545	1435700920810800A 01		122214	s5130	46.90 12.90	46.90 12.90	P P	9100493602	H W RANDOLPH	00	о	0.00	0.00
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106342298		OLINA MEDICAID PI	ROGRAM		REMITTA	ANC	CE ADVICE	1 0	01/02/	201	+		14 ++
PROVIDERS OWN REF. NUMBER	CLAIM REFERENCE NUMBER	SERVICE 1 DATE(S) PY IND MMDDYY		AMOUNT BILLED		Т	RECIPIENT ID. NUMBER	RECIPIENT NAME F M I I LAST NAME		0	TLE. 18 ALLOWED CHARGES	COPAY AMT	TITLE 18 PAYMENT
	02	122214	T1019	34.00	34.00	P				000		0.00	0.00
1056019	1435700921810800A 01 02 03	122114 122214 122214	T1019 S5130 T1019	80.90 34.00 12.90 34.00	34.00 12.90	P	0780925395	S G BROOKS		000 000 000		0.00 0.00 0.00	0.00 0.00 0.00
1056439	1435700922810800A 01	122214	T1019	51.00 51.00	51.00 51.00	P P	1630239869	M D SINGLETON		000		0.00	0.00
1056598	1435700923810800A 01	122214	T1019	34.00 34.00			5182563502	S A MUCKELVANEY		000		0.00	0.00
9601882	1435700924810800A 01 02 03	122114 122214 122214	S5130 S5130 T1019	64.02 12.90 10.32 40.80	12.90 10.32	P	1781134836	J SINGLETON	JR	000 000 000		0.00 0.00 0.00	0.00 0.00 0.00
9602100	1435700925810800A 01 02	122114 122214	T1019 S5130	35.82 25.50 10.32	25.50	P	1107733501	L M PAGE		000		0.00	0.00
9602136	1435700926810800A 01 02	122214 122214	S5130 T1019	42.80 25.80 17.00	25.80	P	8726370301	M B SMITH		000		0.00	0.00
9603628	1435700927810800A 01	121014	T1019	51.00 51.00	51.00 51.00	P P	6558889001	L M HARRIS		000		0.00	0.00
9604737	1435700928810800A 01	122214	T1019	51.00 51.00	51.00 51.00	P P	7729773201	S E ALSTON		000		0.00	0.00
9605190	1435700929810800A 01	122214	T1019	64.60 64.60			9781024819	E S THEOBALD		000		0.00	0.00
9605752	1435700930810800A 01	122214	s5130	49.42 10.32	49.42 10.32	P P	4105281901	J WASHINGTON		000		0.00	0.00
FOR AN EXPIERROR CODES FORM REFER PROVIDER MA	LANATION OF THE S LISTED ON THIS TO: "MEDICAID ANUAL".	†	CERTIFIE	TOT T	\$524.	PG	+ STAT	PAYMENT MADE I REJECTED I IN PROCESS 3	OWCOUNTER	JNTRY	NAME AND Y NURSING EALTHCARE S AVE STE RLESTON	GROUP I	
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106342298		OLINA MEDICAI	D PROGRAM		REMITTA	ANG	CE ADVICE		01/02/201	5 +		15
PROVIDERS OWN REF. NUMBER	CLAIM REFERENCE NUMBER	SERVI DATE PY IND MMDDY		AMOUNT BILLED	TITLE 19 PAYMENT MEDICAID	T	ID.	RECIPIENT NAM F M I I LAST NAME	0	TLE. 18 ALLOWED CHARGES	COPAY AMT	TITLE 18 PAYMENT
	02	12221	4 T1019	39.10	39.10	P			000		0.00	0.00
9613401	1435700931810800A 01 02	12211 12221		47.60 28.90 18.70	28.90	Þ	4780915876	C D SMITH	000		0.00	0.00
9613479	1435700932810800A 01 02	12101 12221		62.90 28.90 34.00	28.90	P	8781273683	K P BOYD	000		0.00	0.00
9616105	1435700933810800A 01	12221	4 T1019	34.00 34.00			1781331779	K U BOYD	000		0.00	0.00
9620895	1435700934810800A 01 02	12211 12221		47.60 28.90 18.70	28.90	P	4780705471	B C MAI	000		0.00	0.00
9622104	1435700935810800A 01	12221	4 T1019	35.70 35.70				M D GIBSON	000		0.00	0.00
9623565	1435700936810800A 01 02	12221 12221	4 T1019 4 S5130	78.85 59.50 19.35	59.50	P		R S SANDERS	000		0.00	0.00
9623713	1435700937810800A 01	12101	4 T1019	34.00 34.00			1107209301	s brown	000		0.00	0.00
9637474	1435700938810800A 01 02	12211 12221		68.00 34.00 34.00	34.00	ĺР		J BROOKINS	000		0.00	0.00
9639410	1435700939810800A 01 02	12211 12221		137.70 73.10 64.60	73.10	P	1781301837	G L BRYANT	000		0.00	0.00
9642075	1435700940810800A 01	12221	4 T1019	46.90 34.00	46.90 34.00	P P	0086572201	L JEFFERSON	000		0.00	0.00
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PROVIDERS OWN REF. NUMBER	CLAIM REFERENCE NUMBER		ICE RENDERE I(S) YY PROC	BILLED		T	RECIPIENT ID. NUMBER	RECIPIENT NAME I I LAST NAME		TLE. 18 ALLOWED CHARGES		TITLE 18 PAYMENT
	02	1222	L4 S5130	12.90	12.90	P			000		0.00	0.00
9642179	1435700941810800A 01 02	1222 1222		154.70 69.70 85.00	69.70	lъ	0781568307	R J HUANG	000		0.00	0.00
9643386	1435700942810800A 01	1222	L4 T1019	34.00 34.00			8730335701	M NARODNIT	SKAYA 000		0.00	0.00
9646177	1435700943810800A 01	1222	L4 T1003	204.40 204.40			3781484082	S A BROWN	000		0.00	0.00
9649580	1435700944810800A 01 02	1221 1222		68.00 34.00 34.00	34.00	P	9780580973	B HALL	000		0.00	0.00
9650393	1435700945810800A 01 02 03	1222 1222 1222	L4 T1019	39.40 12.90 17.00 9.50	12.90 17.00	P P	1555072602	E HAYNES	000	1	0.00 0.00 0.00	0.00 0.00 0.00
9650394	1435700946810800A 01	1222	L4 T1003	173.60 173.60		P P	7781528787	M N BROWN	000		0.00	0.00
9650999	1435700947810800A 01	1222	L4 T1019	34.00 34.00			8960252301	H RIGBY	000		0.00	0.00
9652816	1435700948810800A 01 02	1221 1222		85.00 34.00 51.00	34.00	P	0781657439	W POWELL	000		0.00	0.00
9653656	1435700949810800A 01 02	1222 1222		46.90 12.90 34.00	12.90	P	4108310201	H B HARRELL	000		0.00	0.00
9656068	1435700950810800A 01	1222	L4 T1019	63.90 51.00	63.90 51.00	P P	1780548440	V L JOHNSON	000	,	0.00	0.00
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PROVIDERS OWN REF. NUMBER	CLAIM REFERENCE NUMBER	SERV DAT PY IND MMDD	ICE RENDE		OUNT LLED	TITLE 19 PAYMENT MEDICAID	Т	RECIPIENT ID. NUMBER	RECIPIENT NAM F M I I LAST NAME	0	TLE. 18 ALLOWED CHARGES	COPAY AMT	TITLE 18 PAYMENT
	02	1222	14 s5	5130 1	2.90	12.90	P			000		0.00	0.00
9661458	1435700951810800A 01 02	1221 1222	14 T1	.019 6	2.00 8.00 4.00	102.00 68.00 34.00	P	6721948901	M F DAVIS	000		0.00	0.00
9661760	1435700952810800A 01	1222	14 T1		4.00 4.00	34.00 34.00		4781947739	M JORDAN	000		0.00	0.00
9663483	1435700953810800A 01	1222	14 T1		9.20 9.20	303.24 303.24	P P	2781624221	S M SMILEY	000		0.00	0.00
9665495	1435700954810800A 01	1222	14 T1	.019 3	9.10 9.10	39.10 39.10		5781243820	A E OUZTS	000		0.00	0.00
9667527	1435700955810800A 01 02	1222 1222	14 S5	130 1	6.90 2.90 4.00	46.90 12.90 34.00	P	3102250401	M J MAZYCK	000		0.00	0.00
1035609	1435800848810800A 01	1223	14 T1		4.00 4.00	34.00 34.00		3106809101	P L SINGLETAR	000		0.00	0.00
1039718	1435800849810800A 01 02	1223 1223		130 1	6.90 2.90 4.00	46.90 12.90 34.00	P	4108888201	C MILLER	000		0.00	0.00
1041158	1435800850810800A 01 02	1223 1223		.019 3	6.90 4.00 2.90	46.90 34.00 12.90	ÞΙ	1605964401	T JEFFERSON	000		0.00	0.00
1043080	1435800851810800A 01 02	1223 1223		130 2	9.80 5.80 4.00	59.80 25.80 34.00	P	7101399301	J SIMPSON	000		0.00	0.00
1044837	1435800852810800A 01	1223	14 T1		5.00 5.00	85.00 85.00		2100383303	J S TAYLOR	000		0.00	0.00
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ERROR CODES	LANATION OF THE S LISTED ON THIS TO: "MEDICAID ANUAL".		CER'	T. PG TOT	† †	MEDICAID I	PG	TOT + P = I R = I + S = 3	PAYMENT MADE REJECTED IN PROCESS ENCOUNTER	LOWCOUNTI	RY NURSING IEALTHCARI OS AVE STI	GROUP I	
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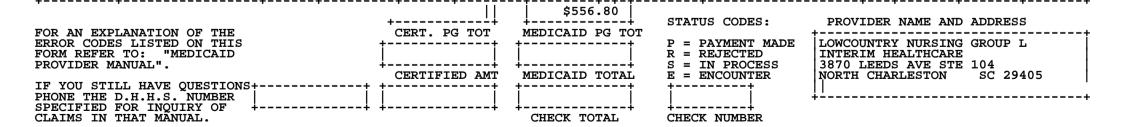
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PROVIDERS OWN REF. NUMBER	CLAIM REFERENCE NUMBER	PY IND	SERVICE R DATE(S) MMDDYY	ENDERED PROC.	AMOUNT BILLED	TITLE 19 PAYMENT MEDICAID	Т	RECIPIENT ID. NUMBER	RECIPIENT NAME F M I I LAST NAME	0	TLE. 18 ALLOWED CHARGES	COPAY AMT	TITLE 18 PAYMENT
1048200	1435800853810800A 01 02		122314 122314	T1019 S5130	46.90 34.00 12.90	46.90 34.00 12.90	P	2780432044	M T TURNER	000		0.00	0.00
1048222	1435800854810800A 01 02		122314 122314	T1019 S5130	29.90 17.00 12.90	29.90 17.00 12.90	P	4107048001	V MCFADDEN	000		0.00	0.00
1048951	1435800855810800A 01 02		122314 122314	S5130 T1019	46.90 12.90 34.00	46.90 12.90 34.00	P	2108057301	J BROOKS	000		0.00	0.00
1050002	1435800856810800A 01 02		122314 122314	S5130 T1019	29.90 12.90 17.00	29.90 12.90 17.00	lР	3106156201	M L SINGLETON	000		0.00	0.00
1052939	1435800857810800A 01		122314	T1019	34.00 34.00	34.00 34.00	P P	0102002701	B PRIOLEAU	000		0.00	0.00
1053456	1435800858810800A		122314	T1019	52.70 52.70	52.70 52.70	P P	5780843758	B R MORRILL	000		0.00	0.00
1053931	1435800859810800A 01		122314	T1019	86.70 86.70	86.70 86.70	P P	2780870723	с соок	000		0.00	0.00
1055390	1435800860810800A 01 02		122314 122314	S5130 T1019	63.90 12.90 51.00	63.90 12.90 51.00	ĺР	0715045901	D G BROWN	000		0.00	0.00
1055416	1435800861810800A 01		122314	T1019	44.20 44.20	44.20 44.20	P P	5101694402	J T WASHINGTON	000		0.00	0.00
1056019	1435800862810800A 01 02		122314 122314	S5130 T1019	46.90 12.90 34.00	46.90 12.90 34.00	P		s G BROOKS	000		0.00	0.00



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PROVIDERS OWN REF. NUMBER	CLAIM REFERENCE NUMBER		SERVICE RE DATE(S) MMDDYY	ENDERED PROC.	AMOUNT BILLED		Т	RECIPIENT ID. NUMBER	RECIPIENT NAME F M I I LAST NAME	10	TLE. 18 ALLOWED CHARGES	COPAY AMT	TITLE 18 PAYMENT
	01	:	122314	T1019	74.80	74.80	P			000		0.00	0.00
1056439	1435800864810800A 01		122314	T1019	90.10 90.10	90.10 90.10		1630239869	M D SINGLETON	000		0.00	0.00
1056598	1435800865810800A 01		122314	T1019	32.30 32.30	32.30 32.30		5182563502	S A MUCKELVANEY	000		0.00	0.00
9601882	1435800866810800A 01 02 03 04		122314 122314 122314 122314	S5130 T1019 S5130 T1019	63.90 10.32 39.10 2.58 11.90	63.90 10.32 39.10 2.58 11.90	P P	1781134836	J SINGLETON JR	000 000 000 000		0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00
9602100	1435800867810800A 01 02		122314 122314	S5130 T1019	62.20 12.90 49.30	62.20 12.90 49.30	P	1107733501	L M PAGE	000		0.00	0.00
9604737	1435800868810800A 01 02		122314 122314	T1019 T1019	51.00 35.70 15.30	51.00 35.70 15.30	P	7729773201	S E ALSTON	000		0.00	0.00
9605190	1435800869810800A 01		122314	T1019	32.30 32.30	32.30 32.30		9781024819	E S THEOBALD	000		0.00	0.00
9605752	1435800870810800A 01 02		122314 122314	S5130 T1019	49.42 10.32 39.10	49.42 10.32 39.10	lР	4105281901	J WASHINGTON	000		0.00	0.00
9613401	1435800871810800A 01	:	122314	T1019	18.70 18.70	18.70 18.70	P P	4780915876	C D SMITH	000		0.00	0.00
9613479	1435800872810800A 01	:	122314	T1019	35.70 35.70	35.70 35.70	P P	8781273683	K P BOYD	000		0.00	0.00
9616105	1435800873810800A 01	:	122314	T1019	35.70 35.70	35.70 35.70	P P	1781331779	K U BOYD	000		0.00	0.00
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PROVIDERS OWN REF. NUMBER	CLAIM REFERENCE NUMBER	SEI DA PY IND MMI	+ RVICE RE ATE(S) DDYY	NDERED PROC.	AMOUNT BILLED		T	RECIPIENT ID. NUMBER	RECIPIENT NAME F M I I LAST NAME		TLE. 18 ALLOWED CHARGES	COPAY AMT	TITLE 18 PAYMENT
9620895	1435800874810800A 01	122	2314	T1019	18.70 18.70	18.70 18.70	P P	4780705471	B C MAI	000		0.00	0.00
9622104	1435800875810800A 01	122	2314	T1019	35.70 35.70	35.70 35.70	P P	5730567001	M D GIBSON	000		0.00	0.00
9623713	1435800876810800A 01	122	2314	T1019	34.00 34.00	34.00 34.00		1107209301	s brown	000		0.00	0.00
9637474	1435800877810800A 01	122	2314	T1019	34.00 34.00	34.00 34.00	P P	5780433859	J BROOKINS	000		0.00	0.00
9639410	1435800878810800A 01	122	2314	T1019	68.00 68.00	68.00 68.00	P P	1781301837	G L BRYANT	000		0.00	0.00
9642075	1435800879810800A 01 02			T1019 S5130	46.90 34.00 12.90	46.90 34.00 12.90	P	0086572201	L JEFFERSON	000		0.00	0.00
9642179	1435800880810800A 01	122	2314	T1019	86.70 86.70	86.70 86.70		0781568307	R J HUANG	000		0.00	0.00
9646177	1435800881810800A 01	122	2314	T1003	224.00 224.00	212.80 212.80	P P	3781484082	s a brown	000		0.00	0.00
9649580	1435800882810800A 01	122	2314	T1019	32.30 32.30	32.30 32.30	P P	9780580973	B HALL	000		0.00	0.00
9650393	1435800883810800A 01 02 03	122	2314	S5130 T1019 X0273	39.40 12.90 17.00 9.50	39.40 12.90 17.00 9.50	P P	1555072602	E HAYNES	000 000 000		0.00 0.00 0.00	0.00 0.00 0.00
9650999	1435800884810800A 01	122	2314	T1019	34.00 34.00	34.00 34.00		8960252301	H RIGBY	000		0.00	0.00
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PROVIDERS OWN REF. NUMBER	REFERENCE	1	SERVICE RI DATE(S) MMDDYY		AMOUNT BILLED		т	RECIPIENT ID. NUMBER	RECIPIENT F M I I LAST	- I o	TLE. 18 ALLOWED CHARGES	COPAY AMT	TITLE 18 PAYMENT
9652816	1435800885810800A 01		122314	T1019	51.00 51.00			0781657439	W POWEL	L 000		0.00	0.00
9653656	1435800886810800A 01 02		122314 122314	S5130 T1019	31.13 9.03 22.10	9.03	P	4108310201	H B HARRE	LL 000		0.00	0.00
9656068	1435800887810800A 01 02		122314 122314	T1019 S5130	63.90 51.00 12.90	51.00	P	1780548440	V L JOHNS	ON 000		0.00	0.00
9661458	1435800888810800A		122314	T1019	34.00 34.00			6721948901	M F DAVIS	000		0.00	0.00
9661760	1435800889810800A 01		122314	T1019	34.00 34.00			4781947739	M JORDA	N 000		0.00	0.00
9663483	1435800890810800A 01		122314	T1003	313.60 313.60		P P	2781624221	S M SMILE	Y 000		0.00	0.00
9665495	1435800891810800A 01		122314	T1019	37.40 37.40			5781243820	A E OUZTS	000		0.00	0.00
9667527	1435800892810800A 01 02		122314 122314	S5130 T1019	45.20 12.90 32.30	12.90	ĺΡ	3102250401	M J MAZYC	K 000		0.00	0.00
1035609	1435900708810500A 01		122414	T1019	34.00 34.00			3106809101	P L SINGL	ETARY 000		0.00	0.00
1041158	1435900709810500A 01 02		122414 122414	T1019 S5130	46.90 34.00 12.90	34.00	P		T JEFFE	RSON 000		0.00	0.00
1043080	1435900710810500A 01 02		122414 122414	S5130 T1019	59.80 25.80 34.00	25.80	P	7101399301	J SIMPS	ON 000		0.00	0.00
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PROVIDERS OWN REF. NUMBER	CLAIM REFERENCE NUMBER	SERVI DATE PY IND MMDDY		BILLED		S	RECIPIENT ID. NUMBER	RECIPIENT NAME F M I I LAST NAME		TLE. 18 ALLOWED CHARGES	COPAY AMT	TITLE 18 PAYMENT
1044837	1435900711810500A 01	12241	4 T1019	30.60 30.60			2100383303	J S TAYLOR	000		0.00	0.00
1048200	1435900712810500A 01 02	12241 12241		46.90 34.00 12.90	34.00	lΡ		M T TURNER	000		0.00	0.00
1048222	1435900713810500A 01 02	12241 12241		32.89 18.70 14.19	18.70	ĺР	4107048001	V MCFADDEN	000		0.00	0.00
1048951	1435900714810500A 01 02	12241 12241		46.90 12.90 34.00	12.90	P	2108057301	J BROOKS	000		0.00	0.00
1050002	1435900715810500A	12241	4 T1019	34.00 34.00	34.00 34.00	P P	3106156201	M L SINGLETON	000		0.00	0.00
1052939	1435900716810500A 01	12241	4 T1019	34.00 34.00			0102002701	B PRIOLEAU	000		0.00	0.00
1053178	1435900717810500A 01	12241	4 Т1019	47.60 47.60				S M STANLEY EDITS: L01 951	000		0.00	0.00
1053931	1435900718810500A 01	12241	4 T1019	81.60 81.60	81.60 81.60	P P	2780870723	с соок	000		0.00	0.00
1055416	1435900719810500A 01	12241	4 T1019	35.70 35.70	35.70 35.70	P P	5101694402	J T WASHINGTON	000		0.00	0.00
1055545	1435900720810500A 01 02	12241 12241		46.90 12.90 34.00	12.90	lΡ		H W RANDOLPH	000		0.00	0.00
1056019	1435900721810500A			46.90	46.90	P	0780925395	S G BROOKS				
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PROVIDERS OWN REF. NUMBER	CLAIM REFERENCE NUMBER	SERVICE DATE(S PY IND MMDDYY	RENDERED PROC.	AMOUNT BILLED		S	RECIPIENT ID. NUMBER	RECIPIENT NAMI F M I I LAST NAME	3		TLE. 18 ALLOWED CHARGES	COPAY AMT	TITLE 18 PAYMENT
	01 02	122414 122414	S5130 T1019	12.90 34.00		P P				000		0.00	0.00
1056439	1435900722810500A 01	122414	T1019	51.00 51.00	51.00 51.00	P P	1630239869	M D SINGLETON		000		0.00	0.00
9601882	1435900723810500A 01 02 03 04	122414 122414 122414 122414 122414	S5130 T1019 S5130 T1019	54.11 7.74 27.20 3.87 15.30	7.74 27.20 3.87	P P		J SINGLETON	JR	000 000 000 000		0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00
9602100	1435900724810500A 01 02	122414 122414	T1019 S5130	62.20 49.30 12.90	49.30	lъ	1107733501	L M PAGE		000		0.00	0.00
9602136	1435900725810500A 01 02	122414 122414	S5130 T1019	42.80 25.80 17.00	25.80	P	8726370301	м в ѕмітн		000		0.00	0.00
9604737	1435900726810500A 01 02	122414 122414	T1019 T1019	51.00 37.40 13.60	37.40	P	7729773201	S E ALSTON		000		0.00	0.00
9605190	1435900727810500A 01	122414	T1019	49.30 49.30	49.30 49.30	P P	9781024819	E S THEOBALD		000		0.00	0.00
9613401	1435900728810500A 01	122414	T1019	18.70 18.70	18.70 18.70	P P	4780915876	C D SMITH		000		0.00	0.00
9613479	1435900729810500A 01	122414	T1019	35.70 35.70	35.70 35.70	P P	8781273683	K P BOYD		000		0.00	0.00
9616105	1435900730810500A 01	122414	T1019	35.70 35.70		P P	1781331779	K U BOYD		000		0.00	0.00
9620895	1435900731810500A			18.70	18.70	P	4780705471	B C MAI					
ERROR CODES FORM REFER PROVIDER MA IF YOU STII PHONE THE I SPECIFIED I	LANATION OF THE S LISTED ON THIS TO: "MEDICAID ANUAL". LL HAVE QUESTIONS+- D.H.H.S. NUMBER FOR INQUIRY OF +- THAT MANUAL.	·	CERT. PC	G TOT	\$419 MEDICAID MEDICAID CHECK TO	PG TO	+ STAT	US CODES: PAYMENT MADE REJECTED IN PROCESS ENCOUNTER	LOWCOU INTER	UNTRI IM HI LEED:	NAME ANI NAME ANI NURSING EALTHCARE S AVE STE RLESTON	GROUP I	L

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PROVIDERS OWN REF. NUMBER	REFERENCE	PY IND	SERVICE R DATE(S) MMDDYY	PROC.	AMOUNT BILLED		T	RECIPIENT ID. NUMBER	RECIPIENT NAI F M I I LAST NAM	0	TLE. 18 ALLOWED CHARGES	COPAY AMT	TITLE 18 PAYMENT
	01		122414	T1019	18.70	18.70	P			000		0.00	0.00
9622104	1435900732810500A 01		122414	T1019	35.70 35.70				M D GIBSON	000		0.00	0.00
9623713	1435900733810500A 01		122414	T1019	34.00 34.00			1107209301	s brown	000		0.00	0.00
9637474	1435900734810500A 01		122414	T1019	34.00 34.00		P P	5780433859	J BROOKINS	000		0.00	0.00
9639410	1435900735810500A 01		122414	T1019	59.50 59.50				G L BRYANT	000		0.00	0.00
9642075	1435900736810500A 01 02		122414 122414	T1019 S5130	46.90 34.00 12.90	34.00	P		L JEFFERSO	000		0.00	0.00
9642179	1435900737810500A 01		122414	T1019	56.10 56.10	56.10 56.10	P P	0781568307	R J HUANG	000		0.00	0.00
9646177	1435900738810500A 01		122414	T1003	207.20 207.20	196.84 196.84		3781484082	s a brown	000		0.00	0.00
9649580	1435900739810500A 01		122414	T1019	34.00 34.00	34.00 34.00	P P	9780580973	B HALL	000		0.00	0.00
9650999	1435900740810500A 01 02		122414 122414	T1019 X0273	49.05 27.20 21.85	27.20	P	8960252301	H RIGBY	000		0.00	0.00
9652816	1435900741810500A 01		122414	T1019	51.00 51.00				W POWELL	000		0.00	0.00
9653656	1435900742810500A 01 02		122414 122414	S5130 T1019	46.90 12.90 34.00	12.90	P	4108310201	H B HARRELL	000		0.00	0.00
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PAGE DEPT OF HEALTH AND HUMAN SERVICES 1063422988 REMITTANCE ADVICE 01/02/2015 25 SOUTH CAROLINA MEDICAID PROGRAM **PROVIDERS** CLAIM SERVICE RENDERED AMOUNT | TITLE 19 | S | RECIPIENT RECIPIENT NAME М TLE. 18 COPAY TITLE BILLED PAYMENT T ALLOWED 18 OWN REF. REFERENCE DATE(S) ID. F M 0 AMT NUMBER NUMBER PY IND MMDDYY PROC. MEDICAID S NUMBER I I LAST NAME D CHARGES PAYMENT 9656068 1435900743810500A 60.50 60.50 P 1780548440 V L JOHNSON T1019 01 122414 47.60 47.60 P 000 0.00 0.00 02 S5130 12.90 122414 12.90 P 000 0.00 0.00 9661458 1435900744810500A 34.00 34.00 P 6721948901 M F DAVIS 122414 34.00 T1019 34.00 P 000 0.00 0.00 9667527 45.20 45.20 P 3102250401 M J MAZYCK 1435900745810500A 12.90 122414 s5130 12.90 P 000 0.00 0.00 02 122414 T1019 32.30 32.30 P 0.00 000 0.00 29.90 12.90 29.90 P 7101399301 J 1043080 1436000647810200A SIMPSON 122514 S5130 000 0.00 01 0.00 02 122514 17.00 T1019 17.00 P 000 0.00 0.00 1048200 1436000648810200A 46.90 46.90 P 2780432044 M T TURNER 122514 T1019 34.00 34.00 P 000 0.00 0.00 01 02 122514 S5130 12.90 12.90 P 000 0.00 0.00 1052939 1436000649810200A 34.00 34.00 P 0102002701 B PRIOLEAU 01 122514 T1019 34.00 34.00 P 000 0.00 0.00 1053456 1436000650810200A 52.70 52.70 P 5780843758 B R MORRILL 122514 T1019 52.70 52.70 P 000 0.00 0.00 1053931 1436000651810200A 85.00 85.00 P 2780870723 C COOK 122514 T1019 85.00 85.00 P 000 0.00 0.00 1056439 1436000652810200A 107.10 107.10 P 1630239869 M D SINGLETON 107.10 122514 T1019 107.10 P 000 0.00 0.00 1056598 1436000653810200A 34.00 34.00 P 5182563502 S A MUCKELVANEY 122514 T1019 34.00 000 34.00 P 0.00 0.00 9601882 23.86 23.86 P | 1781134836 J 1436000654810200A SINGLETON JR 122514 5.16 01 S5130 5.16 P 000 0.00 0.00

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	02	12	2514	T1019	18.70	18.70	P			000		0.00	0.00
9602100	1436000655810200A 01	12	2514	T1019	42.50 42.50	42.50 42.50	P P	1107733501	L M PAGE	000		0.00	0.00
9602136	1436000656810200A 01 02		22514 22514	S5130 T1019	42.80 25.80 17.00	25.80	P	8726370301	м в ѕмітн	000		0.00	0.00
9604737	1436000657810200A 01	12	2514	T1019	51.00 51.00	51.00 51.00	P P	7729773201	S E ALSTON	000		0.00	0.00
9605752	1436000658810200A 01 02	12 12	22514 22514	S5130 T1019	51.12 10.32 40.80	10.32	P	4105281901	J WASHINGTO	N 000		0.00	0.00
9613401	1436000659810200A 01	12	2514	T1019	20.40 20.40			4780915876	C D SMITH	000		0.00	0.00
9620895	1436000660810200A 01	12	2514	T1019	20.40 20.40	20.40 20.40		4780705471	B C MAI	000		0.00	0.00
9622104	1436000661810200A 01	12	2514	T1019	35.70 35.70	35.70 35.70	P P	5730567001	M D GIBSON	000		0.00	0.00
9623565	1436000662810200A 01	12	2514	T1019	51.00 51.00			6781410284	R S SANDERS	000		0.00	0.00
9623713	1436000663810200A 01	12	2514	T1019	34.00 34.00			1107209301	s brown	000		0.00	0.00
9637474	1436000664810200A 01	12	2514	T1019	34.00 34.00			5780433859	J BROOKINS	000		0.00	0.00
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9653656	1436000666810200A 01 02	122514 122514	s5130	46.90 12.90 34.00	12.90	P	4108310201	H B HARRELL		000		0.00	0.00
9656068	1436000667810200A 01	122514	T1019	51.00 51.00			1780548440	V L JOHNSON		000		0.00	0.00
6086367	1436000385810700A 01 02 03 04 05	121514 121614 121714 121814 121914	T1019 T1019 T1019 T1019 T1019	476.00 93.50 93.50 93.50 93.50 102.00	93.50 93.50 93.50	P P P	0182796901	W SHARTS		000 000 000 000		0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00
6086355	1436000386810700A 01 02 03 04 05 06 07	121314 121414 121514 121614 121714 121814 121914	T1019 T1019 T1019 T1019 T1019 T1019	238.00 34.00 34.00 34.00 34.00 34.00 34.00	34.00 34.00 34.00 34.00 34.00 34.00	PPPPP	1082756101	T L PERRY		000 000 000 000 000 000		0.00 0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00 0.00
6086378	1436000387810700A 01 02 03 04 05 06 07	121314 121414 121514 121614 121714 121814 121914	X0241 X0241 X0241 X0241 X0241 X0241 X0241	833.00 102.00 102.00 102.00 161.50 161.50 102.00	102.00 102.00 102.00 102.00 161.50	PPPPP		S O ARCHIE		000 000 000 000 000 000		0.00 0.00 0.00 0.00 0.00 0.00	0.00
6086468	1436000388810700A 01 02 03	121314 121414 121514	X0241	357.00 51.00 51.00 51.00	51.00 51.00	P		I ROBINSON	1 JR	000 000 000		0.00 0.00 0.00	0.00
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6086348	1436000389810700A 01 02 03 04 05 06 07		121314 121414 121514 121614 121614 121814 121814	T1019 T1019 T1019 T1019 T1019 T1019 T1019	518.50 68.00 76.50 68.00 68.00 76.50 93.50	518.50 68.00 76.50 68.00 68.00 76.50 93.50	999999	9534675301	Z R LITC	HFIELD	000 000 000 000 000 000		0.00 0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00 0.00
6086408	1436000390810700A 01 02		121314 121414	T1019 T1019	357.00 204.00 153.00	357.00 204.00 153.00	P	1780171768	M A BARB	OT	000		0.00	0.00
6086375	1436000391810700A 01 02 03 04 05		121514 121614 121714 121814 121914	T1019 T1019 T1019 T1019 T1019	510.00 102.00 102.00 102.00 102.00 102.00	510.00 102.00 102.00 102.00 102.00 102.00	ዓ ዓ ዓ ዓ	6780175418	B N YOUN	g	000 000 000 000		0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00
6086342	1436000392810700A 01 02 03 04		113014 121814 121914 121414	T1019 T1019 T1019 T1019	272.00 170.00 34.00 34.00 34.00	272.00 170.00 34.00 34.00 34.00	P P P	9102517201	J L JOYN	ER	000 000 000 000		0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00
60866469	1436000393810700A 01 02 03 04 05		121314 121414 121514 121614 121714	X0241 X0241 X0241 X0241 X0241 X0241	833.00 76.50 76.50 136.00 136.00	76.50 76.50 136.00 136.00	P P P	1534471201	T J NEUR	OTH	000 000 000 000 000		0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00
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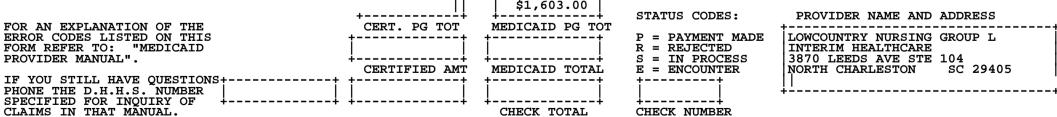
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6086466	6086350	01 02 03 04		121714	T1003 T1003 T1003	112.00	106.40 106.40 106.40 106.40	PPP	9086510102	A L CAUSEY	000		0.00 0.00 0.00	0.00 0.00 0.00
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	02 03 04 05	121614 121714 121814 121914	T1019	51.00 51.00 51.00 51.00	51.00	lΡ			000 000 000 000		0.00 0.00 0.00 0.00	0.001
6086353	1436000399810700A 01 02 03	121314 121514 121714	T1019 T1019 T1019	297.50 102.00 127.50 68.00	0.00	R R R	4780946627	D A REAFLER EDITS: L01 712 EDITS: L01 883 EDITS: L02 717 EDITS: L03 712 EDITS: L03 883	000		0.00 0.00 0.00	0.001
6086346	1436000400810700A 01 02 03 04 05 06 07	121314 121414 121514 121614 121714 121814 121914	T1019 T1019 T1019 T1019	476.00 68.00 68.00 68.00 68.00 68.00 68.00	68.00 68.00 68.00 68.00 68.00	P P P P	0605646801	İ	000 000 000 000 000 000		0.00 0.00 0.00 0.00 0.00	0.00
6086345	1436000401810700A 01 02 03 04 05	121514 121614 121714 121814 121914	T1003 T1003 T1003	1631.00 315.00 280.00 322.00 266.00 448.00	266.00 305.90 252.70	PPPPP	1780171768	M A BARBOT	000 000 000 000		0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00
6086440	1436000402810700A 01 02 03 04 05	121814 121914 121514 121614 121714	T1019	170.00 34.00 34.00 34.00 34.00 34.00	34.00 34.00 34.00 34.00	P P		V E DUDLEY	000 000 000 000 000		0.00 0.00 0.00 0.00 0.00	0.00
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6086444	1436000403810700A 01 02 03 04 05		121514 121614 121714 121814 121914	T1019 T1019 T1019 T1019 T1019	170.00 34.00 34.00 34.00 34.00 34.00	34.00 34.00	P P P	1078011802	Н	W MISHLER	000 000 000 000 000		0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00
6086366	1436000404810700A 01 02 03 04		121514 121614 121714 121814	T1003 T1003 T1003 T1003	1008.00 280.00 280.00 168.00 280.00	957.60 266.00 266.00 159.60 266.00	밁	5107425901	С	BUNTING	000 000 000		0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00
6086464	1436000405810700A 01 02 03 04 05 06 07		121314 121414 121514 121614 121714 121814 121914	T1019 T1019 T1019 T1019 T1019 T1019 T1019	476.00 68.00 68.00 68.00 68.00 68.00 68.00	68.00 68.00	P P P P P	1106084301	Т	C BADGER	000 000 000 000 000 000		0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00 0.00
6086439	1436000406810700A 01 02 03 04 05		121514 121614 121714 121814 121914	T1019 T1019 T1019 T1019 T1019	170.00 34.00 34.00 34.00 34.00 34.00	170.00 34.00 34.00 34.00 34.00 34.00	P P P	5714231101	В	S JAMERSON	000 000 000 000		0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00
6086361	1436000407810700A 01 02 03 04 05		121614	T1003 T1003 T1003 T1003 T1003	896.00 56.00 224.00 224.00 224.00 168.00	53.20 212.80 212.80 212.80	P P	1107790804	0	WIETERS	000 000 000 000		0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00
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6086379	1436000408810700A 01 02 03 04 05 06 07	121314 121414 121514 121514 121614 121714 121814 121914	X0241 X0241 X0241 X0241	841.50 76.50 85.00 136.00 136.00 136.00			5780412868			SON	000 000 000 000 000		0.00 0.00 0.00 0.00 0.00	1 0.001
6086438	1436000409810700A 01 02 03 04 05	121514 121614 121714 121814 121914	T1003	1080.00 216.00 216.00 216.00 216.00 216.00	1064.00 212.80 212.80 212.80 212.80 212.80	PPPPPP	0724134401	Т	FORD		000 000 000 000 000		0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00
6086467	1436000410810700A 01 02 03 04 05	121514 121614 121714 121814 121914	T1019 T1019 T1019	255.00 51.00 51.00 51.00 51.00	51.00	P P P	4630172653	J	DELAN	IEY	000 000 000 000 000		0.00 0.00 0.00 0.00	0.00 0.00 0.00
6086465	1436000411810700A 01 02 03 04 05	121514 121614 121714 121814 121914	T1019 T1019	425.00 85.00 85.00 85.00 85.00	85.00	PPPPP	2727849501	D	J GOINS	3	000 000 000 000 000		0.00 0.00 0.00 0.00	0.001
	1436000412810700A 01 02 03 04 05	121514 121614 121714 121814 121914	T1019 T1019 T1019 T1019		1		1730633601	ŀ			000 000 000 000 000		0.00 0.00 0.00 0.00	0.00
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PROVIDERS OWN REF. NUMBER	CLAIM REFERENCE NUMBER	PY IND	SERVICE R DATE(S) MMDDYY	ENDERED PROC.	AMOUNT BILLED	TITLE 19 PAYMENT MEDICAID	S T S	RECIPIENT ID. NUMBER	RI F	ECIPIENT NAM M I LAST NAME	E	M O D	TLE. 18 ALLOWED CHARGES	COPAY AMT	TITLE 18 PAYMENT
6086410	1436000413810700A 01 02 03 04		121414	T1019 T1019 T1019 T1019	340.00 85.00 85.00 85.00	i	i	i	i	WIETERS	i	000 000 000 000			0.00 0.00 0.00 0.00
6086360	1436000414810700A 01 02 03 04 05 06 07		121414 121514 121614 121714 121814 121914 120514	T1003 T1003 T1003 T1003 T1003 T1003	1904.00 168.00 280.00 280.00 280.00 280.00 280.00 336.00	159.60	PPPPPPP	1107999601	K	L LASBY		000 000 000 000 000 000		0.00 0.00 0.00 0.00 0.00 0.00	0.00
6086364	1436000415810700A 01 02 03 04 05		121514 121614 121714 121814 121914	T1019 T1019 T1019 T1019 T1019	476.00 68.00 102.00 102.00 102.00 102.00	68.00 102.00 102.00	PPPPP	0100517201	J	H GALL		000 000 000 000		0.00 0.00 0.00 0.00	1 0 001
6086357	1436000416810700A 01 02 03 04 05 06 07		121314 121414 121514 121614 121714 121814 121914	T1019 T1019 T1019 T1019 T1019 T1019 T1019	357.00 51.00 51.00 51.00 51.00 51.00 51.00	51.00 51.00 51.00 51.00 51.00 51.00	P P P P P P	1780171775				000 000 000 000 000 000		0.00 0.00 0.00 0.00 0.00 0.00	0.00
6086349	1436000417810700A 01 02 03 04 05		121314 121414 121514 121614 121714	T1019 T1019 T1019 T1019 T1019	476.00 68.00 68.00 68.00 68.00	476.00 68.00 68.00 68.00 68.00 68.00	P P P P P	7727270301	v	S HEYWARD		000 000 000 000		0.00 0.00 0.00 0.00	0.00
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PROVIDERS OWN REF. NUMBER	CLAIM REFERENCE NUMBER	S PY IND M	ERVICE REDATE(S)	ENDERED PROC.	AMOUNT BILLED		ឆ្ន	RECIPIENT ID. NUMBER	RECIPIENT F M I I LAST		M O D	TLE. 18 ALLOWED CHARGES	COPAY AMT	TITLE 18 PAYMENT
	06 07		.21814 .21914	T1019 T1019	68.00 68.00		P P				000		0.00	0.00
6070413	1436000418810700A 01 02 03 04 05 06 07	1 1 1 1 1	.21414 .21514 .21614 .21714 .21814	X0241 X0241 X0241 X0241 X0241 X0241 X0241	833.00 119.00 119.00 119.00 119.00 119.00 119.00	0.00	*****	5780668697	E A KAPPE		000 000 000 000 000 000		0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00 0.00
6086372	1436000419810700A 01 02 03 04 05		.21614 .21714 .21814	T1019 T1019 T1019 T1019 T1019	425.00 85.00 85.00 85.00 85.00	425.00 85.00 85.00 85.00 85.00 85.00	PPP	7107983301	A C SIMON	ıs	000 000 000 000 000		0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00
6086399	1436000420810700A 01 02	1	.21714 .21914	T1019 T1019	102.00 51.00 51.00	102.00 51.00 51.00	P P P	0103250304	J O MCMIO	CHAEL	000		0.00	0.00
6086351	1436000421810700A 01 02 03 04 05 06 07	1 1 1 1 1	.21414 .21514 .21614 .21714 .21814	T1019 T1019 T1019 T1019 T1019 T1019 T1019	212.50 34.00 34.00 34.00 25.50 25.50	212.50 34.00 34.00 34.00 34.00 25.50 25.50	ዋዋዋ	2106953901	P SEABF	ROOK	000 000 000 000 000 000		0.00 0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00
6086370	1436000422810700A 01 02 03	1	.21614	S9124 S9124 S9124	960.00 192.00 192.00 192.00	950.00 190.00 190.00 190.00	Р	1884450902	J C BROWN	ī	000 000 000		0.00 0.00 0.00	0.00 0.00 0.00
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PROVIDERS OWN REF. NUMBER	CLAIM REFERENCE NUMBER	SERVICE DATE(S PY IND MMDDYY	RENDERED) PROC.	AMOUNT BILLED	TITLE 19 PAYMENT MEDICAID	lΤ	RECIPIENT ID. NUMBER	RECIPIENT NAM F M I I LAST NAME	1 0	ALLOWED	COPAY AMT	TITLE 18 PAYMENT
	04 05	121814 121914	S9124 S9124	192.00 192.00	190.00 190.00	P P			000		0.00	0.00
6086380	1436000423810700A 01 02 03 04 05	121514 121614 121714 121814 121914	X0241 X0241 X0241 X0241 X0241	510.00 102.00 102.00 102.00 102.00 102.00	510.00 102.00 102.00 102.00 102.00 102.00	P		T ELLIOTT	000 000 000 000		0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00
6070413	1436000424810700A 01 02 03 04 05 06 07	121314 121414 121514 121514 121714 121814 121914	S9124 S9124 S9124 S9124 S9124 S9124 S9124	523.60 71.40 95.20 71.40 71.40 71.40 71.40	71.25 95.00 71.25 71.25 71.25	PPP		E A KAPPERMAN	000 000 000 000 000 000		0.00 0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00
6086362	1436000425810700A 01 02 03 04 05 06	121414 121514 121614 121714 121814 121914	T1003 T1003 T1003 T1003 T1003 T1003	2744.00 56.00 560.00 616.00 560.00 560.00 392.00	2606.80 53.20 532.00 585.20 532.00 532.00 372.40	PP		H DOLLASON	000 000 000 000 000		0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00
6086377	1436000426810700A 01 02 03 04 05 06 07	121314 121414 121514 121514 121714 121814 121914	S9124 S9124 S9124 S9124 S9124 S9124 S9124	1282.80 190.00 142.80 190.00 190.00 190.00 190.00	142.50 190.00 190.00	PP		S B EDWARDS	000 000 000 000 000 000		0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00
6086371	1436000427810700A			1127.00		l		A M HAMMOND				
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PROVIDERS OWN REF. NUMBER	CLAIM REFERENCE NUMBER	PY IND	SERVICE R DATE(S) MMDDYY	ENDERED PROC.	AMOUNT BILLED	TITLE 19 PAYMENT MEDICAID	S T S	RECIPIENT ID. NUMBER	RE F I	CIPIENT NAM M I LAST NAME	Œ	М О D	TLE. 18 ALLOWED CHARGES	COPAY AMT	TITLE 18 PAYMENT
	01 02 03 04 05		121514 121614 121714 121814 121914	T1003 T1003 T1003 T1003 T1003	231.00 224.00 224.00 224.00 224.00	212.80	PPPP					000 000 000 000 000		0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00
6086369	1436000428810700A 01 02 03 04 05		121514 121614 121714 121814 121914	S9124 S9124 S9124 S9124 S9124	720.00 144.00 144.00 144.00 144.00	142.50 142.50 142.50	P P P P			Z WILLIAMS		000 000 000 000 000		0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00
6086354	1436000429810700A 01 02 03 04 05 06 07		121314 121414 121514 121614 121714 121814 121914	S9124 S9124 S9124 S9124 S9124 S9124 S9124	1596.00 192.00 192.00 192.00 192.00 318.00 192.00 318.00	1579.36 190.00 190.00 190.00 314.68 190.00 314.68	PPPPPPP	4182456001	Е	PRINGLE		000 000 000 000 000 000		0.00 0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00
6086347	1436000430810700A 01 02 03 04 05 06 07		121314 121414 121514 121614 121714 121814 121914	S9124 S9124 S9124 S9124 S9124 S9124 S9124	1344.00 192.00 192.00 192.00 192.00 192.00 192.00	1330.00 190.00 190.00 190.00 190.00 190.00	Iъ	7101072001				000 000 000 000 000 000		0.00 0.00 0.00 0.00 0.00 0.00	0.00
	1436000431810700A 01 02 03		121514 121614 121714	T1019 T1019 T1019	255.00 85.00 85.00 85.00	85.00 85.00	P	2780233994				000 000 000		0.00 0.00 0.00	0.00 0.00 0.00
6086368	1436000432810700A				255.00	0.00	R	5714231101	В	s jamerson					
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6086365 1		 DATE(S) MMDDYY	PROC.	BILLED	TITLE 19 PAYMENT MEDICAID	T S	ID. NUMBER	F M I I LAST NA	ME		TLE. 18 ALLOWED CHARGES	COPAY AMT	TITLE 18 PAYMENT
6086365 1	01 02 03		T1019 T1019 T1019	85.00 85.00 85.00	0.00 0.00 0.00	R R R		EDITS: L01 EDITS: L03	852 01/0 852 01/0	000 000 000 02/1		0.00 0.00 0.00 2 01/02/1	0.00
	1436000433810700A 01 02	121514 121814	T1019 T1019	170.00 85.00 85.00	170.00 85.00 85.00	P P P	3780343401	T K SEAY		000		0.00	0.00
6086352 1	1436000434810700A 01 02 03 04 05 06 07	121614 121714	T1019 T1019 T1019 T1019 T1019 T1019 T1019	561.00 51.00 85.00 85.00 85.00 85.00 85.00	85.00 85.00 85.00	PPPPPPP	1714333901	N E GIBSON		000 000 000 000 000 000		0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00 0.00
6086374 1	1436000435810700A 01 02 03 04 05	121614 121714	T1019 T1019 T1019 T1019 T1019	340.00 68.00 68.00 68.00 68.00	340.00 68.00 68.00 68.00 68.00	P P P P P	7103293301	W SCHRECK	ER	000 000 000 000		0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00
6086344 1	1436000436810710A 01 02 03 04 05 06 07 08	121014 121114 121214 121314 121414	T1019 T1019 T1019 T1019 T1019 T1019 T1019 T1019	544.00 68.00 68.00 68.00 68.00 68.00 68.00	544.00 68.00 68.00 68.00	-	4100000501			000 000 000 000 000 000 000		0.00 0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00
6086344 1	1436000436810720A			272.00	272.00	P	4100880501	W J CASON					
	ANATION OF THE	 +-	CERT. PG		\$1,887		∔ STATU	JS CODES:	PROV	IDER	NAME ANI	ADDRESS	+ S

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PROVIDERS OWN REF. NUMBER	CLAIM REFERENCE NUMBER	PY IND	SERVICE RI DATE(S) MMDDYY	ENDERED PROC.	AMOUNT BILLED		T	ID.	RECIPIENT NAM F M I I LAST NAME	(TLE. 18 ALLOWED CHARGES	AMT	TITLE 18 PAYMENT
	01 02 03 04		121614 121714 121814 121914	T1019 T1019 T1019 T1019	68.00 68.00 68.00	68.00 68.00 68.00 68.00	P P			00	0	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00
1035609	1436100923810800A 01		122614	T1019	34.00 34.00	34.00 34.00	P P	3106809101	P L SINGLETAR	Y 00	0	0.00	0.00
1039718	1436100924810800A 01 02		122614 122614	S5130 T1019	46.90 12.90 34.00	46.90 12.90 34.00	P	4108888201	C MILLER	00		0.00	0.00
1041158	1436100925810800A 01 02		122614 122614	T1019 S5130	46.90 34.00 12.90	46.90 34.00 12.90	P	1605964401	T JEFFERSON	000		0.00	0.00
1043080	1436100926810800A 01 02		122614 122614	S5130 T1019	59.80 25.80 34.00	59.80 25.80 34.00	P	7101399301	J SIMPSON	00		0.00	0.00
1048200	1436100927810800A 01 02		122614 122614	T1019 S5130	46.90 34.00 12.90	46.90 34.00 12.90	P	2780432044	M T TURNER	00		0.00	0.00
1048222	1436100928810800A 01 02		122614 122614	T1019 S5130	29.90 17.00 12.90	17.00	P	4107048001	V MCFADDEN	00		0.00	0.00
1048951	1436100929810800A 01 02		122614 122614	S5130 T1019	37.52 10.32 27.20	37.52 10.32 27.20	P	2108057301	J BROOKS	00	00	0.00	0.00
1052939	1436100930810800A 01		122614	T1019	34.00 34.00			0102002701	B PRIOLEAU	00	0	0.00	0.00
1053178	1436100931810800A 01		122614	T1019	42.50 42.50	0.00	R R	0780818325	S M STANLEY	00	0	0.00	0.00
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PROVIDERS OWN REF. NUMBER	CLAIM REFERENCE NUMBER	PY IND	SERVICE RI DATE(S) MMDDYY			TITLE 19 PAYMENT MEDICAID	T	RECIPIENT ID. NUMBER	RECIPIENT NAME F M I LAST NAME		TLE. 18 ALLOWED CHARGES		TITLE 18 PAYMENT
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1053456	1436100932810800A 01		122614	T1019	52.70 52.70	52.70 52.70		5780843758	B R MORRILL	000		0.00	0.00
1053931	1436100933810800A 01		122614	T1019	85.00 85.00	85.00 85.00	P P	2780870723	с соок	000		0.00	0.00
1055545	1436100934810800A 01 02		122614 122614	S5130 T1019	46.90 12.90 34.00	46.90 12.90 34.00	P	9100493602	H W RANDOLPH	000		0.00	0.00
1056019	1436100935810800A 01 02		122614 122614	S5130 T1019	37.52 10.32 27.20	37.52 10.32 27.20	P	0780925395	S G BROOKS	000		0.00	0.00
1056439	1436100936810800A 01		122614	T1019	56.10 56.10	56.10 56.10		1630239869	M D SINGLETON	000		0.00	0.00
1056598	1436100937810800A 01		122614	T1019	35.70 35.70	35.70 35.70		5182563502	S A MUCKELVANEY	000		0.00	0.00
9601882	1436100938810800A 01 02 03 04		122614 122614 122614 122614	S5130 T1019 S5130 T1019	63.90 10.32 39.10 2.58 11.90	63.90 10.32 39.10 2.58 11.90	P P P	1781134836	J SINGLETON JR	000 000 000 000		0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00
9602100	1436100939810800A 01		122614	T1019	51.00 51.00	51.00 51.00		1107733501	L M PAGE	000		0.00	0.00
9602136	1436100940810800A 01 02		122614 122614	S5130 T1019	42.80 25.80 17.00	42.80 25.80 17.00	P	8726370301	M B SMITH	000		0.00	0.00
9604737	1436100941810800A 01		122614	T1019	51.00 51.00	51.00 51.00	P P	7729773201	S E ALSTON	000		0.00	0.00
IF YOU STII PHONE THE I SPECIFIED I	LANATION OF THE S LISTED ON THIS TO: "MEDICAID ANUAL". LL HAVE QUESTIONS+- D.H.H.S. NUMBER FOR INQUIRY OF +- FHAT MANUAL.	+	CERTIFIE	+ +:	\$522 MEDICAID I	PG	+ STATU TOT+ P = 1+ S = 1 FAL E = 1	PAYMENT MADE LOWCO REJECTED INTER IN PROCESS 3870	UNTR IM H LEED	HAME ANI NAME ANI Y NURSING EALTHCARE S AVE STE RLESTON	GROUP 1	L	

PROVIDER ID. 000058457 PROFESSIONAL SERVICES PAYMENT DATE

PAGE DEPT OF HEALTH AND HUMAN SERVICES 1063422988 REMITTANCE ADVICE 01/02/2015 40 SOUTH CAROLINA MEDICAID PROGRAM **PROVIDERS** CLAIM SERVICE RENDERED AMOUNT | TITLE 19 | S | RECIPIENT RECIPIENT NAME М TLE. 18 COPAY TITLE PAYMENT T ALLOWED 18 OWN REF. REFERENCE DATE(S) BILLED ID. F M 0 AMT NUMBER NUMBER PY IND MMDDYY PROC. MEDICAID S NUMBER I I LAST NAME D CHARGES PAYMENT 9605752 1436100942810800A 51.12 51.12 P 4105281901 J WASHINGTON 01 122614 S5130 10.32 10.32 P 000 0.00 0.00 02 40.80 122614 T1019 40.80 P 000 0.00 0.00 9613401 1436100943810800A 20.40 20.40 P 4780915876 C D SMITH 122614 T1019 20.40 20.40 P 000 0.00 0.00 9620895 20.40 1436100944810800A 20.40 P 4780705471 B C MAI 122614 T1019 20.40 20.40 P 000 0.00 0.00 9623713 1436100945810800A 34.00 34.00|P|1107209301|S BROWN 000 122614 T1019 34.00 34.00 P 0.00 0.00 9637474 1436100946810800A 34.00 34.00 P 5780433859 J BROOKINS 122614 T1019 000 34.00 34.00 P 0.00 0.00 9642075 1436100947810800A 46.90 46.90 P 0086572201 L JEFFERSON 122614 T1019 34.00 34.00 P 000 0.00 0.00 01 02 122614 S5130 12.90 12.90 P 000 0.00 0.00 9646177 1436100948810800A 176.40 167.58 P 3781484082 S A BROWN 122614 T1003 176.40 167.58 P 000 0.00 0.00 9649580 1436100949810800A 34.00 34.00|P|9780580973|B HALL 122614 T1019 34.00 34.00 P 000 0.00 0.00 9650394 1436100950810800A 218.40 207.48 P 7781528787 M N BROWN 122614 T1003 218.40 207.48 P 000 0.00 0.00 9652816 1436100951810800A 51.00 51.00 P 0781657439 W POWELL 122614 T1019 51.00 51.00 P 000 0.00 0.00 9656068 1436100952810800A 63.90 63.90 P 1780548440 V L JOHNSON 122614 T1019 51.00 51.00 P 000 0.00 01 0.00 02 122614 S5130 12.90 12.90 P 000 0.00 0.00

FOR AN EXPLANATION OF THE		\$730.78 HEDICAID PG TOT	STATUS CODES:	PROVIDER NAME AND ADDRESS
ERROR CODES LISTED ON THIS FORM REFER TO: "MEDICAID PROVIDER MANUAL".	 		P = PAYMENT MADE R = REJECTED S = IN PROCESS	LOWCOUNTRY NURSING GROUP L INTERIM HEALTHCARE 3870 LEEDS AVE STE 104
IF YOU STILL HAVE QUESTIONS++ PHONE THE D.H.H.S. NUMBER	CERTIFIED AMT	MEDICAID TOTAL	E = ENCOUNTER	NORTH CHARLESTON SC 29405
SPECIFIED FOR INQUIRY OF +	++	CHECK TOTAL		

1063422988

000058458

-----+ DEPT OF HEALTH AND HUMAN SERVICES

PROFESSIONAL SERVICES

PAYMENT DATE

REMITTANCE ADVICE

01/02/2015

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PROVIDERS OWN REF. NUMBER	CLAIM REFERENCE NUMBER	SERVICE DATE(S PY IND MMDDYY	RENDERED PROC.		TITLE 19	S	ID.	RECIPIENT NAME F M I LAST NAME	0	TLE. 18 ALLOWED CHARGES	COPAY AMT	TITLE 18 PAYMENT
9661458	1436100953810800A 01	122614	T1019	34.00 34.00			6721948901	M F DAVIS	000		0.00	0.00
9663483	1436100954810800A 01	122614	T1003	221.20 221.20	210.14 210.14		2781624221	S M SMILEY	000		0.00	0.00
1035609	1436200952810100A 01	122714	T1019	34.00 34.00	34.00 34.00	P P	3106809101	P L SINGLETARY	000		0.00	0.00
1039718	1436200953810100A 01 02	122714 122714	S5130 T1019	46.90 12.90 34.00	12.90	P	4108888201	C MILLER	000		0.00	0.00
1048951	1436200954810100A 01	122714	T1019	34.00 34.00			2108057301	J BROOKS	000		0.00	0.00
1050002	1436200955810100A 01 02	122714 122714	S5130 T1019	29.90 12.90 17.00	12.90	P	3106156201	M L SINGLETON	000		0.00	0.00
1052939	1436200956810100A 01	122714	T1019	34.00 34.00			0102002701	B PRIOLEAU	000		0.00	0.00
1053931	1436200957810100A 01 02	122714 122714	T1003 T1019	282.70 196.00 86.70	186.20	P	2780870723	C COOK	000		0.00	0.00
1056019	1436200958810100A 01	122714	T1019	34.00 34.00			0780925395	s G BROOKS	000		0.00	0.00
1056439	1436200959810100A 01	122714	T1019	88.40 88.40	88.40 88.40	P P	1630239869	M D SINGLETON	000		0.00	0.00
9601882	1436200960810100A 01 02	122714 122714	S5130 T1019	26.50 12.90 13.60	12.90	P	1781134836	J SINGLETON J	R 000 000		0.00	0.00
FOR AN EXPIERROR CODE: FORM REFER PROVIDER MA IF YOU STII PHONE THE I SPECIFIED I CLAIMS IN T	LANATION OF THE S LISTED ON THIS TO: "MEDICAID ANUAL". LL HAVE QUESTIONS+- D.H.H.S. NUMBER FOR INQUIRY OF +- THAT MANUAL.		CERTIFIE	G TOT	\$844. MEDICAID I	. 74	4	PAYMENT MADE LOWO REJECTED INTE	VIDER OUNTR RIM H LEED	NAME ANI NAME ANI NURSING EALTHCARE S AVE STE RLESTON	GROUP I	

PROVIDER ID. 000058459 PROFESSIONAL SERVICES PAYMENT DATE PAGE DEPT OF HEALTH AND HUMAN SERVICES ----+ +----------+----1063422988 REMITTANCE ADVICE 01/02/2015 42 SOUTH CAROLINA MEDICAID PROGRAM PROVIDERS CLAIM SERVICE RENDERED AMOUNT | TITLE 19 | S | RECIPIENT RECIPIENT NAME |TLE. 18| COPAY TITLE PAYMENT T OWN REF. REFERENCE DATE(S) BILLED ID. F M O ALLOWED AMT 18 NUMBER NUMBER PY IND MMDDYY PROC. MEDICAIDS NUMBER I I LAST NAME D CHARGES PAYMENT 9602100 1436200961810100A 34.00 34.00 P 1107733501 L M PAGE 122714 T1019 34.00 34.00 P 000 0.00 0.00 9602136 1436200962810100A 85.00 85.00 P 8726370301 M B SMITH 122714 T1019 85.00 85.00 P 000 0.00 0.00 9604737 1436200963810100A 51,00 51.00 P 7729773201 S E ALSTON

51.00 P

34.00 P

34.00 P

51.00 P

17.00 P

49612.56

34.00 P 5780433859 J

34.00 P 9780580973 B

51.00 P 0781657439 W

17.00 P 6721948901 M F DAVIS

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BROOKINS

HALL

POWELL

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\$306.00 STATUS CODES: PROVIDER NAME AND ADDRESS CERT. PG TOT FOR AN EXPLANATION OF THE MEDICAID PG TOT ERROR CODES LISTED ON THIS P = PAYMENT MADELOWCOUNTRY NURSING GROUP L FORM REFER TO: "MEDICAID \$0.00 \$49,612.56 R = REJECTEDINTERIM HEALTHCARE PROVIDER MANUAL". S = IN PROCESS 3870 LEEDS AVE STE 104 CERTIFIED AMT MEDICAID TOTAL E = ENCOUNTER NORTH CHARLESTON SC 29405 IF YOU STILL HAVE QUESTIONS+-\$0.00 \$49,612.56 7669839 PHONE THE D.H.H.S. NUMBER \$0.00 SPECIFIED FOR INQUIRY OF CLAIMS IN THAT MANUAL. * CHECK TOTAL CHECK NUMBER

1436200964810100A

1436200965810100A

1436200966810100A

1436200967810100A

TOTALS 373

9637474

9649580

9652816

9661458

122714

122714

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122714

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T1019

T1019

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^{*} FUNDS AUTOMATICALLY DEPOSITED TO:

BANK NAME: COMMUNITY FIRSTBANK ACCOUNT #: XXXXXX2723 NOTIFY MEDICAID PROVIDER ENROLLMENT BEFORE CLOSING OR CHANGING YOUR BANK ACCOUNT.