

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH  
MEDICAL SERVICES ADMINISTRATION - MEDICAID PAYMENTS  
PO BOX 30238  
LANSING MI 48909

Michigan Department of Community Health  
Medical Services Administration - Medicaid Payments  
PO Box 30238  
Lansing MI 48909

ORION FAMILY PHYSICIANS PC  
1455 S LAPEER RD STE 100  
LAKE ORION MI 48360-1468

ORION FAMILY PHYSICIANS PC  
1455 S LAPEER RD STE 100  
LAKE ORION MI 48360-1468



1453916570000001

FINANCIAL ADJUSTMENTS

Adjustment Type	Previous Balance	Adjustment Amount	Remaining Balance
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CLAIM SUMMARY

Category	Count
Paid	0
Credited	0
Denied	1
GA	0

Total Approved	\$0.00	Total Adjusted	\$0.00	Total Paid	\$0.00
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Warrant/EFT #:	Warrant/EFT Date: 12/22/2010
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Gross Adj ID Beneficiary Name Beneficiary ID Patient Account # Medical Record #	Original TCN TCN Type of Bill	Submitter ID Rendering Provider NPI	Invoice Date Service Date(s)	Revenue Procedure Modifier	PPS DRG APC	Qty	Billed Amount	Approved Amount	Category	Reason	Remark
Boling, Lauren 0089072238 0001796682 01958	321034810022028000 11	006B 1063498319	12/14/2010				\$25.96	\$0.00	Denied		
	321034810022028001		10/14/2010-10/14/2010	99213		1	\$25.96	\$0.00	Denied	B7, 23, 22	N131, N198, N36





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KEVIN T CRAWFORD DO PC  
30075 GREENFIELD RD STE 100  
SOUTHFIELD MI 48076-1523

KEVIN T CRAWFORD DO PC  
30075 GREENFIELD RD STE 100  
SOUTHFIELD MI 48076-1523



1453916590000001

Billing Provider NPI: 1295921310

Name: Kevin T Crawford Do Pc

EIN/TIN: 383263684

Pay Cycle: 51

RA Number: 75542760

RA Date: 12/22/2010

FINANCIAL ADJUSTMENTS

Adjustment Type	Previous Balance	Adjustment Amount	Remaining Balance
AP/AR Netting		\$13.70	
Balance Owed by Tax ID	\$0.00		\$0.00

CLAIM SUMMARY

Category	Count
Paid	13
Credited	2
Denied	1
GA	0

Total Approved\$668.11

Total Adjusted\$13.70

Total Paid\$654.41

Warrant/EFT #: 243178166

Warrant/EFT Date: 12/22/2010



Billing Provider NPI: 1295921310

Name: Kevin T Crawford Do Pc

EIN/TIN: 383263684

Pay Cycle: 51

RA Number: 75542760

RA Date: 12/22/2010

Gross Adj ID Beneficiary Name Beneficiary ID Patient Account # Medical Record #	Original TCN TCN Type of Bill	Submitter ID Rendering Provider NPI	Invoice Date Service Date(s)	Revenue Procedure Modifier	PPS DRG APC	Qty	Billed Amount	Approved Amount	Category	Reason	Remark
Bell,Evelyn 0030942243 0294694CRA34740 37	321034810149052000 11	006B 1851388177	12/14/2010 11/16/2010-11/16/2010				\$64.04	\$0.00	Paid	22, 45	N196, N219
	321034810149052001		11/16/2010-11/16/2010	99213		1	\$33.31	\$0.00	Paid	23, 45, 22	N131
	321034810149052002		11/16/2010-11/16/2010	73562-RT		1	\$30.73	\$0.00	Paid	23, 45, 22	N131
Choi,Sung 0096919843 0322529CRA34740 28	321034810149019000 11	006B 1851388177	12/14/2010 11/15/2010-11/19/2010				\$234.66	\$0.00	Paid	22, 45	N196, N219
	321034810149019001		11/15/2010-11/15/2010	97110-GP		2	\$51.12	\$0.00	Paid	23, 45, 22	N131
	321034810149019002		11/15/2010-11/15/2010	97140-GP		1	\$27.10	\$0.00	Paid	23, 45, 22	N131
	321034810149019003		11/17/2010-11/17/2010	97110-GP		2	\$51.12	\$0.00	Paid	23, 45, 22	N131
	321034810149019004		11/17/2010-11/17/2010	97140-GP		1	\$27.10	\$0.00	Paid	23, 45, 22	N131
	321034810149019005		11/19/2010-11/19/2010	97110-GP		2	\$51.12	\$0.00	Paid	23, 45, 22	N131
	321034810149019006		11/19/2010-11/19/2010	97140-GP		1	\$27.10	\$0.00	Paid	23, 45, 22	N131
Courtright,Gene 0014953833 0334961CRA34740 44	321034810149043000 11	006B 1851388177	12/14/2010 11/18/2010-11/18/2010				\$21.80	\$0.00	Paid	22, 45	N196, N219
	321034810149043001		11/18/2010-11/18/2010	73660-RT		1	\$21.80	\$0.00	Paid	23, 45, 22	N131
Green,Dianna 0052931095 0336545CRA34740 12	321034810148993000 11	006B 1851388177	12/14/2010 11/18/2010-11/18/2010				\$59.47	\$0.00	Paid	22, 45	N196, N219
	321034810148993001		11/18/2010-11/18/2010	99203		1	\$59.47	\$0.00	Paid	23, 45, 22	N131



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Billing Provider NPI: 1295921310

Name: Kevin T Crawford Do Pc

EIN/TIN: 383263684

Pay Cycle: 51

RA Number: 75542760

RA Date: 12/22/2010

Gross Adj ID Beneficiary Name Beneficiary ID Patient Account # Medical Record #	Original TCN TCN Type of Bill	Submitter ID Rendering Provider NPI	Invoice Date Service Date(s)	Revenue Procedure Modifier	PPS DRG APC	Qty	Billed Amount	Approved Amount	Category	Reason	Remark
Gulledge,Betty 0002060474 0336727CRA34740 13	321034810148979000 11	006B 1851388177	12/14/2010 11/16/2010-11/16/2010				\$145.41	\$0.00	Paid	22, 45	N196, N219
	321034810148979001		11/16/2010-11/16/2010	99203		1	\$59.47	\$0.00	Paid	23, 45, 22	N131
	321034810148979002		11/16/2010-11/16/2010	G8553		1	\$0.00	\$0.00	Paid	23	N131
	321034810148979003		11/16/2010-11/16/2010	72100		1	\$37.05	\$0.00	Paid	23, 45, 22	N131
	321034810148979004		11/16/2010-11/16/2010	73510		1	\$48.89	\$0.00	Paid	23, 45, 22	N131
Havel,Joann 0033522981 0336750CRA34740 39	321034810149064000 11	006B 1851388177	12/14/2010 11/16/2010-11/16/2010				\$102.65	\$0.00	Paid	22, 45	N196, N219
	321034810149064001		11/16/2010-11/16/2010	99203		1	\$59.47	\$0.00	Paid	23, 45, 22	N131
	321034810149064002		11/16/2010-11/16/2010	73565		1	\$43.18	\$0.00	Paid	23, 45, 22	N131
Park,Sam 0024220364 0326272CRA34740 11	321034810148971000 11	006B 1851388177	12/14/2010 11/16/2010-11/16/2010				\$33.31	\$0.00	Paid	22, 45	N196, N219
	321034810148971001		11/16/2010-11/16/2010	99213		1	\$33.31	\$0.00	Paid	23, 45, 22	N131
Ponderiii,Kenneth 0003534963 0322248CRA34900 04	311034310027690000 11	00QU 1851388177	12/09/2010 11/16/2010-11/16/2010				\$48.14	\$0.00	Paid	22, 45	N196, N219
	311034310027690001		11/16/2010-11/16/2010	99213-57		1	\$48.14	\$0.00	Paid	45, 22, 22	N131
Ramirez,Danielle 0009657951 0319285CRA30890 04	310930210036196000										
	411034400001580000 11	00QU 1851388177	12/10/2010 10/22/2009-10/22/2009				\$580.00	\$157.27	Paid		
	411034400001580001		10/22/2009-10/22/2009	25600-LT		1	\$525.00	\$141.62	Paid	45	
	411034400001580002		10/22/2009-10/22/2009	73110-LT		1	\$55.00	\$15.65	Paid	45	



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Billing Provider NPI: 1295921310

Name: Kevin T Crawford Do Pc

EIN/TIN: 383263684

Pay Cycle: 51

RA Number: 75542760

RA Date: 12/22/2010

Gross Adj ID Beneficiary Name Beneficiary ID Patient Account # Medical Record #	Original TCN TCN Type of Bill	Submitter ID Rendering Provider NPI	Invoice Date Service Date(s)	Revenue Procedure Modifier	PPS DRG APC	Qty	Billed Amount	Approved Amount	Category	Reason	Remark
Ramirez,Danielle 0009657951 0319285CRA30890 04	310930210036196000	00QU 1851388177	12/13/2010 10/22/2009-10/22/2009				-\$580.00	-\$164.11	Credited		
	411034780161084000 11										
	411034780161084001										
	411034780161084002										
Stouse,Kimberly 0002135337 0302877CRA34740 10	321034810149001000 11	006B 1851388177	12/14/2010 11/16/2010-11/16/2010				\$33.31	\$0.00	Paid	22, 45	N196, N219
	321034810149001001										
Waldroup,Teresa 0009394292 0319319CRA30890 02	310930210036187000	00QU 1851388177	12/10/2010 10/22/2009-10/22/2009				\$625.00	\$157.87	Paid		
	411034400001581000 11										
Waldroup,Teresa 0009394292 0319319CRA30890 02	411034400001581001		10/22/2009-10/22/2009	23600-LT		1	\$625.00	\$157.87	Paid	45	
	310930210036187000		12/13/2010 10/22/2009-10/22/2009				-\$625.00	-\$164.73	Credited		
	411034780164377000 11										
Pounds,Robin 0013181418 0314153CRA34740 02	411034780164377001		10/22/2009-10/22/2009	23600-LT		-1	\$625.00	-\$164.73	Credited	45	
	321034810149010000 21	006B 1851388177	12/14/2010 11/19/2010-11/19/2010				\$2,564.01	\$0.00	Paid	22, 45	N196, N219
	321034810149010001										
	321034810149010000		11/19/2010-11/19/2010				\$2,564.01	\$0.00	Paid	23, 45, 22	N131
	321034810149010001										



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Billing Provider NPI: 1295921310

Name: Kevin T Crawford Do Pc

EIN/TIN: 383263684

Pay Cycle: 51

RA Number: 75542760

RA Date: 12/22/2010

Gross Adj ID Beneficiary Name Beneficiary ID Patient Account # Medical Record #	Original TCN TCN Type of Bill	Submitter ID Rendering Provider NPI	Invoice Date Service Date(s)	Revenue Procedure Modifier	PPS DRG APC	Qty	Billed Amount	Approved Amount	Category	Reason	Remark
Johnson, Demarcus 0084888477 0297226CRA34900 01	311034310027668000 22	00QU 1851388177	12/09/2010 07/28/2010-07/28/2010				\$2,400.00	\$668.11	Paid		
	311034310027668001		07/28/2010-07/28/2010	27724-RT		1	\$2,400.00	\$668.11	Paid	45	
Evon, Mildred 0036469869 0335901CRA34740 48	321034810149036000 24	006B 1851388177	12/14/2010 11/12/2010-11/12/2010				\$206.43	\$0.00	Denied	22	N196
	321034810149036001		11/12/2010-11/12/2010	26055-F7		1	\$206.43	\$0.00	Denied	31, 23	N131, N365



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