

Payer Information

Name : CareSource  
 Identifier : 31114 (XV)  
 Address : P.O. Box 1920  
 Dayton, OH 45401

Payment Information

Payee Name : Comprehensive Pain Management  
 Payee Identifier : 900595881 (FI)  
 Address : 23901 Timberlane Dr  
 Beachwood, OH 44122-1556  
 Payment Method : NON  
 Payment Date : 11/15/2017  
 Check/EFT Number : 0266746

DOS	Proc. (M)	Charges	Allowed	Payment	Pat. Resp.	Not-Cov.	Adj. Reason	Remarks
Insured: 107052722 ASARE, Theophilus O Patient: ASARE, THEOPHULIS O								
Service Provider: 1619178308 (XX) MARGOLIN, LEON J								
Claim/Patient Account Number: ASATH000 Payer Claim Number: 17312044AZ00								
Status: Processed as Primary								
4/21/2017-4/21/2017	G0397							
SUBTOTAL		\$130.00	\$69.62	\$39.62	\$30.00	\$60.38	PR-3,OA-45	N45N381
		\$130.00	\$69.62	\$39.62	\$30.00	\$60.38		
CLAIM ADJUSTMENTS								
CLAIM TOTAL \$0.00								
CLAIM TOTAL \$39.62								
Insured: 104378409 [REDACTED] Patient: MARGOLIN, LEON J								
Service Provider: 1619178308 (XX) MARGOLIN, LEON J								
Claim/Patient Account Number: MAHMI000 Payer Claim Number: 1731202QUA00								
Status: Processed as Primary								
8/3/2017-8/3/2017	99213							
8/3/2017-8/3/2017	80307	\$150.00	\$70.93	\$60.93	\$10.00	\$79.07	PR-3,OA-45	N45N381
SUBTOTAL		\$180.00	\$47.41	\$47.41		\$132.59	OA-45	N381
		\$330.00	\$118.34	\$108.34	\$10.00	\$211.66		
CLAIM ADJUSTMENTS								
CLAIM TOTAL \$0.00								
CLAIM TOTAL \$108.34								
Insured: 104378409 [REDACTED] Patient: MARGOLIN, LEON J								
Service Provider: 1619178308 (XX) MARGOLIN, LEON J								
Claim/Patient Account Number: MAHMI000 Payer Claim Number: 1731202QUH00								
Status: Processed as Primary								
8/15/2017-8/15/2017	99213							
8/15/2017-8/15/2017	80307	\$150.00	\$70.93	\$60.93	\$10.00	\$79.07	PR-3,OA-45	N45N381
SUBTOTAL		\$180.00	\$47.41	\$47.41		\$132.59	OA-45	N381
		\$330.00	\$118.34	\$108.34	\$10.00	\$211.66		
CLAIM ADJUSTMENTS								
CLAIM TOTAL \$0.00								
CLAIM TOTAL \$108.34								
Insured: 10417266900 [REDACTED] Patient: MARGOLIN, LEON J								
Service Provider: 1619178308 (XX) MARGOLIN, LEON J								
Claim/Patient Account Number: ALLMA000 Payer Claim Number: 17286029KM00								
Product Name: Medicaid ABD (Aged, Blind or Disabled)								
Status: Processed as Primary								
10/9/2017-10/9/2017	64450	\$440.00	\$110.29	\$110.29		\$329.71	OA-45	N381
10/9/2017-10/9/2017	76942	\$400.00	\$57.76	\$57.76		\$342.24	OA-45	N381
10/9/2017-10/9/2017	J3301	\$120.00	\$15.79	\$15.79		\$104.21	OA-45	N381
10/9/2017-10/9/2017	80307	\$180.00	\$47.29	\$47.29		\$132.71	OA-45	N381
10/9/2017-10/9/2017	80320	\$20.00	\$15.48	\$15.48		\$4.52	OA-45	N381
10/9/2017-10/9/2017	G0397	\$130.00	\$50.06	\$50.06		\$79.94	OA-45	N381
SUBTOTAL		\$1,290.00	\$296.67	\$296.67		\$993.33		
CLAIM ADJUSTMENTS								
CLAIM TOTAL \$0.00								
CLAIM TOTAL \$296.67								
Insured: 10306643500 [REDACTED] Patient: LIU, JING								
Service Provider: 1780087643 (XX) LIU, JING								
Claim/Patient Account Number: BILCL000 Payer Claim Number: 1731202NP200								
Product Name: Medicaid ABD (Aged, Blind or Disabled)								
Status: Processed as Primary								
11/3/2017-11/3/2017	99213(25SA)	\$150.00	\$43.61	\$43.61		\$106.39	OA-45	N381
11/3/2017-11/3/2017	G0397(SA)	\$130.00	\$0.00	\$0.00		\$130.00	OA-B10	N390
11/3/2017-11/3/2017	80307(SA)	\$180.00	\$45.04	\$45.04		\$134.96	OA-45	N381
11/3/2017-11/3/2017	80320(SA)	\$20.00	\$14.74	\$14.74		\$5.26	OA-45	N381
SUBTOTAL		\$480.00	\$103.39	\$103.39		\$376.61		
CLAIM ADJUSTMENTS								
CLAIM TOTAL \$0.00								
CLAIM TOTAL \$103.39								
Insured: 10306442000 [REDACTED] Patient: LIU, JING								
Service Provider: 1780087643 (XX) LIU, JING								
Claim/Patient Account Number: BOYR0000 Payer Claim Number: 17290023HQ00								
Product Name: Medicaid ABD (Aged, Blind or Disabled)								
Status: Processed as Primary								
10/4/2017-10/4/2017	64418(SOSA)	\$275.00	\$80.20	\$80.20		\$194.80	OA-45	N381
10/4/2017-10/4/2017	76942(SA)	\$400.00	\$55.01	\$55.01		\$344.99	OA-45	N381
10/4/2017-10/4/2017	J3301(SA)	\$120.00	\$0.00	\$0.00		\$120.00	OA-45	N381
10/4/2017-10/4/2017	80307(SA)	\$180.00	\$45.04	\$45.04		\$134.96	OA-45	N381
10/4/2017-10/4/2017	80320(SA)	\$20.00	\$14.74	\$14.74		\$5.26	OA-45	N381
10/4/2017-10/4/2017	G0397(SA)	\$130.00	\$47.68	\$47.68		\$82.32	OA-45	N381
SUBTOTAL		\$1,125.00	\$242.67	\$242.67		\$882.33		
CLAIM ADJUSTMENTS								
CLAIM TOTAL \$0.00								
CLAIM TOTAL \$242.67								
Insured: 10809985000 [REDACTED] Patient: BRETT, BRENDA								
Service Provider: 1780087643 (XX) LIU, JING								
Claim/Patient Account Number: BREAT000 Payer Claim Number: 1731202D1V00								
Product Name: Medicaid ABD (Aged, Blind or Disabled)								
Status: Processed as Primary								
11/2/2017-11/2/2017	99213(SA)	\$150.00	\$0.00	\$0.00		\$150.00	OA-27	N30
11/2/2017-11/2/2017	80307(SA)	\$180.00	\$0.00	\$0.00		\$180.00	OA-27	N30
11/2/2017-11/2/2017	80320(SA)	\$20.00	\$0.00	\$0.00		\$20.00	OA-27	N30
SUBTOTAL		\$350.00	\$0.00	\$0.00		\$350.00		
CLAIM ADJUSTMENTS								
CLAIM TOTAL \$0.00								
CLAIM TOTAL \$0.00								
Insured: 10304526800 BUTT, Donna Kay K Patient: BUTT, Donna Kay K								
Service Provider: 1619178308 (XX) MARGOLIN, LEON J								
Claim/Patient Account Number: BUTD0000 Payer Claim Number: 1731204AC700								
Product Name: Medicaid ABD (Aged, Blind or Disabled)								



Status: Processed as Primary  
5/25/2017-5/25/2017 G0397

	\$130.00	\$50.06	\$50.06	\$79.94	OA-45	N381
SUBTOTAL	1	\$130.00	\$50.06	\$50.06	\$79.94	

CLAIM ADJUSTMENTS

\$0.00

CLAIM TOTAL

\$50.06

Insured: 10222788400  
 Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
 Claim/Patient Account Number: COLJA002 Payer Claim Number: 17293033C800  
 Product Name: Medicaid ABD (Aged, Blind or Disabled)

Status: Processed as Primary						
10/10/2017-10/10/2017	64418(50)	\$275.00	\$126.32	\$126.32		
10/10/2017-10/10/2017	76942	\$400.00	\$57.76	\$57.76	\$148.68	OA-59 N19
10/10/2017-10/10/2017	J3301	\$120.00	\$15.79	\$15.79	\$342.24	OA-45 N381
10/10/2017-10/10/2017	G0397	\$130.00	\$50.06	\$50.06	\$104.21	OA-45 N381
10/10/2017-10/10/2017	80307	\$180.00	\$47.29	\$47.29	\$79.94	OA-45 N381
10/10/2017-10/10/2017	80320	\$20.00	\$15.48	\$15.48	\$132.71	OA-45 N381
SUBTOTAL	6	\$1,125.00	\$312.70	\$312.70	\$452.52	OA-45 N381

CLAIM ADJUSTMENTS

\$0.00

CLAIM TOTAL

\$312.70

Insured: 10308860400  
 Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
 Claim/Patient Account Number: DENAN000 Payer Claim Number: 1728603M5400  
 Product Name: Medicaid ABD (Aged, Blind or Disabled)

Status: Processed as Primary						
10/9/2017-10/9/2017	64418(50)	\$275.00	\$126.32	\$126.32		
10/9/2017-10/9/2017	76942	\$400.00	\$57.76	\$57.76	\$148.68	OA-59 N19
10/9/2017-10/9/2017	J3301	\$120.00	\$15.79	\$15.79	\$342.24	OA-45 N381
10/9/2017-10/9/2017	G0397	\$130.00	\$50.06	\$50.06	\$104.21	OA-45 N381
10/9/2017-10/9/2017	80307	\$180.00	\$47.29	\$47.29	\$132.71	OA-45 N381
10/9/2017-10/9/2017	80320	\$20.00	\$15.48	\$15.48	\$79.94	OA-45 N381
10/9/2017-10/9/2017	G0397	\$130.00	\$50.06	\$50.06	\$45.52	OA-45 N381
SUBTOTAL	6	\$1,125.00	\$312.70	\$312.70	\$79.94	OA-45 N381

CLAIM ADJUSTMENTS

\$0.00

CLAIM TOTAL

\$312.70

Insured: 10328078000  
 Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
 Claim/Patient Account Number: DOTRI000 Payer Claim Number: 1731204ACD00  
 Product Name: Medicaid ABD (Aged, Blind or Disabled)

Status: Processed as Primary						
6/23/2017-6/23/2017	G0397	\$130.00	\$50.06	\$50.06	\$79.94	OA-45 N381
SUBTOTAL	1	\$130.00	\$50.06	\$50.06	\$79.94	

CLAIM ADJUSTMENTS

\$0.00

CLAIM TOTAL

\$50.06

Insured: 10304454700  
 Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
 Claim/Patient Account Number: FRAJ0002 Payer Claim Number: 1728602QFC00  
 Product Name: Medicaid ABD (Aged, Blind or Disabled)

Status: Processed as Primary						
10/6/2017-10/6/2017	64450	\$440.00	\$110.29	\$110.29		
10/6/2017-10/6/2017	76942	\$400.00	\$57.76	\$57.76	\$329.71	OA-45 N381
10/6/2017-10/6/2017	J3301	\$120.00	\$15.79	\$15.79	\$342.24	OA-45 N381
10/6/2017-10/6/2017	G0397	\$130.00	\$50.06	\$50.06	\$104.21	OA-45 N381
10/6/2017-10/6/2017	80307	\$180.00	\$47.29	\$47.29	\$79.94	OA-45 N381
10/6/2017-10/6/2017	80320	\$20.00	\$15.48	\$15.48	\$132.71	OA-45 N381
SUBTOTAL	4	\$1,090.00	\$233.90	\$233.90	\$856.10	

CLAIM ADJUSTMENTS

\$0.00

CLAIM TOTAL

\$233.90

Insured: 10304454700  
 Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
 Claim/Patient Account Number: FRAJ0002 Payer Claim Number: 17312043HV00  
 Product Name: Medicaid ABD (Aged, Blind or Disabled)

Status: Processed as Primary						
5/9/2017-5/9/2017	G0397	\$130.00	\$50.06	\$50.06	\$79.94	OA-45 N381
SUBTOTAL	1	\$130.00	\$50.06	\$50.06	\$79.94	

CLAIM ADJUSTMENTS

\$0.00

CLAIM TOTAL

\$50.06

Insured: 10206205200  
 Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
 Claim/Patient Account Number: HARJ0001 Payer Claim Number: 1727704VW700  
 Product Name: Medicaid ABD (Aged, Blind or Disabled)

Status: Processed as Primary						
9/26/2017-9/26/2017	64450	\$440.00	\$110.29	\$110.29		
9/26/2017-9/26/2017	76942	\$400.00	\$57.76	\$57.76	\$329.71	OA-45 N381
9/26/2017-9/26/2017	J3301	\$120.00	\$15.79	\$15.79	\$342.24	OA-45 N381
9/26/2017-9/26/2017	G0397	\$130.00	\$50.06	\$50.06	\$104.21	OA-45 N381
9/26/2017-9/26/2017	80307	\$180.00	\$47.29	\$47.29	\$79.94	OA-45 N381
9/26/2017-9/26/2017	80320	\$20.00	\$15.48	\$15.48	\$132.71	OA-45 N381
9/26/2017-9/26/2017	G0397	\$130.00	\$50.06	\$50.06	\$45.52	OA-45 N381
SUBTOTAL	6	\$1,290.00	\$296.67	\$296.67	\$993.33	

CLAIM ADJUSTMENTS

\$0.00

CLAIM TOTAL

\$296.67

Insured: 10304594300  
 Service Provider: 1780087643 (XX) LIU, JING  
 Claim/Patient Account Number: HILGL000 Payer Claim Number: 1729003HJW00  
 Product Name: Medicaid ABD (Aged, Blind or Disabled)

Status: Processed as Primary						
10/4/2017-10/4/2017	64450(SA)	\$440.00	\$105.04	\$105.04		
10/4/2017-10/4/2017	76942(SA)	\$400.00	\$55.01	\$55.01	\$334.96	OA-45 N381
10/4/2017-10/4/2017	J3301(SA)	\$120.00	\$15.79	\$15.79	\$344.99	OA-45 N381
10/4/2017-10/4/2017	G0397(SA)	\$130.00	\$50.06	\$50.06	\$120.00	OA-45 N381
10/4/2017-10/4/2017	80307(SA)	\$180.00	\$47.29	\$47.29	\$82.32	OA-45 N381
10/4/2017-10/4/2017	80320(SA)	\$20.00	\$15.48	\$15.48	\$132.71	OA-45 N381
SUBTOTAL	4	\$1,090.00	\$207.73	\$207.73	\$882.27	

CLAIM ADJUSTMENTS

\$0.00

CLAIM TOTAL

\$207.73

Insured: 10304919100  
 Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
 Claim/Patient Account Number: JOHRO003 Payer Claim Number: 172750289300  
 Product Name: Medicaid ABD (Aged, Blind or Disabled)

Status: Processed as Primary						
9/25/2017-9/25/2017	64418(50)	\$275.00	\$126.32	\$126.32		
9/25/2017-9/25/2017	76942	\$400.00	\$57.76	\$57.76	\$148.68	OA-59 N19
9/25/2017-9/25/2017	J3301	\$120.00	\$15.79	\$15.79	\$342.24	OA-45 N381
9/25/2017-9/25/2017	G0397	\$130.00	\$50.06	\$50.06	\$104.21	OA-45 N381
9/25/2017-9/25/2017	80307	\$180.00	\$47.29	\$47.29	\$79.94	OA-45 N381
9/25/2017-9/25/2017	80320	\$20.00	\$15.48	\$15.48	\$132.71	OA-45 N381
SUBTOTAL	6	\$1,125.00	\$312.70	\$312.70	\$452.52	



9/25/2017-9/25/2017	80307	\$180.00	\$47.29	\$47.29			
9/25/2017-9/25/2017	80320	\$20.00	\$15.48	\$15.48	\$132.71	OA-45	N381
SUBTOTAL		\$1,125.00	\$312.70	\$312.70	\$4.52	OA-45	N381
CLAIM ADJUSTMENTS					\$812.30		
CLAIM TOTAL					\$0.00		
CLAIM TOTAL					\$312.70		
Insured: 10306435500 [REDACTED]							
Service Provider: 1619178308 (XX) MARGOLIN, LEON J							
Claim/Patient Account Number: KNIRO000 Payer Claim Number: 17312059BE00							
Product Name: Medicaid ABD (Aged, Blind or Disabled)							
Status: Processed as Primary							
3/31/2017-3/31/2017	99213	\$150.00	\$45.79	\$45.79	\$104.21	OA-45	N381
SUBTOTAL		\$150.00	\$45.79	\$45.79	\$104.21		
CLAIM ADJUSTMENTS					\$0.00		
CLAIM TOTAL					\$45.79		
Insured: 10498020600 [REDACTED]							
Service Provider: 1619178308 (XX) MARGOLIN, LEON J							
Claim/Patient Account Number: LEWPA000 Payer Claim Number: 1727702DCR00							
Product Name: Medicaid ABD (Aged, Blind or Disabled)							
Status: Processed as Primary							
9/29/2017-9/29/2017	64418 (50)	\$275.00	\$126.32	\$126.32			
9/29/2017-9/29/2017	76942	\$400.00	\$57.76	\$57.76	\$148.68	OA-59	N19
9/29/2017-9/29/2017	J3301	\$120.00	\$15.79	\$15.79	\$342.24	OA-45	N381
9/29/2017-9/29/2017	G0397	\$130.00	\$50.06	\$50.06	\$104.21	OA-45	N381
9/29/2017-9/29/2017	80307	\$180.00	\$47.29	\$47.29	\$79.94	OA-45	N381
9/29/2017-9/29/2017	80320	\$20.00	\$15.48	\$15.48	\$132.71	OA-45	N381
SUBTOTAL		\$925.00	\$249.93	\$249.93	\$675.07	OA-45	N381
CLAIM ADJUSTMENTS					\$0.00		
CLAIM TOTAL					\$249.93		
Insured: 10304524500 [REDACTED]							
Service Provider: 1619178308 (XX) MARGOLIN, LEON J							
Claim/Patient Account Number: OHLSH000 Payer Claim Number: 1727503NFW00							
Product Name: Medicaid ABD (Aged, Blind or Disabled)							
Status: Processed as Primary							
9/25/2017-9/25/2017	64450	\$440.00	\$110.29	\$110.29			
9/25/2017-9/25/2017	76942	\$400.00	\$57.76	\$57.76	\$329.71	OA-45	N381
9/25/2017-9/25/2017	J3301	\$120.00	\$15.79	\$15.79	\$342.24	OA-45	N381
9/25/2017-9/25/2017	G0397	\$130.00	\$50.06	\$50.06	\$104.21	OA-45	N381
9/25/2017-9/25/2017	80307	\$180.00	\$47.29	\$47.29	\$79.94	OA-45	N381
9/25/2017-9/25/2017	80320	\$20.00	\$15.48	\$15.48	\$132.71	OA-45	N381
SUBTOTAL		\$1,290.00	\$296.67	\$296.67	\$993.33	OA-45	N381
CLAIM ADJUSTMENTS					\$0.00		
CLAIM TOTAL					\$296.67		
Insured: 10377160400 [REDACTED]							
Service Provider: 1619178308 (XX) MARGOLIN, LEON J							
Claim/Patient Account Number: PARMA000 Payer Claim Number: 1727503S6F00							
Product Name: Medicaid ABD (Aged, Blind or Disabled)							
Status: Processed as Primary							
9/25/2017-9/25/2017	64418 (50)	\$275.00	\$126.32	\$126.32			
9/25/2017-9/25/2017	76942	\$400.00	\$57.76	\$57.76	\$148.68	OA-59	N19
9/25/2017-9/25/2017	J3301	\$120.00	\$15.79	\$15.79	\$342.24	OA-45	N381
9/25/2017-9/25/2017	G0397	\$130.00	\$50.06	\$50.06	\$104.21	OA-45	N381
9/25/2017-9/25/2017	80307	\$180.00	\$47.29	\$47.29	\$79.94	OA-45	N381
9/25/2017-9/25/2017	80320	\$20.00	\$15.48	\$15.48	\$132.71	OA-45	N381
SUBTOTAL		\$925.00	\$249.93	\$249.93	\$675.07	OA-45	N381
CLAIM ADJUSTMENTS					\$0.00		
CLAIM TOTAL					\$249.93		
Insured: 10450786200 [REDACTED]							
Service Provider: 1619178308 (XX) MARGOLIN, LEON J							
Claim/Patient Account Number: POTTA000 Payer Claim Number: 17312042S200							
Product Name: Medicaid ABD (Aged, Blind or Disabled)							
Status: Processed as Primary							
3/7/2017-3/7/2017	G0397	\$130.00	\$50.06	\$50.06	\$79.94	OA-45	N381
SUBTOTAL		\$130.00	\$50.06	\$50.06	\$79.94		
CLAIM ADJUSTMENTS					\$0.00		
CLAIM TOTAL					\$50.06		
Insured: 10209474400 [REDACTED]							
Service Provider: 1619178308 (XX) MARGOLIN, LEON J							
Claim/Patient Account Number: PRERE000 Payer Claim Number: 17277021B000							
Product Name: Medicaid ABD (Aged, Blind or Disabled)							
Status: Processed as Primary							
9/26/2017-9/26/2017	64450	\$440.00	\$110.29	\$110.29	\$329.71	OA-45	N381
9/26/2017-9/26/2017	76942	\$400.00	\$57.76	\$57.76	\$342.24	OA-45	N381
9/26/2017-9/26/2017	J3301	\$120.00	\$15.79	\$15.79	\$104.21	OA-45	N381
9/26/2017-9/26/2017	G0397	\$130.00	\$50.06	\$50.06	\$79.94	OA-45	N381
9/26/2017-9/26/2017	80307	\$180.00	\$47.29	\$47.29	\$132.71	OA-45	N381
9/26/2017-9/26/2017	80320	\$20.00	\$15.48	\$15.48	\$4.52	OA-45	N381
SUBTOTAL		\$1,290.00	\$296.67	\$296.67	\$993.33	OA-45	N381
CLAIM ADJUSTMENTS					\$0.00		
CLAIM TOTAL					\$296.67		
Insured: 10482644000 [REDACTED]							
Service Provider: 1619178308 (XX) MARGOLIN, LEON J							
Claim/Patient Account Number: RICLU000 Payer Claim Number: 1731204R8H00							
Product Name: Medicaid ABD (Aged, Blind or Disabled)							
Status: Processed as Primary							
1/9/2017-1/9/2017	99213	\$150.00	\$45.79	\$45.79	\$104.21	OA-45	N381
SUBTOTAL		\$150.00	\$45.79	\$45.79	\$104.21		
CLAIM ADJUSTMENTS					\$0.00		
CLAIM TOTAL					\$45.79		
Insured: 10312476700 [REDACTED]							
Service Provider: 1619178308 (XX) MARGOLIN, LEON J							
Claim/Patient Account Number: SIKKE000 Payer Claim Number: 1727704W9Q00							
Product Name: Medicaid ABD (Aged, Blind or Disabled)							
Status: Processed as Primary							
9/29/2017-9/29/2017	64450	\$440.00	\$110.29	\$110.29	\$329.71	OA-45	N381
9/29/2017-9/29/2017	76942	\$400.00	\$57.76	\$57.76	\$342.24	OA-45	N381
9/29/2017-9/29/2017	J3301	\$120.00	\$15.79	\$15.79	\$104.21	OA-45	N381
9/29/2017-9/29/2017	G0397	\$130.00	\$50.06	\$50.06	\$79.94	OA-45	N381
9/29/2017-9/29/2017	80307	\$180.00	\$47.29	\$47.29	\$132.71	OA-45	N381
9/29/2017-9/29/2017	80320	\$20.00	\$15.48	\$15.48	\$4.52	OA-45	N381
SUBTOTAL		\$1,290.00	\$296.67	\$296.67	\$993.33	OA-45	N381
CLAIM ADJUSTMENTS					\$0.00		



CLAIM TOTAL						\$296.67		
Insured: 10394383400 [REDACTED]								
Service Provider: 1619178308 (XX) MARGOLIN, LEON J								
Claim/Patient Account Number: SPEAA000 Payer Claim Number: 1731203UWU00								
Product Name: Medicaid ABD (Aged, Blind or Disabled)								
Status: Processed as Primary								
5/5/2017-5/5/2017 G0397								
SUBTOTAL	1	\$130.00	\$50.06	\$50.06	\$50.06	\$79.94	OA-45	N381
CLAIM ADJUSTMENTS						\$79.94		
CLAIM TOTAL						\$0.00		
CLAIM TOTAL						\$50.06		
Insured: 10326700400 [REDACTED]								
Service Provider: 1780087643 (XX) LIU, JING								
Claim/Patient Account Number: STIBE000 Payer Claim Number: 17290022Q300								
Product Name: Medicaid ABD (Aged, Blind or Disabled)								
Status: Processed as Primary								
10/4/2017-10/4/2017 64450(SA)								
		\$440.00	\$105.04	\$105.04	\$105.04	\$334.96	OA-45	N381
10/4/2017-10/4/2017 76942(SA)								
		\$400.00	\$55.01	\$55.01	\$55.01	\$344.99	OA-45	N381
10/4/2017-10/4/2017 J3301(SA)								
		\$120.00	\$0.00	\$0.00	\$0.00	\$120.00	OA-45	N381
10/4/2017-10/4/2017 G0397(SA)								
		\$130.00	\$47.68	\$47.68	\$47.68	\$82.32	OA-45	N381
SUBTOTAL	4	\$1,090.00	\$207.73	\$207.73	\$207.73	\$882.27	OA-45	N381
CLAIM ADJUSTMENTS						\$0.00		
CLAIM TOTAL						\$207.73		
Insured: 10306621700 [REDACTED]								
Service Provider: 1619178308 (XX) MARGOLIN, LEON J								
Claim/Patient Account Number: STOMA000 Payer Claim Number: 17275023EP00								
Product Name: Medicaid ABD (Aged, Blind or Disabled)								
Status: Processed as Primary								
9/25/2017-9/25/2017 64450								
		\$440.00	\$110.29	\$110.29	\$110.29	\$329.71	OA-45	N381
9/25/2017-9/25/2017 76942								
		\$400.00	\$57.76	\$57.76	\$57.76	\$342.24	OA-45	N381
9/25/2017-9/25/2017 J3301								
		\$120.00	\$15.79	\$15.79	\$15.79	\$104.21	OA-45	N381
9/25/2017-9/25/2017 G0397								
		\$130.00	\$50.06	\$50.06	\$50.06	\$79.94	OA-45	N381
9/25/2017-9/25/2017 80307								
		\$180.00	\$47.29	\$47.29	\$47.29	\$132.71	OA-45	N381
SUBTOTAL	5	\$1,270.00	\$281.19	\$281.19	\$281.19	\$988.81	OA-45	N381
CLAIM ADJUSTMENTS						\$0.00		
CLAIM TOTAL						\$281.19		
Insured: 10307779700 [REDACTED]								
Service Provider: 1619178308 (XX) MARGOLIN, LEON J								
Claim/Patient Account Number: TODDE000 Payer Claim Number: 17286023HK00								
Product Name: Medicaid ABD (Aged, Blind or Disabled)								
Status: Processed as Primary								
10/6/2017-10/6/2017 64405								
		\$460.00	\$0.00	\$0.00	\$0.00	\$460.00	OA-B5	N435
10/6/2017-10/6/2017 76942								
		\$400.00	\$57.76	\$57.76	\$57.76	\$342.24	OA-45	N381
10/6/2017-10/6/2017 J3301								
		\$60.00	\$7.90	\$7.90	\$7.90	\$52.10	OA-45	N381
10/6/2017-10/6/2017 G0397								
		\$130.00	\$50.06	\$50.06	\$50.06	\$79.94	OA-45	N381
SUBTOTAL	4	\$1,050.00	\$115.72	\$115.72	\$115.72	\$934.28	OA-45	N381
CLAIM ADJUSTMENTS						\$0.00		
CLAIM TOTAL						\$115.72		
Insured: 10526780500 [REDACTED]								
Service Provider: 1619178308 (XX) MARGOLIN, LEON J								
Claim/Patient Account Number: WALDA000 Payer Claim Number: 1727503N6400								
Product Name: Medicaid ABD (Aged, Blind or Disabled)								
Status: Processed as Primary								
9/25/2017-9/25/2017 64450								
		\$440.00	\$110.29	\$110.29	\$110.29	\$329.71	OA-45	N381
9/25/2017-9/25/2017 76942								
		\$400.00	\$57.76	\$57.76	\$57.76	\$342.24	OA-45	N381
9/25/2017-9/25/2017 J3301								
		\$120.00	\$15.79	\$15.79	\$15.79	\$104.21	OA-45	N381
9/25/2017-9/25/2017 G0397								
		\$130.00	\$50.06	\$50.06	\$50.06	\$79.94	OA-45	N381
9/25/2017-9/25/2017 80307								
		\$180.00	\$47.29	\$47.29	\$47.29	\$132.71	OA-45	N381
9/25/2017-9/25/2017 80320								
		\$20.00	\$15.48	\$15.48	\$15.48	\$4.52	OA-45	N381
SUBTOTAL	6	\$1,290.00	\$296.67	\$296.67	\$296.67	\$993.33	OA-45	N381
CLAIM ADJUSTMENTS						\$0.00		
CLAIM TOTAL						\$296.67		
Insured: 10440135700 [REDACTED]								
Service Provider: 1619178308 (XX) MARGOLIN, LEON J								
Claim/Patient Account Number: ADKMA000 Payer Claim Number: 1731204VZ700								
Product Name: Medicaid CFC (Covered Families and Children)								
Status: Processed as Primary								
4/28/2017-4/28/2017 G0397								
		\$130.00	\$50.06	\$50.06	\$50.06	\$79.94	OA-45	N381
SUBTOTAL	1	\$130.00	\$50.06	\$50.06	\$50.06	\$79.94	OA-45	N381
CLAIM ADJUSTMENTS						\$0.00		
CLAIM TOTAL						\$50.06		
Insured: 10617764300 [REDACTED]								
Service Provider: 1619178308 (XX) MARGOLIN, LEON J								
Claim/Patient Account Number: ALLGA001 Payer Claim Number: 172750223T00								
Product Name: Medicaid CFC (Covered Families and Children)								
Status: Processed as Primary								
9/25/2017-9/25/2017 64450								
		\$440.00	\$110.29	\$110.29	\$110.29	\$329.71	OA-45	N381
9/25/2017-9/25/2017 76942								
		\$400.00	\$57.76	\$57.76	\$57.76	\$342.24	OA-45	N381
9/25/2017-9/25/2017 J3301								
		\$120.00	\$15.79	\$15.79	\$15.79	\$104.21	OA-45	N381
9/25/2017-9/25/2017 G0397								
		\$130.00	\$50.06	\$50.06	\$50.06	\$79.94	OA-45	N381
9/25/2017-9/25/2017 80307								
		\$180.00	\$47.29	\$47.29	\$47.29	\$132.71	OA-45	N381
9/25/2017-9/25/2017 80320								
		\$20.00	\$15.48	\$15.48	\$15.48	\$4.52	OA-45	N381
SUBTOTAL	6	\$1,290.00	\$296.67	\$296.67	\$296.67	\$993.33	OA-45	N381
CLAIM ADJUSTMENTS						\$0.00		
CLAIM TOTAL						\$296.67		
Insured: 10446310400 [REDACTED]								
Service Provider: 1619178308 (XX) MARGOLIN, LEON J								
Claim/Patient Account Number: ASHAT000 Payer Claim Number: 1728603LEL00								
Product Name: Medicaid CFC (Covered Families and Children)								
Status: Processed as Primary								
10/9/2017-10/9/2017 64418(S0)								
		\$275.00	\$126.32	\$126.32	\$126.32	\$148.68	OA-59	N19
10/9/2017-10/9/2017 76942								
		\$400.00	\$57.76	\$57.76	\$57.76	\$342.24	OA-45	N381
10/9/2017-10/9/2017 J3301								
		\$120.00	\$15.79	\$15.79	\$15.79	\$104.21	OA-45	N381
10/9/2017-10/9/2017 G0397								
		\$130.00	\$50.06	\$50.06	\$50.06	\$79.94	OA-45	N381
SUBTOTAL	4	\$925.00	\$249.93	\$249.93	\$249.93	\$675.07	OA-45	N381
CLAIM ADJUSTMENTS						\$0.00		
CLAIM TOTAL						\$249.93		



Insured: 10314616400 [REDACTED] Patient: [REDACTED]  
 Service Provider: 1780087643 (XX) LIU, JING  
 Claim/Patient Account Number: BAKJA000 Payer Claim Number: 1731202BA000  
 Product Name: Medicaid CFC (Covered Families and Children)  
 Status: Processed as Primary

11/2/2017-11/2/2017	64418 (SOSA)	\$275.00	\$80.20	\$80.20			
11/2/2017-11/2/2017	76942 (SA)	\$400.00	\$53.01	\$55.01	\$194.80	OA-45	N381
11/2/2017-11/2/2017	G0397 (SA)	\$130.00	\$47.68	\$47.68	\$344.99	OA-45	N381
11/2/2017-11/2/2017	80307 (SA)	\$180.00	\$45.04	\$45.04	\$82.32	OA-45	N381
11/2/2017-11/2/2017	80320 (SA)	\$20.00	\$14.74	\$14.74	\$134.96	OA-45	N381
SUBTOTAL	5	\$1,005.00	\$242.67	\$242.67	\$762.33	OA-45	N381

CLAIM ADJUSTMENTS \$0.00  
 CLAIM TOTAL \$242.67

Insured: 10808163300 [REDACTED] Patient: [REDACTED]  
 Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
 Claim/Patient Account Number: BATBR000 Payer Claim Number: 1731204UJ600  
 Product Name: Medicaid CFC (Covered Families and Children)  
 Status: Processed as Primary

3/14/2017-3/14/2017	G0397	\$130.00	\$50.06	\$50.06			
SUBTOTAL	1	\$130.00	\$50.06	\$50.06	\$79.94	OA-45	N381

CLAIM ADJUSTMENTS \$0.00  
 CLAIM TOTAL \$50.06

Insured: 10455101400 [REDACTED] Patient: BITTING, GEORGE  
 Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
 Claim/Patient Account Number: BITGL000 Payer Claim Number: 1727502QHN00  
 Product Name: Medicaid CFC (Covered Families and Children)  
 Status: Processed as Primary

9/25/2017-9/25/2017	64418 (SO)	\$275.00	\$126.32	\$126.32			
9/25/2017-9/25/2017	76942 (SA)	\$400.00	\$57.76	\$57.76	\$148.68	OA-59	N19
9/25/2017-9/25/2017	J3301	\$120.00	\$15.79	\$15.79	\$342.24	OA-45	N381
9/25/2017-9/25/2017	G0397	\$130.00	\$50.06	\$50.06	\$104.21	OA-45	N381
9/25/2017-9/25/2017	80307	\$180.00	\$47.29	\$47.29	\$79.94	OA-45	N381
9/25/2017-9/25/2017	80320	\$20.00	\$15.48	\$15.48	\$132.71	OA-45	N381
SUBTOTAL	6	\$1,125.00	\$312.70	\$312.70	\$812.30	OA-45	N381

CLAIM ADJUSTMENTS \$0.00  
 CLAIM TOTAL \$312.70

Insured: 10205877600 [REDACTED] Patient: BROOK, TREGINA S  
 Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
 Claim/Patient Account Number: BROTR000 Payer Claim Number: 1728602L0200  
 Product Name: Medicaid CFC (Covered Families and Children)  
 Status: Processed as Primary

10/9/2017-10/9/2017	64450	\$440.00	\$110.29	\$110.29			
10/9/2017-10/9/2017	76942	\$400.00	\$57.76	\$57.76	\$329.71	OA-45	N381
10/9/2017-10/9/2017	J3301	\$120.00	\$15.79	\$15.79	\$342.24	OA-45	N381
10/9/2017-10/9/2017	G0397	\$130.00	\$50.06	\$50.06	\$104.21	OA-45	N381
10/9/2017-10/9/2017	80307	\$180.00	\$47.29	\$47.29	\$132.71	OA-45	N381
10/9/2017-10/9/2017	80320	\$20.00	\$15.48	\$15.48	\$79.94	OA-45	N381
SUBTOTAL	5	\$1,270.00	\$281.19	\$281.19	\$988.81	OA-45	N381

CLAIM ADJUSTMENTS \$0.00  
 CLAIM TOTAL \$281.19

Insured: 10677843000 [REDACTED] Patient: CAIN, WANDA  
 Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
 Claim/Patient Account Number: CAIWA000 Payer Claim Number: 1728602ABK00  
 Product Name: Medicaid CFC (Covered Families and Children)  
 Status: Processed as Primary

10/9/2017-10/9/2017	64450	\$440.00	\$110.29	\$110.29			
10/9/2017-10/9/2017	76942	\$400.00	\$57.76	\$57.76	\$329.71	OA-45	N381
10/9/2017-10/9/2017	J3301	\$120.00	\$15.79	\$15.79	\$342.24	OA-45	N381
10/9/2017-10/9/2017	G0397	\$130.00	\$50.06	\$50.06	\$104.21	OA-45	N381
10/9/2017-10/9/2017	80307	\$180.00	\$47.29	\$47.29	\$132.71	OA-45	N381
10/9/2017-10/9/2017	80320	\$20.00	\$15.48	\$15.48	\$79.94	OA-45	N381
10/9/2017-10/9/2017	G0397	\$130.00	\$50.06	\$50.06	\$4.52	OA-45	N381
SUBTOTAL	6	\$1,290.00	\$296.67	\$296.67	\$993.33	OA-45	N381

CLAIM ADJUSTMENTS \$0.00  
 CLAIM TOTAL \$296.67

Insured: 10403098900 [REDACTED] Patient: CALDWELL, CRYSTAL G  
 Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
 Claim/Patient Account Number: CALCR000 Payer Claim Number: 17277023SX00  
 Product Name: Medicaid CFC (Covered Families and Children)  
 Status: Processed as Primary

9/26/2017-9/26/2017	64450	\$440.00	\$110.29	\$110.29			
9/26/2017-9/26/2017	76942	\$400.00	\$57.76	\$57.76	\$329.71	OA-45	N381
9/26/2017-9/26/2017	J3301	\$120.00	\$15.79	\$15.79	\$342.24	OA-45	N381
9/26/2017-9/26/2017	G0397	\$130.00	\$50.06	\$50.06	\$104.21	OA-45	N381
9/26/2017-9/26/2017	80307	\$180.00	\$47.29	\$47.29	\$79.94	OA-45	N381
9/26/2017-9/26/2017	80320	\$20.00	\$15.48	\$15.48	\$132.71	OA-45	N381
SUBTOTAL	4	\$1,090.00	\$233.90	\$233.90	\$856.10	OA-45	N381

CLAIM ADJUSTMENTS \$0.00  
 CLAIM TOTAL \$233.90

Insured: 10678229200 [REDACTED] Patient: CASTRO, KIMBERLY W  
 Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
 Claim/Patient Account Number: CASKI000 Payer Claim Number: 17312042SA00  
 Product Name: Medicaid CFC (Covered Families and Children)  
 Status: Processed as Primary

4/25/2017-4/25/2017	G0397	\$130.00	\$50.06	\$50.06			
SUBTOTAL	1	\$130.00	\$50.06	\$50.06	\$79.94	OA-45	N381

CLAIM ADJUSTMENTS \$0.00  
 CLAIM TOTAL \$50.06

Insured: 10264914600 [REDACTED] Patient: [REDACTED]  
 Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
 Claim/Patient Account Number: CONJA001 Payer Claim Number: 17286024QN00  
 Product Name: Medicaid CFC (Covered Families and Children)  
 Status: Processed as Primary

10/9/2017-10/9/2017	64450	\$220.00	\$0.00	\$0.00	\$220.00	OA-27	N30
10/9/2017-10/9/2017	76942	\$400.00	\$0.00	\$0.00	\$400.00	OA-27	N30
10/9/2017-10/9/2017	J3301	\$60.00	\$0.00	\$0.00	\$60.00	OA-27	N30
10/9/2017-10/9/2017	80307	\$180.00	\$0.00	\$0.00	\$180.00	OA-27	N30
10/9/2017-10/9/2017	80320	\$20.00	\$0.00	\$0.00	\$20.00	OA-27	N30
10/9/2017-10/9/2017	G0397	\$130.00	\$0.00	\$0.00	\$130.00	OA-27	N30
SUBTOTAL	6	\$1,010.00	\$0.00	\$0.00	\$1,010.00	OA-27	N30

CLAIM ADJUSTMENTS \$0.00  
 CLAIM TOTAL \$0.00



Insured: 10264814600 [REDACTED] Patient: [REDACTED] JACOB  
 Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
 Claim/Patient Account Number: CONJA001 Payer Claim Number: 1731203K2Z00  
 Product Name: Medicaid CFC (Covered Families and Children)  
 Status: Processed as Primary

4/24/2017-4/24/2017	99213	\$150.00	\$45.79	\$45.79	\$104.21	OA-45	N381
SUBTOTAL		1	\$150.00	\$45.79	\$45.79	\$104.21	
CLAIM ADJUSTMENTS							\$0.00
CLAIM TOTAL							\$45.79

Insured: 10264814600 [REDACTED] Patient: [REDACTED]  
 Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
 Claim/Patient Account Number: CONJA001 Payer Claim Number: 1731203WGS00  
 Product Name: Medicaid CFC (Covered Families and Children)  
 Status: Processed as Primary

4/12/2017-4/12/2017	99213	\$150.00	\$45.79	\$45.79	\$104.21	OA-45	N381
SUBTOTAL		1	\$150.00	\$45.79	\$45.79	\$104.21	
CLAIM ADJUSTMENTS							\$0.00
CLAIM TOTAL							\$45.79

Insured: 10441827600 [REDACTED] Patient: [REDACTED]  
 Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
 Claim/Patient Account Number: CRAH000 Payer Claim Number: 1728603MB100  
 Product Name: Medicaid CFC (Covered Families and Children)  
 Status: Processed as Primary

10/6/2017-10/6/2017	64418(50)	\$275.00	\$126.32	\$126.32	\$148.68	OA-59	N19
10/6/2017-10/6/2017	76942	\$400.00	\$57.76	\$57.76	\$342.24	OA-45	N381
10/6/2017-10/6/2017	J3301	\$120.00	\$15.79	\$15.79	\$104.21	OA-45	N381
10/6/2017-10/6/2017	80307	\$180.00	\$47.29	\$47.29	\$132.71	OA-45	N381
10/6/2017-10/6/2017	80320	\$20.00	\$15.48	\$15.48	\$4.52	OA-45	N381
10/6/2017-10/6/2017	G0397	\$130.00	\$50.06	\$50.06	\$79.94	OA-45	N381
SUBTOTAL		6	\$1,125.00	\$312.70	\$312.70	\$812.30	
CLAIM ADJUSTMENTS							\$0.00
CLAIM TOTAL							\$312.70

Insured: 10431355800 [REDACTED] Patient: [REDACTED]  
 Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
 Claim/Patient Account Number: DOLER000 Payer Claim Number: 17277025E100  
 Product Name: Medicaid CFC (Covered Families and Children)  
 Status: Processed as Primary

9/28/2017-9/28/2017	64418(50)	\$275.00	\$126.32	\$126.32	\$148.68	OA-59	N19
9/28/2017-9/28/2017	76942	\$400.00	\$57.76	\$57.76	\$342.24	OA-45	N381
9/28/2017-9/28/2017	J3301	\$120.00	\$15.79	\$15.79	\$104.21	OA-45	N381
9/28/2017-9/28/2017	G0397	\$130.00	\$50.06	\$50.06	\$79.94	OA-45	N381
9/28/2017-9/28/2017	80307	\$180.00	\$47.29	\$47.29	\$132.71	OA-45	N381
9/28/2017-9/28/2017	80320	\$20.00	\$15.48	\$15.48	\$4.52	OA-45	N381
SUBTOTAL		6	\$1,125.00	\$312.70	\$312.70	\$812.30	
CLAIM ADJUSTMENTS							\$0.00
CLAIM TOTAL							\$312.70

Insured: 10527560800 [REDACTED] Patient: [REDACTED]  
 Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
 Claim/Patient Account Number: GIBTE000 Payer Claim Number: 17277025U200  
 Product Name: Medicaid CFC (Covered Families and Children)  
 Status: Processed as Primary

9/26/2017-9/26/2017	64450	\$440.00	\$110.29	\$110.29	\$329.71	OA-45	N381
9/26/2017-9/26/2017	76942	\$400.00	\$57.76	\$57.76	\$342.24	OA-45	N381
9/26/2017-9/26/2017	J3301	\$120.00	\$15.79	\$15.79	\$104.21	OA-45	N381
9/26/2017-9/26/2017	G0396	\$130.00	\$26.30	\$26.30	\$103.70	OA-45	N381
9/26/2017-9/26/2017	80307	\$180.00	\$47.29	\$47.29	\$132.71	OA-45	N381
9/26/2017-9/26/2017	80320	\$20.00	\$15.48	\$15.48	\$4.52	OA-45	N381
SUBTOTAL		6	\$1,290.00	\$272.91	\$272.91	\$1,017.09	
CLAIM ADJUSTMENTS							\$0.00
CLAIM TOTAL							\$272.91

Insured: 10418286800 [REDACTED] Patient: [REDACTED]  
 Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
 Claim/Patient Account Number: HAIPA000 Payer Claim Number: 1728603MKM00  
 Product Name: Medicaid CFC (Covered Families and Children)  
 Status: Processed as Primary

10/6/2017-10/6/2017	64418(50)	\$275.00	\$126.32	\$126.32	\$148.68	OA-59	N19
10/6/2017-10/6/2017	76942	\$400.00	\$57.76	\$57.76	\$342.24	OA-45	N381
10/6/2017-10/6/2017	J3301	\$120.00	\$15.79	\$15.79	\$104.21	OA-45	N381
10/6/2017-10/6/2017	80307	\$180.00	\$47.29	\$47.29	\$132.71	OA-45	N381
10/6/2017-10/6/2017	80320	\$20.00	\$15.48	\$15.48	\$4.52	OA-45	N381
10/6/2017-10/6/2017	G0397	\$130.00	\$50.06	\$50.06	\$79.94	OA-45	N381
SUBTOTAL		6	\$1,125.00	\$312.70	\$312.70	\$812.30	
CLAIM ADJUSTMENTS							\$0.00
CLAIM TOTAL							\$312.70

Insured: 10237329500 [REDACTED] Patient: [REDACTED]  
 Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
 Claim/Patient Account Number: HASDI000 Payer Claim Number: 1727502P0600  
 Product Name: Medicaid CFC (Covered Families and Children)  
 Status: Processed as Primary

9/25/2017-9/25/2017	64450	\$440.00	\$110.29	\$110.29	\$329.71	OA-45	N381
9/25/2017-9/25/2017	76942	\$400.00	\$57.76	\$57.76	\$342.24	OA-45	N381
9/25/2017-9/25/2017	J3301	\$120.00	\$15.79	\$15.79	\$104.21	OA-45	N381
9/25/2017-9/25/2017	G0397	\$130.00	\$50.06	\$50.06	\$79.94	OA-45	N381
9/25/2017-9/25/2017	80307	\$180.00	\$47.29	\$47.29	\$132.71	OA-45	N381
9/25/2017-9/25/2017	80320	\$20.00	\$15.48	\$15.48	\$4.52	OA-45	N381
SUBTOTAL		6	\$1,290.00	\$296.67	\$296.67	\$993.33	
CLAIM ADJUSTMENTS							\$0.00
CLAIM TOTAL							\$296.67

Insured: 10237329500 [REDACTED] Patient: [REDACTED]  
 Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
 Claim/Patient Account Number: HASDI000 Payer Claim Number: 17286023VZ00  
 Product Name: Medicaid CFC (Covered Families and Children)  
 Status: Processed as Primary

10/9/2017-10/9/2017	64418(50)	\$275.00	\$126.32	\$126.32	\$148.68	OA-59	N19
10/9/2017-10/9/2017	76942	\$400.00	\$57.76	\$57.76	\$342.24	OA-45	N381
10/9/2017-10/9/2017	J3301	\$120.00	\$15.79	\$15.79	\$104.21	OA-45	N381
10/9/2017-10/9/2017	80307	\$180.00	\$47.29	\$47.29	\$132.71	OA-45	N381
10/9/2017-10/9/2017	80320	\$20.00	\$15.48	\$15.48	\$4.52	OA-45	N381
10/9/2017-10/9/2017	G0397	\$130.00	\$50.06	\$50.06	\$79.94	OA-45	N381
SUBTOTAL		6	\$1,125.00	\$312.70	\$312.70	\$812.30	



CLAIM ADJUSTMENTS

\$0.00

CLAIM TOTAL

\$312.70

Insured: 10421927100 HASS  
 Service Provider: 1780087643 (XX) LIU, JING  
 Claim/Patient Account Number: HASJ0000 Payer Claim Number: 17290021CG00  
 Product Name: Medicaid CFC (Covered Families and Children)  
 Status: Processed as Primary

10/4/2017-10/4/2017	64450 (SA)	\$440.00	\$105.04	\$105.04			
10/4/2017-10/4/2017	76942 (SA)	\$400.00	\$55.01	\$55.01	\$334.96	OA-45 N381	
10/4/2017-10/4/2017	J3301 (SA)	\$120.00		\$0.00	\$344.99	OA-45 N381	
10/4/2017-10/4/2017	80307 (SA)	\$180.00	\$45.04	\$45.04	\$120.00	OA-45 N381	
10/4/2017-10/4/2017	80320 (SA)	\$20.00	\$14.74	\$14.74	\$134.96	OA-45 N381	
10/4/2017-10/4/2017	G0397 (SA)	\$130.00	\$47.68	\$47.68	\$5.26	OA-45 N381	
SUBTOTAL		6	\$1,290.00	\$267.51	\$267.51	\$82.32	OA-45 N381

CLAIM ADJUSTMENTS

\$0.00

CLAIM TOTAL

\$267.51

Insured: 10371024600 HOLN  
 Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
 Claim/Patient Account Number: HOLN1000 Payer Claim Number: 17277021AG00  
 Product Name: Medicaid CFC (Covered Families and Children)  
 Status: Processed as Primary

9/26/2017-9/26/2017	64450	\$220.00	\$55.15	\$55.15			
9/26/2017-9/26/2017	76942	\$400.00	\$57.76	\$57.76	\$164.85	OA-45 N381	
9/26/2017-9/26/2017	J3301	\$60.00	\$7.90	\$7.90	\$342.24	OA-45 N381	
9/26/2017-9/26/2017	G0397	\$130.00	\$50.06	\$50.06	\$52.10	OA-45 N381	
SUBTOTAL		4	\$810.00	\$170.87	\$170.87	\$79.94	OA-45 N381

CLAIM ADJUSTMENTS

\$0.00

CLAIM TOTAL

\$170.87

Insured: 10371024600 HOLN  
 Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
 Claim/Patient Account Number: HOLN1000 Payer Claim Number: 173120479400  
 Product Name: Medicaid CFC (Covered Families and Children)  
 Status: Processed as Primary

5/18/2017-5/18/2017	G0397	\$130.00	\$50.06	\$50.06			
SUBTOTAL		1	\$130.00	\$50.06	\$50.06	\$79.94	OA-45 N381

CLAIM ADJUSTMENTS

\$0.00

CLAIM TOTAL

\$50.06

Insured: 10205739100 JACRA  
 Service Provider: 1780087643 (XX) LIU, JING  
 Claim/Patient Account Number: JACRA000 Payer Claim Number: 17290022JA00  
 Product Name: Medicaid CFC (Covered Families and Children)  
 Status: Processed as Primary

10/4/2017-10/4/2017	64450 (SA)	\$440.00	\$105.04	\$105.04			
10/4/2017-10/4/2017	76942 (SA)	\$400.00	\$55.01	\$55.01	\$334.96	OA-45 N381	
10/4/2017-10/4/2017	J3301 (SA)	\$120.00		\$0.00	\$344.99	OA-45 N381	
10/4/2017-10/4/2017	G0397 (SA)	\$130.00	\$47.68	\$47.68	\$120.00	OA-45 N381	
SUBTOTAL		4	\$1,090.00	\$207.73	\$207.73	\$82.32	OA-45 N381

CLAIM ADJUSTMENTS

\$0.00

CLAIM TOTAL

\$207.73

Insured: 10446549700 JONFL  
 Service Provider: 1780087643 (XX) LIU, JING  
 Claim/Patient Account Number: JONFL000 Payer Claim Number: 1731202BFN00  
 Product Name: Medicaid CFC (Covered Families and Children)  
 Status: Processed as Primary

11/3/2017-11/3/2017	64418 (RTSA)	\$275.00	\$80.20	\$80.20			
11/3/2017-11/3/2017	76942 (SA)	\$400.00	\$55.01	\$55.01	\$194.80	OA-45 N381	
11/3/2017-11/3/2017	G0397 (SA)	\$130.00	\$47.68	\$47.68	\$344.99	OA-45 N381	
11/3/2017-11/3/2017	80307 (SA)	\$180.00	\$45.04	\$45.04	\$82.32	OA-45 N381	
11/3/2017-11/3/2017	80320 (SA)	\$20.00	\$14.74	\$14.74	\$134.96	OA-45 N381	
SUBTOTAL		5	\$1,005.00	\$242.67	\$242.67	\$52.26	OA-45 N381

CLAIM ADJUSTMENTS

\$0.00

CLAIM TOTAL

\$242.67

Insured: 10210280300 MACKEY, ALYCE M  
 Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
 Claim/Patient Account Number: MACAL000 Payer Claim Number: 1728603MBG00  
 Product Name: Medicaid CFC (Covered Families and Children)  
 Status: Processed as Primary

10/9/2017-10/9/2017	64418 (50)	\$275.00	\$126.32	\$126.32			
10/9/2017-10/9/2017	76942	\$400.00	\$57.76	\$57.76	\$148.68	OA-59 N19	
10/9/2017-10/9/2017	J3301	\$120.00	\$15.79	\$15.79	\$342.24	OA-45 N381	
10/9/2017-10/9/2017	80307	\$180.00	\$47.29	\$47.29	\$104.21	OA-45 N381	
10/9/2017-10/9/2017	80320	\$20.00	\$15.48	\$15.48	\$132.71	OA-45 N381	
10/9/2017-10/9/2017	G0397	\$130.00	\$50.06	\$50.06	\$4.52	OA-45 N381	
SUBTOTAL		6	\$1,125.00	\$312.70	\$312.70	\$79.94	OA-45 N381

CLAIM ADJUSTMENTS

\$0.00

CLAIM TOTAL

\$312.70

Insured: 10453095000 MACMAS  
 Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
 Claim/Patient Account Number: MACSH000 Payer Claim Number: 1727503SK600  
 Product Name: Medicaid CFC (Covered Families and Children)  
 Status: Processed as Primary

9/25/2017-9/25/2017	64450	\$220.00	\$55.15	\$55.15			
9/25/2017-9/25/2017	76942	\$400.00	\$57.76	\$57.76	\$164.85	OA-45 N381	
9/25/2017-9/25/2017	J3301	\$60.00	\$7.90	\$7.90	\$342.24	OA-45 N381	
9/25/2017-9/25/2017	G0397	\$130.00	\$50.06	\$50.06	\$52.10	OA-45 N381	
SUBTOTAL		4	\$810.00	\$170.87	\$170.87	\$79.94	OA-45 N381

CLAIM ADJUSTMENTS

\$0.00

CLAIM TOTAL

\$170.87

Insured: 10442400300 MARJE  
 Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
 Claim/Patient Account Number: MARJE002 Payer Claim Number: 1731204NRP00  
 Product Name: Medicaid CFC (Covered Families and Children)  
 Status: Processed as Primary

4/10/2017-4/10/2017	99213	\$150.00	\$45.79	\$45.79			
SUBTOTAL		1	\$150.00	\$45.79	\$45.79	\$104.21	OA-45 N381

CLAIM ADJUSTMENTS

\$0.00

CLAIM TOTAL

\$45.79



Payer Information

Name : CareSource
Identifier : 31114 (XV)
Address : P.O. Box 1920
Dayton, OH 45401

Payment Information

Payee Name : Comprehensive Pain Management
Payee Identifier : 900595881 (FI)
Address : 23901 Timberlane Dr
Beachwood, OH 44122-1556
Payment Method : NON
Payment Date : 12/6/2017
Check/EFT Number : 0987013

Table with columns: DOS, Proc. (M), Charges, Allowed, Payment, Pat. Resp., Not-Cov., Adj. Reason, Remarks. Includes patient info for BAYER, PEGGY S and a list of charges with amounts.

CLAIM ADJUSTMENTS

CLAIM TOTAL

Insured: 10554564300 Patient: CROW, JENNIFER L
Service Provider: 1780087643 (XX) LIU, JING
Claim/Patient Account Number: WRIJE000 Payer Claim Number: 1730703J6W00

Table with columns: DOS, Proc. (M), Charges, Allowed, Payment, Pat. Resp., Not-Cov., Adj. Reason, Remarks. Includes patient info for CROW, JENNIFER L and a list of charges.

CLAIM ADJUSTMENTS

CLAIM TOTAL

Insured: 10308860400 Patient: DENARD, ANDREA L
Service Provider: 1780087643 (XX) LIU, JING
Claim/Patient Account Number: DENAN000 Payer Claim Number: 1731203LYN00

Table with columns: DOS, Proc. (M), Charges, Allowed, Payment, Pat. Resp., Not-Cov., Adj. Reason, Remarks. Includes patient info for DENARD, ANDREA L and a list of charges.

CLAIM ADJUSTMENTS

CLAIM TOTAL

Insured: 10336224000 Patient: FARMER, OPAL J
Service Provider: 1619178308 (XX) MARGOLIN, LEON J
Claim/Patient Account Number: FAROP000 Payer Claim Number: 1733304YDM00

Table with columns: DOS, Proc. (M), Charges, Allowed, Payment, Pat. Resp., Not-Cov., Adj. Reason, Remarks. Includes patient info for FARMER, OPAL J and a list of charges.

CLAIM ADJUSTMENTS

CLAIM TOTAL

Insured: 10425449900 Patient: PINHOLDT, ROSEMARY
Service Provider: 1780087643 (XX) LIU, JING
Claim/Patient Account Number: FINRO000 Payer Claim Number: 1730702M2Y00

Table with columns: DOS, Proc. (M), Charges, Allowed, Payment, Pat. Resp., Not-Cov., Adj. Reason, Remarks. Includes patient info for PINHOLDT, ROSEMARY and a list of charges.

CLAIM ADJUSTMENTS

CLAIM TOTAL

Insured: 10304454700 Patient: FRANCIS, JON K
Service Provider: 1780087643 (XX) LIU, JING
Claim/Patient Account Number: FRAJ0002 Payer Claim Number: 1731202FKK00

Table with columns: DOS, Proc. (M), Charges, Allowed, Payment, Pat. Resp., Not-Cov., Adj. Reason, Remarks. Includes patient info for FRANCIS, JON K and a list of charges.

CLAIM ADJUSTMENTS

CLAIM TOTAL

Insured: 10371509800 Patient: HARRIS, DENISE I
Service Provider: 1780087643 (XX) LIU, JING
Claim/Patient Account Number: HARDE001 Payer Claim Number: 173120252T00

Table with columns: DOS, Proc. (M), Charges, Allowed, Payment, Pat. Resp., Not-Cov., Adj. Reason, Remarks. Includes patient info for HARRIS, DENISE I and a list of charges.



CLAIM ADJUSTMENTS							
CLAIM TOTAL						\$207.73	
Insured: 10306586700 HUNTER, DAVID Patient: HUNTER, DAVID							
Service Provider: 1780087643 (XX) LIU, JING							
Claim/Patient Account Number: HUNDA000 Payer Claim Number: 17333045BF00							
Product Name: Medicaid ABD (Aged, Blind or Disabled)							
Status: Processed as Primary							
11/21/2017-11/21/2017	99213(SA)	\$150.00	\$43.61	\$43.61	\$106.39	OA-45	N381
SUBTOTAL 1		\$150.00	\$43.61	\$43.61	\$106.39		
CLAIM ADJUSTMENTS						\$0.00	
CLAIM TOTAL						\$43.61	
Insured: 10325900500 JAMESON, PATRICIA A Patient: JAMES, PATRICIA A							
Service Provider: 1780087643 (XX) LIU, JING							
Claim/Patient Account Number: JAWPA000 Payer Claim Number: 17307024SG00							
Product Name: Medicaid ABD (Aged, Blind or Disabled)							
Status: Processed as Primary							
10/30/2017-10/30/2017	64450(SA)	\$440.00	\$105.04	\$105.04	\$334.96	OA-45	N381
10/30/2017-10/30/2017	76942(SA)	\$400.00	\$55.01	\$55.01	\$344.99	OA-45	N381
10/30/2017-10/30/2017	J3301(SA)	\$120.00	\$0.00	\$0.00	\$120.00	OA-45	N381
10/30/2017-10/30/2017	G0397(SA)	\$130.00	\$47.68	\$47.68	\$82.32	OA-45	N381
SUBTOTAL 4		\$1,090.00	\$207.73	\$207.73	\$882.27		
CLAIM ADJUSTMENTS						\$0.00	
CLAIM TOTAL						\$207.73	
Insured: 10328204300 JAMISON, ESPERONZA C Patient: JAMISON, ESPERONZA C							
Service Provider: 1780087643 (XX) LIU, JING							
Claim/Patient Account Number: JAMES000 Payer Claim Number: 1730703HXS00							
Product Name: Medicaid ABD (Aged, Blind or Disabled)							
Status: Processed as Primary							
10/30/2017-10/30/2017	64450(SA)	\$440.00	\$105.04	\$105.04	\$334.96	OA-45	N381
10/30/2017-10/30/2017	76942(SA)	\$400.00	\$55.01	\$55.01	\$344.99	OA-45	N381
10/30/2017-10/30/2017	J3301(SA)	\$120.00	\$0.00	\$0.00	\$120.00	OA-45	N381
10/30/2017-10/30/2017	G0397(SA)	\$130.00	\$47.68	\$47.68	\$82.32	OA-45	N381
SUBTOTAL 4		\$1,090.00	\$207.73	\$207.73	\$882.27		
CLAIM ADJUSTMENTS						\$0.00	
CLAIM TOTAL						\$207.73	
Insured: 10498020600 LEWIS, PAMELA R Patient: LEWIS, PAMELA R							
Service Provider: 1780087643 (XX) LIU, JING							
Claim/Patient Account Number: LEWPA000 Payer Claim Number: 17307022NA00							
Product Name: Medicaid ABD (Aged, Blind or Disabled)							
Status: Processed as Primary							
10/30/2017-10/30/2017	64418(SA50)	\$275.00	\$80.20	\$80.20	\$194.80	OA-45	N381
10/30/2017-10/30/2017	76942(SA)	\$400.00	\$55.01	\$55.01	\$344.99	OA-45	N381
10/30/2017-10/30/2017	J3301(SA)	\$120.00	\$0.00	\$0.00	\$120.00	OA-45	N381
10/30/2017-10/30/2017	G0397(SA)	\$130.00	\$47.68	\$47.68	\$82.32	OA-45	N381
10/30/2017-10/30/2017	80307(SA)	\$180.00	\$45.04	\$45.04	\$134.96	OA-45	N381
10/30/2017-10/30/2017	80320(SA)	\$20.00	\$14.74	\$14.74	\$5.26	OA-45	N381
SUBTOTAL 6		\$1,125.00	\$242.67	\$242.67	\$882.33		
CLAIM ADJUSTMENTS						\$0.00	
CLAIM TOTAL						\$242.67	
Insured: 10213877100 LOCKETT, ROCHELLE Patient: LOCKETT, ROCHELLE							
Service Provider: 1780087643 (XX) LIU, JING							
Claim/Patient Account Number: LOCRO000 Payer Claim Number: 173070286L00							
Product Name: Medicaid ABD (Aged, Blind or Disabled)							
Status: Processed as Primary							
10/31/2017-10/31/2017	64450(SA)	\$440.00	\$105.04	\$105.04	\$334.96	OA-45	N381
10/31/2017-10/31/2017	76942(SA)	\$400.00	\$55.01	\$55.01	\$344.99	OA-45	N381
10/31/2017-10/31/2017	J3301(SA)	\$120.00	\$0.00	\$0.00	\$120.00	OA-45	N381
10/31/2017-10/31/2017	G0397(SA)	\$130.00	\$47.68	\$47.68	\$82.32	OA-45	N381
10/31/2017-10/31/2017	80320(SA)	\$20.00	\$14.74	\$14.74	\$5.26	OA-45	N381
SUBTOTAL 5		\$1,110.00	\$222.47	\$222.47	\$887.53		
CLAIM ADJUSTMENTS						\$0.00	
CLAIM TOTAL						\$222.47	
Insured: 10206330300 MCDONALD, DAVONNA L Patient: MCDONALD, DAVONNA L							
Service Provider: 1780087643 (XX) LIU, JING							
Claim/Patient Account Number: MCDDA000 Payer Claim Number: 1733304XBE00							
Product Name: Medicaid ABD (Aged, Blind or Disabled)							
Status: Processed as Primary							
11/21/2017-11/21/2017	99213(SA)	\$150.00	\$43.61	\$43.61	\$106.39	OA-45	N381
SUBTOTAL 1		\$150.00	\$43.61	\$43.61	\$106.39		
CLAIM ADJUSTMENTS						\$0.00	
CLAIM TOTAL						\$43.61	
Insured: 10323393600 MCKNIGHT, GEORGIA L Patient: MCKNIGHT, GEORGIA L							
Service Provider: 1780087643 (XX) LIU, JING							
Claim/Patient Account Number: MCKGE001 Payer Claim Number: 1733303QPZ00							
Product Name: Medicaid ABD (Aged, Blind or Disabled)							
Status: Processed as Primary							
11/21/2017-11/21/2017	99213(SA)	\$150.00	\$43.61	\$43.61	\$106.39	OA-45	N381
SUBTOTAL 1		\$150.00	\$43.61	\$43.61	\$106.39		
CLAIM ADJUSTMENTS						\$0.00	
CLAIM TOTAL						\$43.61	
Insured: 10394152900 NOLAN, KATHLEEN M Patient: NOLAN, KATHLEEN M							
Service Provider: 1780087643 (XX) LIU, JING							
Claim/Patient Account Number: NOLKA000 Payer Claim Number: 1731202FA400							
Product Name: Medicaid ABD (Aged, Blind or Disabled)							
Status: Processed as Primary							
11/3/2017-11/3/2017	64450(SA)	\$440.00	\$105.04	\$105.04	\$334.96	OA-45	N381
11/3/2017-11/3/2017	76942(SA)	\$400.00	\$55.01	\$55.01	\$344.99	OA-45	N381
11/3/2017-11/3/2017	J3301(SA)	\$120.00	\$0.00	\$0.00	\$120.00	OA-45	N381
11/3/2017-11/3/2017	G0397(SA)	\$130.00	\$47.68	\$47.68	\$82.32	OA-45	N381
SUBTOTAL 4		\$1,090.00	\$207.73	\$207.73	\$882.27		
CLAIM ADJUSTMENTS						\$0.00	
CLAIM TOTAL						\$207.73	
Insured: 10406742200 ROGERS, DEREK M Patient: ROGERS, DEREK M							
Service Provider: 1780087643 (XX) LIU, JING							
Claim/Patient Account Number: ROGDE000 Payer Claim Number: 1731203MHU00							
Product Name: Medicaid ABD (Aged, Blind or Disabled)							



Status: Processed as Primary

11/2/2017-11/2/2017	64450 (SA)	\$440.00	\$105.04	\$105.04	\$334.96	OA-45	N381
11/2/2017-11/2/2017	76942 (SA)	\$400.00	\$55.01	\$55.01	\$344.99	OA-45	N381
11/2/2017-11/2/2017	J3301 (SA)	\$120.00		\$0.00	\$120.00	OA-45	N381
11/2/2017-11/2/2017	G0397 (SA)	\$130.00	\$47.68	\$47.68	\$82.32	OA-45	N381
11/2/2017-11/2/2017	80307 (SA)	\$180.00	\$45.04	\$45.04	\$134.96	OA-45	N381
11/2/2017-11/2/2017	80320 (SA)	\$20.00	\$14.74	\$14.74	\$5.26	OA-45	N381
SUBTOTAL	6	\$1,290.00	\$267.51	\$267.51	\$1,022.49		

CLAIM ADJUSTMENTS \$0.00  
 CLAIM TOTAL \$267.51

Insured: 10326700400 [REDACTED] Patient: STILTNER, Beverly K  
 Service Provider: 1780087643 (XX) LIU, JING  
 Claim/Patient Account Number: STIBE000 Payer Claim Number: 1731203MUT00  
 Product Name: Medicaid ABD (Aged, Blind or Disabled)

Status: Processed as Primary

11/2/2017-11/2/2017	64450 (SA)	\$440.00	\$105.04	\$105.04	\$334.96	OA-45	N381
11/2/2017-11/2/2017	76942 (SA)	\$400.00	\$55.01	\$55.01	\$344.99	OA-45	N381
11/2/2017-11/2/2017	J3301 (SA)	\$120.00		\$0.00	\$120.00	OA-45	N381
11/2/2017-11/2/2017	G0397 (SA)	\$130.00	\$47.68	\$47.68	\$82.32	OA-45	N381
11/2/2017-11/2/2017	80307 (SA)	\$180.00	\$45.04	\$45.04	\$134.96	OA-45	N381
11/2/2017-11/2/2017	80320 (SA)	\$20.00	\$14.74	\$14.74	\$5.26	OA-45	N381
SUBTOTAL	6	\$1,290.00	\$267.51	\$267.51	\$1,022.49		

CLAIM ADJUSTMENTS \$0.00  
 CLAIM TOTAL \$267.51

Insured: 10306621700 [REDACTED] Patient: STONE, MARTHA J  
 Service Provider: 1780087643 (XX) LIU, JING  
 Claim/Patient Account Number: STOMA000 Payer Claim Number: 1733304F3Q00  
 Product Name: Medicaid ABD (Aged, Blind or Disabled)

Status: Processed as Primary

11/21/2017-11/21/2017	99213 (SA)	\$150.00	\$43.61	\$43.61	\$106.39	OA-45	N381
11/21/2017-11/21/2017	G0397 (SA)	\$130.00		\$0.00	\$130.00	OA-B10	N390
SUBTOTAL	2	\$280.00	\$43.61	\$43.61	\$236.39		

CLAIM ADJUSTMENTS \$0.00  
 CLAIM TOTAL \$43.61

Insured: 10307779700 [REDACTED] Patient: TODD, DEBORAH M  
 Service Provider: 1780087643 (XX) LIU, JING  
 Claim/Patient Account Number: TODDE000 Payer Claim Number: 1731203MQC00  
 Product Name: Medicaid ABD (Aged, Blind or Disabled)

Status: Processed as Primary

11/2/2017-11/2/2017	64450 (SA)	\$220.00	\$52.52	\$52.52	\$167.48	OA-45	N381
11/2/2017-11/2/2017	76942 (SA)	\$400.00	\$55.01	\$55.01	\$344.99	OA-45	N381
11/2/2017-11/2/2017	J3301 (SA)	\$120.00		\$0.00	\$120.00	OA-45	N381
11/2/2017-11/2/2017	G0397 (SA)	\$130.00	\$47.68	\$47.68	\$82.32	OA-45	N381
11/2/2017-11/2/2017	80307 (SA)	\$180.00	\$45.04	\$45.04	\$134.96	OA-45	N381
11/2/2017-11/2/2017	80320 (SA)	\$20.00	\$14.74	\$14.74	\$5.26	OA-45	N381
11/2/2017-11/2/2017	64450 (SA)	\$220.00	\$26.26	\$26.26	\$193.74	OA-45	N10
SUBTOTAL	7	\$1,290.00	\$241.25	\$241.25	\$1,048.75		

CLAIM ADJUSTMENTS \$0.00  
 CLAIM TOTAL \$241.25

Insured: 10526780500 [REDACTED] Patient: WALKER, DAVID F  
 Service Provider: 1780087643 (XX) LIU, JING  
 Claim/Patient Account Number: WALDA000 Payer Claim Number: 17307028FX00  
 Product Name: Medicaid ABD (Aged, Blind or Disabled)

Status: Processed as Primary

10/30/2017-10/30/2017	64450 (SA)	\$220.00	\$52.52	\$52.52	\$167.48	OA-45	N381
10/30/2017-10/30/2017	76942 (SA)	\$400.00	\$55.01	\$55.01	\$344.99	OA-45	N381
10/30/2017-10/30/2017	J3301 (SA)	\$120.00		\$0.00	\$120.00	OA-45	N381
10/30/2017-10/30/2017	G0397 (SA)	\$130.00	\$47.68	\$47.68	\$82.32	OA-45	N381
10/30/2017-10/30/2017	80307 (SA)	\$180.00	\$45.04	\$45.04	\$134.96	OA-45	N381
10/30/2017-10/30/2017	80320 (SA)	\$20.00	\$14.74	\$14.74	\$5.26	OA-45	N381
10/30/2017-10/30/2017	64450 (SA)	\$220.00	\$26.26	\$26.26	\$193.74	OA-45	N10
SUBTOTAL	7	\$1,290.00	\$241.25	\$241.25	\$1,048.75		

CLAIM ADJUSTMENTS \$0.00  
 CLAIM TOTAL \$241.25

Insured: 10744035100 [REDACTED] Patient: ADAMS, CHAD C  
 Service Provider: 1780087643 (XX) LIU, JING  
 Claim/Patient Account Number: ADACH000 Payer Claim Number: 17307022D400  
 Product Name: Medicaid CFC (Covered Families and Children)

Status: Processed as Primary

10/30/2017-10/30/2017	64450 (SA)	\$220.00	\$52.52	\$52.52	\$167.48	OA-45	N381
10/30/2017-10/30/2017	76942 (SA)	\$400.00	\$55.01	\$55.01	\$344.99	OA-45	N381
10/30/2017-10/30/2017	J3301 (SA)	\$120.00		\$0.00	\$120.00	OA-45	N381
10/30/2017-10/30/2017	G0397 (SA)	\$130.00	\$47.68	\$47.68	\$82.32	OA-45	N381
10/30/2017-10/30/2017	80307 (SA)	\$180.00	\$45.04	\$45.04	\$134.96	OA-45	N381
10/30/2017-10/30/2017	80320 (SA)	\$20.00	\$14.74	\$14.74	\$5.26	OA-45	N381
10/30/2017-10/30/2017	64450 (SA)	\$220.00	\$52.52	\$52.52	\$167.48	OA-45	N381
SUBTOTAL	7	\$1,290.00	\$267.51	\$267.51	\$1,022.49		

CLAIM ADJUSTMENTS \$0.00  
 CLAIM TOTAL \$267.51

Insured: 10454045000 [REDACTED] Patient: ADKINS, CATHERINE J  
 Service Provider: 1780087643 (XX) LIU, JING  
 Claim/Patient Account Number: ADKCA001 Payer Claim Number: 1733304VDR00  
 Product Name: Medicaid CFC (Covered Families and Children)

Status: Processed as Primary

11/21/2017-11/21/2017	99213 (SA)	\$150.00	\$43.61	\$43.61	\$106.39	OA-45	N381
SUBTOTAL	1	\$150.00	\$43.61	\$43.61	\$106.39		

CLAIM ADJUSTMENTS \$0.00  
 CLAIM TOTAL \$43.61

Insured: 10297200100 [REDACTED] Patient: ARMSTRONG, STACY L  
 Service Provider: 1780087643 (XX) LIU, JING  
 Claim/Patient Account Number: ARMST000 Payer Claim Number: 17312028UR00  
 Product Name: Medicaid CFC (Covered Families and Children)

Status: Processed as Primary

11/2/2017-11/2/2017	64418 (50SA)	\$275.00	\$80.20	\$80.20	\$194.80	OA-45	N381
11/2/2017-11/2/2017	76942 (SA)	\$400.00	\$55.01	\$55.01	\$344.99	OA-45	N381
11/2/2017-11/2/2017	J3301 (SA)	\$120.00		\$0.00	\$120.00	OA-45	N381
11/2/2017-11/2/2017	G0397 (SA)	\$130.00	\$47.68	\$47.68	\$82.32	OA-45	N381
11/2/2017-11/2/2017	80307 (SA)	\$180.00	\$45.04	\$45.04	\$134.96	OA-45	N381
11/2/2017-11/2/2017	80320 (SA)	\$20.00	\$14.74	\$14.74	\$5.26	OA-45	N381
SUBTOTAL	6	\$1,125.00	\$242.67	\$242.67	\$882.33		



CLAIM ADJUSTMENTS				\$0.00			
CLAIM TOTAL				\$242.67			
Insured: 10446310400 [REDACTED] Patient: Attia, Ashraf							
Service Provider: 1780087643 (XX) LIU, JING							
Claim/Patient Account Number: ASHAT000 Payer Claim Number: 17307025T700							
Product Name: Medicaid CFC (Covered Families and Children)							
Status: Processed as Primary							
10/30/2017-10/30/2017	64418 (50SA)	\$275.00	\$80.20	\$80.20	\$194.80	OA-45	N381
10/30/2017-10/30/2017	76942 (SA)	\$400.00	\$55.01	\$55.01	\$344.99	OA-45	N381
10/30/2017-10/30/2017	J3301 (SA)	\$120.00		\$0.00	\$120.00	OA-45	N381
10/30/2017-10/30/2017	G0397 (SA)	\$130.00	\$47.68	\$47.68	\$82.32	OA-45	N381
SUBTOTAL		4	\$925.00	\$182.89	\$742.11		
CLAIM ADJUSTMENTS				\$0.00			
CLAIM TOTAL				\$182.89			
Insured: 10455101400 [REDACTED] Patient: BITTING, GLORIA J							
Service Provider: 1780087643 (XX) LIU, JING							
Claim/Patient Account Number: BITGL000 Payer Claim Number: 17333048KP00							
Product Name: Medicaid CFC (Covered Families and Children)							
Status: Processed as Primary							
11/21/2017-11/21/2017	64450 (SA)	\$440.00		\$0.00	\$440.00	OA-27	N30
11/21/2017-11/21/2017	76942 (SA)	\$400.00		\$0.00	\$400.00	OA-27	N30
11/21/2017-11/21/2017	J3301 (SA)	\$120.00		\$0.00	\$120.00	OA-27	N30
11/21/2017-11/21/2017	G0397 (SA)	\$130.00		\$0.00	\$130.00	OA-27	N30
SUBTOTAL		4	\$1,090.00	\$0.00	\$1,090.00		
CLAIM ADJUSTMENTS				\$0.00			
CLAIM TOTAL				\$0.00			
Insured: 10225384500 [REDACTED] Patient: BLAIR, MARK A							
Service Provider: 1780087643 (XX) LIU, JING							
Claim/Patient Account Number: BLAMA001 Payer Claim Number: 1731202J2G00							
Product Name: Medicaid CFC (Covered Families and Children)							
Status: Processed as Primary							
11/3/2017-11/3/2017	64450 (SA)	\$440.00	\$105.04	\$105.04	\$334.96	OA-45	N381
11/3/2017-11/3/2017	76942 (SA)	\$400.00	\$55.01	\$55.01	\$344.99	OA-45	N381
11/3/2017-11/3/2017	J3301 (SA)	\$120.00		\$0.00	\$120.00	OA-45	N381
11/3/2017-11/3/2017	G0397 (SA)	\$130.00	\$47.68	\$47.68	\$82.32	OA-45	N381
11/3/2017-11/3/2017	80307 (SA)	\$180.00	\$45.04	\$45.04	\$134.96	OA-45	N381
11/3/2017-11/3/2017	80320 (SA)	\$20.00	\$14.74	\$14.74	\$5.26	OA-45	N381
SUBTOTAL		6	\$1,290.00	\$267.51	\$1,022.49		
CLAIM ADJUSTMENTS				\$0.00			
CLAIM TOTAL				\$267.51			
Insured: 10628696300 [REDACTED] Patient: BOOTH, LORI A							
Service Provider: 1780087643 (XX) LIU, JING							
Claim/Patient Account Number: BOOLO000 Payer Claim Number: 17307026G800							
Product Name: Medicaid CFC (Covered Families and Children)							
Status: Processed as Primary							
10/30/2017-10/30/2017	64450 (SA)	\$440.00	\$105.04	\$105.04	\$334.96	OA-45	N381
10/30/2017-10/30/2017	76942 (SA)	\$400.00	\$55.01	\$55.01	\$344.99	OA-45	N381
10/30/2017-10/30/2017	J3301 (SA)	\$120.00		\$0.00	\$120.00	OA-45	N381
10/30/2017-10/30/2017	G0397 (SA)	\$130.00	\$47.68	\$47.68	\$82.32	OA-45	N381
10/30/2017-10/30/2017	80307 (SA)	\$180.00	\$45.04	\$45.04	\$134.96	OA-45	N381
10/30/2017-10/30/2017	80320 (SA)	\$20.00	\$14.74	\$14.74	\$5.26	OA-45	N381
SUBTOTAL		6	\$1,290.00	\$267.51	\$1,022.49		
CLAIM ADJUSTMENTS				\$0.00			
CLAIM TOTAL				\$267.51			
Insured: 10403098900 [REDACTED] Patient: CALDWELL, CRYSTAL G							
Service Provider: 1619178308 (XX) MARGOLIN, LEON J							
Claim/Patient Account Number: CALCR000 Payer Claim Number: 1730002MQR00							
Product Name: Medicaid CFC (Covered Families and Children)							
Status: Processed as Primary							
10/24/2017-10/24/2017	64450	\$220.00	\$55.15	\$55.15	\$164.85	OA-45	N381
10/24/2017-10/24/2017	64450(51)	\$220.00	\$27.58	\$27.58	\$192.42	OA-59	N19
10/24/2017-10/24/2017	76942	\$400.00	\$57.76	\$57.76	\$342.24	OA-45	N381
10/24/2017-10/24/2017	J3301	\$120.00	\$15.79	\$15.79	\$104.21	OA-45	N381
10/24/2017-10/24/2017	G0397	\$130.00	\$50.06	\$50.06	\$79.94	OA-45	N381
10/24/2017-10/24/2017	80307	\$180.00	\$47.29	\$47.29	\$132.71	OA-45	N381
10/24/2017-10/24/2017	80320	\$20.00	\$15.48	\$15.48	\$4.52	OA-45	N381
SUBTOTAL		7	\$1,290.00	\$269.11	\$1,020.89		
CLAIM ADJUSTMENTS				\$0.00			
CLAIM TOTAL				\$269.11			
Insured: 10403098900 [REDACTED] Patient: CALDWELL, CRYSTAL G							
Service Provider: 1780087643 (XX) LIU, JING							
Claim/Patient Account Number: CALCR000 Payer Claim Number: 1733303ZEC00							
Product Name: Medicaid CFC (Covered Families and Children)							
Status: Processed as Primary							
11/21/2017-11/21/2017	99213 (SA)	\$150.00	\$43.61	\$43.61	\$106.39	OA-45	N381
SUBTOTAL		1	\$150.00	\$43.61	\$106.39		
CLAIM ADJUSTMENTS				\$0.00			
CLAIM TOTAL				\$43.61			
Insured: 10678229200 [REDACTED] Patient: CASTRO, KIMBERLY K							
Service Provider: 1780087643 (XX) LIU, JING							
Claim/Patient Account Number: CASKI000 Payer Claim Number: 17312024SV00							
Product Name: Medicaid CFC (Covered Families and Children)							
Status: Processed as Primary							
11/2/2017-11/2/2017	64450 (SA)	\$440.00	\$105.04	\$105.04	\$334.96	OA-45	N381
11/2/2017-11/2/2017	76942 (SA)	\$400.00	\$55.01	\$55.01	\$344.99	OA-45	N381
11/2/2017-11/2/2017	J3301 (SA)	\$120.00		\$0.00	\$120.00	OA-45	N381
11/2/2017-11/2/2017	G0397 (SA)	\$130.00	\$47.68	\$47.68	\$82.32	OA-45	N381
SUBTOTAL		4	\$1,090.00	\$207.73	\$882.27		
CLAIM ADJUSTMENTS				\$0.00			
CLAIM TOTAL				\$207.73			
Insured: 10210652400 [REDACTED] Patient: CHARLES, TIFFANIE							
Service Provider: 1780087643 (XX) LIU, JING							
Claim/Patient Account Number: CHAT1000 Payer Claim Number: 1730702LQD00							
Product Name: Medicaid CFC (Covered Families and Children)							
Status: Processed as Primary							
10/31/2017-10/31/2017	64450 (SA)	\$220.00	\$52.52	\$52.52	\$167.48	OA-45	N381
10/31/2017-10/31/2017	76942 (SA)	\$400.00	\$55.01	\$55.01	\$344.99	OA-45	N381
10/31/2017-10/31/2017	J3301 (SA)	\$120.00		\$0.00	\$120.00	OA-45	N381
10/31/2017-10/31/2017	G0397 (SA)	\$130.00	\$47.68	\$47.68	\$82.32	OA-45	N381



10/31/2017-10/31/2017	64450 (SA)	\$220.00	\$52.52	\$52.52	\$167.48	OA-45	N381
SUBTOTAL		\$1,090.00	\$207.73	\$207.73	\$882.27		
CLAIM ADJUSTMENTS				\$0.00			
CLAIM TOTAL				\$207.73			
Insured: 10264814600 [REDACTED] Patient: CONWELL, JACOB Service Provider: 1780087643 (XX) LIU, JING Claim/Patient Account Number: CONJA001 Payer Claim Number: 1733303WVQ00 Product Name: Medicaid CFC (Covered Families and Children) Status: Processed as Primary							
11/21/2017-11/21/2017	99213 (SA)	\$150.00	\$43.61	\$43.61	\$106.39	OA-45	N381
SUBTOTAL		\$150.00	\$43.61	\$43.61	\$106.39		
CLAIM ADJUSTMENTS				\$0.00			
CLAIM TOTAL				\$43.61			
Insured: 10431355800 [REDACTED] Patient: DOLEN, ERIC L Service Provider: 1619178308 (XX) MARGOLIN, LEON J Claim/Patient Account Number: DOLER000 Payer Claim Number: 173330520200 Product Name: Medicaid CFC (Covered Families and Children) Status: Processed as Primary							
11/20/2017-11/20/2017	99213	\$150.00	\$45.79	\$45.79	\$104.21	OA-45	N381
SUBTOTAL		\$150.00	\$45.79	\$45.79	\$104.21		
CLAIM ADJUSTMENTS				\$0.00			
CLAIM TOTAL				\$45.79			
Insured: 10457449400 [REDACTED] Patient: ELLER, AUDRA L Service Provider: 1780087643 (XX) LIU, JING Claim/Patient Account Number: ELLAU000 Payer Claim Number: 1731203VX100 Product Name: Medicaid CFC (Covered Families and Children) Status: Processed as Primary							
11/2/2017-11/2/2017	64450 (SA)	\$440.00	\$0.00	\$0.00	\$440.00	OA-27	N30
11/2/2017-11/2/2017	76942 (SA)	\$400.00	\$0.00	\$0.00	\$400.00	OA-27	N30
11/2/2017-11/2/2017	J3301 (SA)	\$120.00	\$0.00	\$0.00	\$120.00	OA-27	N30
11/2/2017-11/2/2017	G0397 (SA)	\$130.00	\$0.00	\$0.00	\$130.00	OA-27	N30
SUBTOTAL		\$1,090.00	\$0.00	\$0.00	\$1,090.00		
CLAIM ADJUSTMENTS				\$0.00			
CLAIM TOTAL				\$0.00			
Insured: 10421927100 [REDACTED] Patient: HASSAN, JOORE Service Provider: 1780087643 (XX) LIU, JING Claim/Patient Account Number: HASJO000 Payer Claim Number: 1731203MGV00 Product Name: Medicaid CFC (Covered Families and Children) Status: Processed as Primary							
11/2/2017-11/2/2017	64450 (SA)	\$440.00	\$105.04	\$105.04	\$334.96	OA-45	N381
11/2/2017-11/2/2017	76942 (SA)	\$400.00	\$55.01	\$55.01	\$344.99	OA-45	N381
11/2/2017-11/2/2017	J3301 (SA)	\$120.00	\$0.00	\$0.00	\$120.00	OA-45	N381
11/2/2017-11/2/2017	G0397 (SA)	\$130.00	\$47.68	\$47.68	\$82.32	OA-45	N381
11/2/2017-11/2/2017	80307 (SA)	\$180.00	\$45.04	\$45.04	\$134.96	OA-45	N381
11/2/2017-11/2/2017	80320 (SA)	\$20.00	\$14.74	\$14.74	\$5.26	OA-45	N381
SUBTOTAL		\$1,290.00	\$267.51	\$267.51	\$1,022.49		
CLAIM ADJUSTMENTS				\$0.00			
CLAIM TOTAL				\$267.51			
Insured: 10425080500 [REDACTED] Patient: HODGE, VIRGINIA E Service Provider: 1780087643 (XX) LIU, JING Claim/Patient Account Number: HODVI000 Payer Claim Number: 173070285S00 Product Name: Medicaid CFC (Covered Families and Children) Status: Processed as Primary							
10/30/2017-10/30/2017	64450 (SA)	\$440.00	\$105.04	\$105.04	\$334.96	OA-45	N381
10/30/2017-10/30/2017	76942 (SA)	\$400.00	\$55.01	\$55.01	\$344.99	OA-45	N381
10/30/2017-10/30/2017	J3301 (SA)	\$120.00	\$0.00	\$0.00	\$120.00	OA-45	N381
10/30/2017-10/30/2017	G0397 (SA)	\$130.00	\$47.68	\$47.68	\$82.32	OA-45	N381
10/30/2017-10/30/2017	80307 (SA)	\$180.00	\$45.04	\$45.04	\$134.96	OA-45	N381
10/30/2017-10/30/2017	80320 (SA)	\$20.00	\$14.74	\$14.74	\$5.26	OA-45	N381
SUBTOTAL		\$1,290.00	\$267.51	\$267.51	\$1,022.49		
CLAIM ADJUSTMENTS				\$0.00			
CLAIM TOTAL				\$267.51			
Insured: 10205739100 [REDACTED] Patient: Jackson Sr, RAYNOL Service Provider: 1780087643 (XX) LIU, JING Claim/Patient Account Number: JACRA000 Payer Claim Number: 1730703FJF00 Product Name: Medicaid CFC (Covered Families and Children) Status: Processed as Primary							
10/31/2017-10/31/2017	64450 (SA)	\$440.00	\$105.04	\$105.04	\$334.96	OA-45	N381
10/31/2017-10/31/2017	76942 (SA)	\$400.00	\$55.01	\$55.01	\$344.99	OA-45	N381
10/31/2017-10/31/2017	J3301 (SA)	\$120.00	\$0.00	\$0.00	\$120.00	OA-45	N381
10/31/2017-10/31/2017	G0397 (SA)	\$130.00	\$47.68	\$47.68	\$82.32	OA-45	N381
10/31/2017-10/31/2017	80307 (SA)	\$180.00	\$14.74	\$14.74	\$5.26	OA-45	N381
10/31/2017-10/31/2017	80320 (SA)	\$20.00	\$14.74	\$14.74	\$5.26	OA-45	N381
SUBTOTAL		\$1,110.00	\$222.47	\$222.47	\$887.53		
CLAIM ADJUSTMENTS				\$0.00			
CLAIM TOTAL				\$222.47			
Insured: 10719763200 [REDACTED] Patient: JOHNSON, Lisa Marie M Service Provider: 1619178308 (XX) MARGOLIN, LEON J Claim/Patient Account Number: JOHLI000 Payer Claim Number: 1733302K7T00 Product Name: Medicaid CFC (Covered Families and Children) Status: Processed as Primary							
11/20/2017-11/20/2017	99213 (25)	\$150.00	\$45.79	\$45.79	\$104.21	OA-45	N381
11/20/2017-11/20/2017	G0396	\$130.00	\$0.00	\$0.00	\$130.00	OA-B10	N390
SUBTOTAL		\$280.00	\$45.79	\$45.79	\$234.21		
CLAIM ADJUSTMENTS				\$0.00			
CLAIM TOTAL				\$45.79			
Insured: 10440922800 [REDACTED] Patient: LEVY, MISTY S Service Provider: 1619178308 (XX) MARGOLIN, LEON J Claim/Patient Account Number: LEVMI000 Payer Claim Number: 1730602XT300 Product Name: Medicaid CFC (Covered Families and Children) Status: Processed as Secondary							
8/21/2017-8/21/2017	64450	\$440.00	\$110.29	\$0.00	\$440.00	OA-45, OA-23N420N4N381	
8/21/2017-8/21/2017	76942	\$400.00	\$57.76	\$0.00	\$400.00	OA-45, OA-23N420N4N381	
8/21/2017-8/21/2017	J3301	\$120.00	\$15.79	\$2.26	\$117.74	OA-45, OA-23N420N23N381	
8/21/2017-8/21/2017	G0397	\$130.00	\$50.06	\$1.21	\$128.79	OA-45, OA-23 N420N381	
8/21/2017-8/21/2017	80307	\$180.00	\$47.29	\$7.06	\$172.94	OA-45, OA-23N420N23N381	
8/21/2017-8/21/2017	80320	\$20.00	\$15.48	\$0.00	\$20.00	OA-45, OA-23 N23N381	



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SUBTOTAL	6	\$1,290.00	\$296.67	\$10.53	\$1,279.47		
CLAIM ADJUSTMENTS				\$0.00			
CLAIM TOTAL				\$10.53			
Insured: 10564676400 [REDACTED] Patient: LYKES, EDD W Service Provider: 1780087643 (XX) LIU, JING Claim/Patient Account Number: LYKED000 Payer Claim Number: 17307022WV00 Product Name: Medicaid CFC (Covered Families and Children) Status: Processed as Primary							
10/31/2017-10/31/2017	64450 (SA)	\$440.00	\$105.04	\$105.04	\$334.96	OA-45	N381
10/31/2017-10/31/2017	76942 (SA)	\$400.00	\$55.01	\$55.01	\$344.99	OA-45	N381
10/31/2017-10/31/2017	J3301 (SA)	\$120.00	\$0.00	\$0.00	\$120.00	OA-45	N381
10/31/2017-10/31/2017	G0397 (SA)	\$130.00	\$47.68	\$47.68	\$82.32	OA-45	N381
10/31/2017-10/31/2017	80307 (SA)	\$180.00	\$45.04	\$45.04	\$134.96	OA-45	N381
10/31/2017-10/31/2017	80320 (SA)	\$20.00	\$14.74	\$14.74	\$5.26	OA-45	N381
SUBTOTAL	6	\$1,290.00	\$267.51	\$267.51	\$1,022.49		
CLAIM ADJUSTMENTS				\$0.00			
CLAIM TOTAL				\$267.51			
Insured: 10325338500 [REDACTED] Patient: MEREDITH, CONNIE S Service Provider: 1619178308 (XX) MARGOLIN, LEON J Claim/Patient Account Number: MERC0000 Payer Claim Number: 1730303WNG00 Product Name: Medicaid CFC (Covered Families and Children) Status: Processed as Primary							
10/25/2017-10/25/2017	64450	\$220.00	\$55.15	\$55.15	\$164.85	OA-45	N381
10/25/2017-10/25/2017	64450 (S1)	\$220.00	\$27.58	\$27.58	\$192.42	OA-59	N19
10/25/2017-10/25/2017	76942	\$400.00	\$57.76	\$57.76	\$342.24	OA-45	N381
10/25/2017-10/25/2017	J3301	\$120.00	\$15.79	\$15.79	\$104.21	OA-45	N381
10/25/2017-10/25/2017	G0397	\$130.00	\$50.06	\$50.06	\$79.94	OA-45	N381
SUBTOTAL	5	\$1,090.00	\$206.34	\$206.34	\$883.66		
CLAIM ADJUSTMENTS				\$0.00			
CLAIM TOTAL				\$206.34			
Insured: 10222004600 [REDACTED] Patient: MOORE, DELOIS A Service Provider: 1780087643 (XX) LIU, JING Claim/Patient Account Number: MOODE002 Payer Claim Number: 1731203V9G00 Product Name: Medicaid CFC (Covered Families and Children) Status: Processed as Primary							
11/3/2017-11/3/2017	64450 (SA)	\$440.00	\$105.04	\$105.04	\$334.96	OA-45	N381
11/3/2017-11/3/2017	76942 (SA)	\$400.00	\$55.01	\$55.01	\$344.99	OA-45	N381
11/3/2017-11/3/2017	J3301 (SA)	\$120.00	\$0.00	\$0.00	\$120.00	OA-45	N381
11/3/2017-11/3/2017	G0397 (SA)	\$130.00	\$47.68	\$47.68	\$82.32	OA-45	N381
SUBTOTAL	4	\$1,090.00	\$207.73	\$207.73	\$882.27		
CLAIM ADJUSTMENTS				\$0.00			
CLAIM TOTAL				\$207.73			
Insured: 10277800700 [REDACTED] Patient: PINDER, SHEILA D Service Provider: 1619178308 (XX) MARGOLIN, LEON J Claim/Patient Account Number: PINGH000 Payer Claim Number: 1730002MEB00 Product Name: Medicaid CFC (Covered Families and Children) Status: Processed as Primary							
10/24/2017-10/24/2017	64450	\$220.00	\$55.15	\$55.15	\$164.85	OA-45	N381
10/24/2017-10/24/2017	64450 (S1)	\$220.00	\$27.58	\$27.58	\$192.42	OA-59	N19
10/24/2017-10/24/2017	76942	\$400.00	\$57.76	\$57.76	\$342.24	OA-45	N381
10/24/2017-10/24/2017	J3301	\$120.00	\$15.79	\$15.79	\$104.21	OA-45	N381
10/24/2017-10/24/2017	G0397	\$130.00	\$50.06	\$50.06	\$79.94	OA-45	N381
10/24/2017-10/24/2017	80307	\$180.00	\$47.29	\$47.29	\$132.71	OA-45	N381
10/24/2017-10/24/2017	80320	\$20.00	\$15.48	\$15.48	\$4.52	OA-45	N381
SUBTOTAL	7	\$1,290.00	\$269.11	\$269.11	\$1,020.89		
CLAIM ADJUSTMENTS				\$0.00			
CLAIM TOTAL				\$269.11			
Insured: 10497537500 [REDACTED] Patient: POSEY, RICHARD L Service Provider: 1780087643 (XX) LIU, JING Claim/Patient Account Number: POSRI000 Payer Claim Number: 1731202HWB00 Product Name: Medicaid CFC (Covered Families and Children) Status: Processed as Primary							
11/2/2017-11/2/2017	64450 (SA)	\$440.00	\$105.04	\$105.04	\$334.96	OA-45	N381
11/2/2017-11/2/2017	76942 (SA)	\$400.00	\$55.01	\$55.01	\$344.99	OA-45	N381
11/2/2017-11/2/2017	J3301 (SA)	\$120.00	\$0.00	\$0.00	\$120.00	OA-45	N381
11/2/2017-11/2/2017	G0397 (SA)	\$130.00	\$47.68	\$47.68	\$82.32	OA-45	N381
11/2/2017-11/2/2017	80307 (SA)	\$180.00	\$45.04	\$45.04	\$134.96	OA-45	N381
11/2/2017-11/2/2017	80320 (SA)	\$20.00	\$14.74	\$14.74	\$5.26	OA-45	N381
SUBTOTAL	6	\$1,290.00	\$267.51	\$267.51	\$1,022.49		
CLAIM ADJUSTMENTS				\$0.00			
CLAIM TOTAL				\$267.51			
Insured: 10629172900 [REDACTED] Patient: QUEEN, ALFRED R Service Provider: 1619178308 (XX) MARGOLIN, LEON J Claim/Patient Account Number: QUEAL000 Payer Claim Number: 1730002HG300 Product Name: Medicaid CFC (Covered Families and Children) Status: Processed as Primary							
10/24/2017-10/24/2017	20553	\$125.00	\$0.00	\$0.00	\$125.00	OA-27	N30
10/24/2017-10/24/2017	76942	\$400.00	\$0.00	\$0.00	\$400.00	OA-27	N30
10/24/2017-10/24/2017	J3301	\$60.00	\$0.00	\$0.00	\$60.00	OA-27	N30
10/24/2017-10/24/2017	G0397	\$130.00	\$0.00	\$0.00	\$130.00	OA-27	N30
10/24/2017-10/24/2017	80307	\$180.00	\$0.00	\$0.00	\$180.00	OA-27	N30
10/24/2017-10/24/2017	80320	\$20.00	\$0.00	\$0.00	\$20.00	OA-27	N30
SUBTOTAL	6	\$915.00	\$0.00	\$0.00	\$915.00		
CLAIM ADJUSTMENTS				\$0.00			
CLAIM TOTAL				\$0.00			
Insured: 10213609400 [REDACTED] Patient: RHODES, BRIDGETT M Service Provider: 1619178308 (XX) MARGOLIN, LEON J Claim/Patient Account Number: RHOBRO00 Payer Claim Number: 1733304YDE00 Product Name: Medicaid CFC (Covered Families and Children) Status: Processed as Primary							
11/20/2017-11/20/2017	99213	\$150.00	\$45.79	\$45.79	\$104.21	OA-45	N381
SUBTOTAL	1	\$150.00	\$45.79	\$45.79	\$104.21		
CLAIM ADJUSTMENTS				\$0.00			
CLAIM TOTAL				\$45.79			
Insured: 10205721300 [REDACTED] Patient: Brooks, KIMBERLY A Service Provider: 1619178308 (XX) MARGOLIN, LEON J Claim/Patient Account Number: ROBK1000 Payer Claim Number: 173330520000 Product Name: Medicaid CFC (Covered Families and Children)							



Status: Processed as Primary									
11/20/2017-11/20/2017	99213	\$150.00	\$45.79	\$45.79		\$104.21	OA-45	N381	
SUBTOTAL 1		\$150.00	\$45.79	\$45.79		\$104.21			
CLAIM ADJUSTMENTS									
CLAIM TOTAL						\$0.00			
						\$45.79			
Insured: 10677109300 [REDACTED] Patient: Ruddle Evans, MICHELE B									
Service Provider: 1780087643 (XX) LIU, JING									
Claim/Patient Account Number: RUDMI000 Payer Claim Number: 173120246A00									
Product Name: Medicaid CFC (Covered Families and Children)									
Status: Processed as Primary									
11/2/2017-11/2/2017	64418 (50SA)	\$275.00	\$80.20	\$80.20		\$194.80	OA-45	N381	
11/2/2017-11/2/2017	76942 (SA)	\$400.00	\$55.01	\$55.01		\$344.99	OA-45	N381	
11/2/2017-11/2/2017	J3301 (SA)	\$120.00	\$0.00	\$0.00		\$120.00	OA-45	N381	
11/2/2017-11/2/2017	G0397 (SA)	\$130.00	\$47.68	\$47.68		\$82.32	OA-45	N381	
11/2/2017-11/2/2017	80307 (SA)	\$180.00	\$45.04	\$45.04		\$134.96	OA-45	N381	
11/2/2017-11/2/2017	80320 (SA)	\$20.00	\$14.74	\$14.74		\$5.26	OA-45	N381	
SUBTOTAL 6		\$1,125.00	\$242.67	\$242.67		\$882.33			
CLAIM ADJUSTMENTS						\$0.00			
CLAIM TOTAL						\$242.67			
Insured: 10251973300 [REDACTED] Patient: Williams, ANGELA R									
Service Provider: 1780087643 (XX) LIU, JING									
Claim/Patient Account Number: STEAN000 Payer Claim Number: 17312024ER00									
Product Name: Medicaid CFC (Covered Families and Children)									
Status: Processed as Primary									
11/2/2017-11/2/2017	64418 (50SA)	\$275.00	\$80.20	\$80.20		\$194.80	OA-45	N381	
11/2/2017-11/2/2017	76942 (SA)	\$400.00	\$55.01	\$55.01		\$344.99	OA-45	N381	
11/2/2017-11/2/2017	J3301 (SA)	\$120.00	\$0.00	\$0.00		\$120.00	OA-45	N381	
11/2/2017-11/2/2017	G0397 (SA)	\$130.00	\$47.68	\$47.68		\$82.32	OA-45	N381	
11/2/2017-11/2/2017	80307 (SA)	\$180.00	\$45.04	\$45.04		\$134.96	OA-45	N381	
11/2/2017-11/2/2017	80320 (SA)	\$20.00	\$14.74	\$14.74		\$5.26	OA-45	N381	
SUBTOTAL 6		\$1,125.00	\$242.67	\$242.67		\$882.33			
CLAIM ADJUSTMENTS						\$0.00			
CLAIM TOTAL						\$242.67			
Insured: 10209820700 [REDACTED] Patient: THACKER, SUMMER N									
Service Provider: 1780087643 (XX) LIU, JING									
Claim/Patient Account Number: THASU000 Payer Claim Number: 17312024T600									
Product Name: Medicaid CFC (Covered Families and Children)									
Status: Processed as Primary									
11/2/2017-11/2/2017	64450 (SA)	\$440.00	\$105.04	\$105.04		\$334.96	OA-45	N381	
11/2/2017-11/2/2017	76942 (SA)	\$400.00	\$55.01	\$55.01		\$344.99	OA-45	N381	
11/2/2017-11/2/2017	J3301 (SA)	\$120.00	\$0.00	\$0.00		\$120.00	OA-45	N381	
11/2/2017-11/2/2017	G0397 (SA)	\$130.00	\$47.68	\$47.68		\$82.32	OA-45	N381	
11/2/2017-11/2/2017	80307 (SA)	\$180.00	\$45.04	\$45.04		\$134.96	OA-45	N381	
11/2/2017-11/2/2017	80320 (SA)	\$20.00	\$14.74	\$14.74		\$5.26	OA-45	N381	
SUBTOTAL 4		\$1,090.00	\$207.73	\$207.73		\$882.27			
CLAIM ADJUSTMENTS						\$0.00			
CLAIM TOTAL						\$207.73			
Insured: 10279545000 [REDACTED] Patient: VAYNSHTEYN, DIANA									
Service Provider: 1780087643 (XX) LIU, JING									
Claim/Patient Account Number: VAYDI000 Payer Claim Number: 17307025LM00									
Product Name: Medicaid CFC (Covered Families and Children)									
Status: Processed as Primary									
10/31/2017-10/31/2017	64450 (SA)	\$440.00	\$52.52	\$52.52		\$387.48	OA-45	N10	
10/31/2017-10/31/2017	76942 (SA)	\$400.00	\$55.01	\$55.01		\$344.99	OA-45	N381	
10/31/2017-10/31/2017	J3301 (SA)	\$120.00	\$0.00	\$0.00		\$120.00	OA-45	N381	
10/31/2017-10/31/2017	G0397 (SA)	\$130.00	\$47.68	\$47.68		\$82.32	OA-45	N381	
10/31/2017-10/31/2017	80307 (SA)	\$180.00	\$45.04	\$45.04		\$134.96	OA-45	N381	
10/31/2017-10/31/2017	80320 (SA)	\$20.00	\$14.74	\$14.74		\$5.26	OA-45	N381	
SUBTOTAL 4		\$1,090.00	\$155.21	\$155.21		\$934.79			
CLAIM ADJUSTMENTS						\$0.00			
CLAIM TOTAL						\$155.21			
Insured: 10219766600 [REDACTED] Patient: WELCH, REBECCA J									
Service Provider: 1780087643 (XX) LIU, JING									
Claim/Patient Account Number: WELRE000 Payer Claim Number: 17307022G500									
Product Name: Medicaid CFC (Covered Families and Children)									
Status: Processed as Primary									
10/30/2017-10/30/2017	64450 (SA)	\$440.00	\$105.04	\$105.04		\$334.96	OA-45	N381	
10/30/2017-10/30/2017	76942 (SA)	\$400.00	\$55.01	\$55.01		\$344.99	OA-45	N381	
10/30/2017-10/30/2017	J3301 (SA)	\$120.00	\$0.00	\$0.00		\$120.00	OA-45	N381	
10/30/2017-10/30/2017	G0397 (SA)	\$130.00	\$47.68	\$47.68		\$82.32	OA-45	N381	
10/30/2017-10/30/2017	80307 (SA)	\$180.00	\$45.04	\$45.04		\$134.96	OA-45	N381	
10/30/2017-10/30/2017	80320 (SA)	\$20.00	\$14.74	\$14.74		\$5.26	OA-45	N381	
SUBTOTAL 6		\$1,290.00	\$267.51	\$267.51		\$1,022.49			
CLAIM ADJUSTMENTS						\$0.00			
CLAIM TOTAL						\$267.51			
Insured: 10640291100 [REDACTED] Patient: WHITEHEAD, LORENZO F									
Service Provider: 1780087643 (XX) LIU, JING									
Claim/Patient Account Number: WHILO000 Payer Claim Number: 17312029P000									
Product Name: Medicaid CFC (Covered Families and Children)									
Status: Processed as Primary									
11/2/2017-11/2/2017	64450 (SA)	\$440.00	\$105.04	\$105.04		\$334.96	OA-45	N381	
11/2/2017-11/2/2017	76942 (SA)	\$400.00	\$55.01	\$55.01		\$344.99	OA-45	N381	
11/2/2017-11/2/2017	J3301 (SA)	\$120.00	\$0.00	\$0.00		\$120.00	OA-45	N381	
11/2/2017-11/2/2017	G0397 (SA)	\$130.00	\$47.68	\$47.68		\$82.32	OA-45	N381	
11/2/2017-11/2/2017	80307 (SA)	\$180.00	\$45.04	\$45.04		\$134.96	OA-45	N381	
11/2/2017-11/2/2017	80320 (SA)	\$20.00	\$14.74	\$14.74		\$5.26	OA-45	N381	
SUBTOTAL 6		\$1,290.00	\$267.51	\$267.51		\$1,022.49			
CLAIM ADJUSTMENTS						\$0.00			
CLAIM TOTAL						\$267.51			
Insured: 10689729500 [REDACTED] Patient: WIREMAN, MARK A									
Service Provider: 1619178308 (XX) MARGOLIN, LEON J									
Claim/Patient Account Number: WIRMA000 Payer Claim Number: 17307038KJ00									
Product Name: Medicaid CFC (Covered Families and Children)									
Status: Processed as Secondary									
8/21/2017-8/21/2017	64450	\$440.00	\$110.29	\$0.00		\$440.00	OA-45, OA-23N420N4N381		
8/21/2017-8/21/2017	76942	\$400.00	\$57.76	\$0.00		\$400.00	OA-45, OA-23N420N4N381		
8/21/2017-8/21/2017	J3301	\$120.00	\$15.79	\$2.16		\$117.84	OA-45, OA-23 N420N381		
8/21/2017-8/21/2017	99409	\$230.00	\$0.00	\$0.00		\$230.00	OA-182, OA-23 N420N4M51		
SUBTOTAL 4		\$1,190.00	\$183.84	\$2.16		\$1,187.84	OA-22		
CLAIM ADJUSTMENTS						\$0.00			



CLAIM TOTAL		\$2.16			
TOTAL	237	\$51,215.00	\$9,733.33	\$9,265.51	\$41,949.49
PROVIDER ADJUSTMENTS		\$9,265.51			
PAYMENT TOTAL		\$0.00			

ADJUSTMENT REASON CODES:

- OA: Other adjustments
- 45: Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.
- B10: Allowed amount has been reduced because a component of the basic procedure/test was paid. The beneficiary is not liable for more than the charge limit for the
- 27: Expenses incurred after coverage terminated.
- 59: Processed based on multiple or concurrent procedure rules. (For example multiple surgery or diagnostic imaging, concurrent anesthesia.)
- 23: The impact of prior payer(s) adjudication including payments and/or adjustments.
- 22: This care may be covered by another payer per coordination of benefits.
- 182: Procedure modifier was invalid on the date of service.

REMARK CODES:

- N391: Consult our contractual agreement for restrictions/billing/payment information related to these charges.
- N390: This service/report cannot be billed separately.
- N10: Claim/service adjusted based on the findings of a review organization/professional consult/manual adjudication/medical or dental advisor.
- N30: Patient ineligible for this service.
- N19: Procedure code incidental to primary procedure.
- N420: Claim payment was the result of a payer's retroactive adjustment due to a Coordination of Benefits or Third Party Liability Recovery.
- N4: Missing/incomplete/invalid prior insurance carrier EOB.
- N23: Alert: Patient liability may be affected due to coordination of benefits with other carriers and/or maximum benefit provisions.
- M51: Missing/incomplete/invalid procedure code(s).

Provider Level Adjustments

Provider ID : CS1617500183  
 Fiscal Period Date : 12/31/2017

Adj. Reason	Adj. Amount	Reference Number
Overpayment Recovery	\$9,265.51	1711031444081600



Payer Information

Name : CareSource  
 Identifier : 31114 (XV)  
 Address : P.O. Box 1920  
 Dayton, OH 45401

Payment Information

Payee Name : Comprehensive Pain Management  
 Payee Identifier : 900595881 (FI)  
 Address : 23901 Timberlane Dr  
 Beachwood, OH 44122-1556  
 Payment Method : NON  
 Payment Date : 12/6/2017  
 Check/EFT Number : 0987013

DOS	Proc. (M)	Charges	Allowed	Payment	Pat. Resp.	Not-Cov.	Adj. Reason	Remarks
Insured: 10359306700 [REDACTED] Patient: BAYER, PEGGY S								
Service Provider: 1780087643 (XX) LIU, JING								
Claim/Patient Account Number: BAYP000 Payer Claim Number: 1731203LYW00								
Product Name: Medicaid ABD (Aged, Blind or Disabled)								
Status: Processed as Primary								
11/3/2017-11/3/2017	64418 (50SA)	\$275.00	\$80.20	\$80.20		\$194.80	OA-45	N381
11/3/2017-11/3/2017	76942 (SA)	\$400.00	\$55.01	\$55.01		\$344.99	OA-45	N381
11/3/2017-11/3/2017	J3301 (SA)	\$120.00		\$0.00		\$120.00	OA-45	N381
11/3/2017-11/3/2017	G0397 (SA)	\$130.00	\$47.68	\$47.68		\$82.32	OA-45	N381
11/3/2017-11/3/2017	80307 (SA)	\$180.00	\$45.04	\$45.04		\$134.96	OA-45	N381
11/3/2017-11/3/2017	80320 (SA)	\$20.00	\$14.74	\$14.74		\$5.26	OA-45	N381
SUBTOTAL		6	\$1,125.00	\$242.67		\$882.33		
CLAIM ADJUSTMENTS				\$0.00				
CLAIM TOTAL				\$242.67				
Insured: 10554564300 [REDACTED] Patient: CROW, JENNIFER L								
Service Provider: 1780087643 (XX) LIU, JING								
Claim/Patient Account Number: WRJE000 Payer Claim Number: 1730703J6W00								
Product Name: Medicaid ABD (Aged, Blind or Disabled)								
Status: Processed as Primary								
10/30/2017-10/30/2017	64450 (SA)	\$440.00	\$105.04	\$105.04		\$334.96	OA-45	N381
10/30/2017-10/30/2017	76942 (SA)	\$400.00	\$55.01	\$55.01		\$344.99	OA-45	N381
10/30/2017-10/30/2017	J3301 (SA)	\$120.00		\$0.00		\$120.00	OA-45	N381
10/30/2017-10/30/2017	G0397 (SA)	\$130.00	\$47.68	\$47.68		\$82.32	OA-45	N381
SUBTOTAL		4	\$1,090.00	\$207.73		\$882.27		
CLAIM ADJUSTMENTS				\$0.00				
CLAIM TOTAL				\$207.73				
Insured: 10308860400 [REDACTED] Patient: DENARD, ANDREA L								
Service Provider: 1780087643 (XX) LIU, JING								
Claim/Patient Account Number: DENAN000 Payer Claim Number: 1731203LYN00								
Product Name: Medicaid ABD (Aged, Blind or Disabled)								
Status: Processed as Primary								
11/3/2017-11/3/2017	64450 (SA)	\$440.00	\$105.04	\$105.04		\$334.96	OA-45	N381
11/3/2017-11/3/2017	76942 (SA)	\$400.00	\$55.01	\$55.01		\$344.99	OA-45	N381
11/3/2017-11/3/2017	J3301 (SA)	\$120.00		\$0.00		\$120.00	OA-45	N381
11/3/2017-11/3/2017	G0397 (SA)	\$130.00	\$47.68	\$47.68		\$82.32	OA-45	N381
11/3/2017-11/3/2017	80307 (SA)	\$180.00	\$45.04	\$45.04		\$134.96	OA-45	N381
11/3/2017-11/3/2017	80320 (SA)	\$20.00	\$14.74	\$14.74		\$5.26	OA-45	N381
SUBTOTAL		6	\$1,290.00	\$267.51		\$1,022.49		
CLAIM ADJUSTMENTS				\$0.00				
CLAIM TOTAL				\$267.51				
Insured: 10336224000 [REDACTED] Patient: FARMER, OPAL J								
Service Provider: 1619178308 (XX) MARGOLIN, LEON J								
Claim/Patient Account Number: FAROP000 Payer Claim Number: 1733304YDM00								
Product Name: Medicaid ABD (Aged, Blind or Disabled)								
Status: Processed as Primary								
11/20/2017-11/20/2017	99213	\$150.00	\$45.79	\$45.79		\$104.21	OA-45	N381
SUBTOTAL		1	\$150.00	\$45.79		\$104.21		
CLAIM ADJUSTMENTS				\$0.00				
CLAIM TOTAL				\$45.79				
Insured: 10425449900 [REDACTED] Patient: FINHOLDT, ROSEMARY								
Service Provider: 1780087643 (XX) LIU, JING								
Claim/Patient Account Number: FINRO000 Payer Claim Number: 1730702M2Y00								
Product Name: Medicaid ABD (Aged, Blind or Disabled)								
Status: Processed as Primary								
10/31/2017-10/31/2017	64450 (SA)	\$440.00	\$105.04	\$105.04		\$334.96	OA-45	N381
10/31/2017-10/31/2017	76942 (SA)	\$400.00	\$55.01	\$55.01		\$344.99	OA-45	N381
10/31/2017-10/31/2017	J3301 (SA)	\$120.00		\$0.00		\$120.00	OA-45	N381
10/31/2017-10/31/2017	G0397 (SA)	\$130.00	\$47.68	\$47.68		\$82.32	OA-45	N381
SUBTOTAL		4	\$1,090.00	\$207.73		\$882.27		
CLAIM ADJUSTMENTS				\$0.00				
CLAIM TOTAL				\$207.73				
Insured: 10304454700 [REDACTED] Patient: FRANCIS, JON K								
Service Provider: 1780087643 (XX) LIU, JING								
Claim/Patient Account Number: FRAJ0002 Payer Claim Number: 1731202FKK00								
Product Name: Medicaid ABD (Aged, Blind or Disabled)								
Status: Processed as Primary								
11/3/2017-11/3/2017	64450 (SA)	\$440.00	\$105.04	\$105.04		\$334.96	OA-45	N381
11/3/2017-11/3/2017	76942 (SA)	\$400.00	\$55.01	\$55.01		\$344.99	OA-45	N381
11/3/2017-11/3/2017	J3301 (SA)	\$120.00		\$0.00		\$120.00	OA-45	N381
11/3/2017-11/3/2017	G0397 (SA)	\$130.00	\$47.68	\$47.68		\$82.32	OA-45	N381
SUBTOTAL		4	\$1,090.00	\$207.73		\$882.27		
CLAIM ADJUSTMENTS				\$0.00				
CLAIM TOTAL				\$207.73				
Insured: 10371509800 [REDACTED] Patient: HARRIS, DENISE I								
Service Provider: 1780087643 (XX) LIU, JING								
Claim/Patient Account Number: HARDE001 Payer Claim Number: 173120252T00								
Product Name: Medicaid ABD (Aged, Blind or Disabled)								
Status: Processed as Primary								
11/2/2017-11/2/2017	64450 (SA)	\$440.00	\$105.04	\$105.04		\$334.96	OA-45	N381
11/2/2017-11/2/2017	76942 (SA)	\$400.00	\$55.01	\$55.01		\$344.99	OA-45	N381
11/2/2017-11/2/2017	J3301 (SA)	\$120.00		\$0.00		\$120.00	OA-45	N381
11/2/2017-11/2/2017	G0397 (SA)	\$130.00	\$47.68	\$47.68		\$82.32	OA-45	N381
SUBTOTAL		4	\$1,090.00	\$207.73		\$882.27		
CLAIM ADJUSTMENTS				\$0.00				
CLAIM TOTAL				\$207.73				



CLAIM ADJUSTMENTS				90.00			
CLAIM TOTAL				\$207.73			
Insured: 10306586700 [REDACTED] Patient: HUNTER, DAVID							
Service Provider: 1780087643 (XX) LIU, JING							
Claim/Patient Account Number: HUNDA000 Payer Claim Number: 17333045BF00							
Product Name: Medicaid ABD (Aged, Blind or Disabled)							
Status: Processed as Primary							
11/21/2017-11/21/2017	99213 (SA)	\$150.00	\$43.61	\$43.61	\$106.39	OA-45	N381
SUBTOTAL		1	\$150.00	\$43.61	\$43.61	\$106.39	
CLAIM ADJUSTMENTS				90.00			
CLAIM TOTAL				\$43.61			
Insured: 10325900500 [REDACTED] Patient: JAMES, PATRICIA A							
Service Provider: 1780087643 (XX) LIU, JING							
Claim/Patient Account Number: JAMPA000 Payer Claim Number: 17307024SG00							
Product Name: Medicaid ABD (Aged, Blind or Disabled)							
Status: Processed as Primary							
10/30/2017-10/30/2017	64450 (SA)	\$440.00	\$105.04	\$105.04	\$334.96	OA-45	N381
10/30/2017-10/30/2017	76942 (SA)	\$400.00	\$55.01	\$55.01	\$344.99	OA-45	N381
10/30/2017-10/30/2017	J3301 (SA)	\$120.00	\$0.00	\$0.00	\$120.00	OA-45	N381
10/30/2017-10/30/2017	G0397 (SA)	\$130.00	\$47.68	\$47.68	\$82.32	OA-45	N381
SUBTOTAL		4	\$1,090.00	\$207.73	\$207.73	\$882.27	
CLAIM ADJUSTMENTS				90.00			
CLAIM TOTAL				\$207.73			
Insured: 10328204300 [REDACTED] Patient: JAMISON, ESPERONZA C							
Service Provider: 1780087643 (XX) LIU, JING							
Claim/Patient Account Number: JAMES000 Payer Claim Number: 1730703HXS00							
Product Name: Medicaid ABD (Aged, Blind or Disabled)							
Status: Processed as Primary							
10/30/2017-10/30/2017	64450 (SA)	\$440.00	\$105.04	\$105.04	\$334.96	OA-45	N381
10/30/2017-10/30/2017	76942 (SA)	\$400.00	\$55.01	\$55.01	\$344.99	OA-45	N381
10/30/2017-10/30/2017	J3301 (SA)	\$120.00	\$0.00	\$0.00	\$120.00	OA-45	N381
10/30/2017-10/30/2017	G0397 (SA)	\$130.00	\$47.68	\$47.68	\$82.32	OA-45	N381
SUBTOTAL		4	\$1,090.00	\$207.73	\$207.73	\$882.27	
CLAIM ADJUSTMENTS				90.00			
CLAIM TOTAL				\$207.73			
Insured: 10498020600 [REDACTED] Patient: LEWIS, PAMELA R							
Service Provider: 1780087643 (XX) LIU, JING							
Claim/Patient Account Number: LEWPA000 Payer Claim Number: 17307022NA00							
Product Name: Medicaid ABD (Aged, Blind or Disabled)							
Status: Processed as Primary							
10/30/2017-10/30/2017	64418 (SAS0)	\$275.00	\$80.20	\$80.20	\$194.80	OA-45	N381
10/30/2017-10/30/2017	76942 (SA)	\$400.00	\$55.01	\$55.01	\$344.99	OA-45	N381
10/30/2017-10/30/2017	J3301 (SA)	\$120.00	\$0.00	\$0.00	\$120.00	OA-45	N381
10/30/2017-10/30/2017	G0397 (SA)	\$130.00	\$47.68	\$47.68	\$82.32	OA-45	N381
10/30/2017-10/30/2017	80307 (SA)	\$180.00	\$45.04	\$45.04	\$134.96	OA-45	N381
10/30/2017-10/30/2017	80320 (SA)	\$20.00	\$14.74	\$14.74	\$5.26	OA-45	N381
SUBTOTAL		6	\$1,125.00	\$242.67	\$242.67	\$882.33	
CLAIM ADJUSTMENTS				90.00			
CLAIM TOTAL				\$242.67			
Insured: 10213877100 [REDACTED] Patient: LOCKETT, ROCHELLE							
Service Provider: 1780087643 (XX) LIU, JING							
Claim/Patient Account Number: LOCRO000 Payer Claim Number: 173070286L00							
Product Name: Medicaid ABD (Aged, Blind or Disabled)							
Status: Processed as Primary							
10/31/2017-10/31/2017	64450 (SA)	\$440.00	\$105.04	\$105.04	\$334.96	OA-45	N381
10/31/2017-10/31/2017	76942 (SA)	\$400.00	\$55.01	\$55.01	\$344.99	OA-45	N381
10/31/2017-10/31/2017	J3301 (SA)	\$120.00	\$0.00	\$0.00	\$120.00	OA-45	N381
10/31/2017-10/31/2017	G0397 (SA)	\$130.00	\$47.68	\$47.68	\$82.32	OA-45	N381
10/31/2017-10/31/2017	80320 (SA)	\$20.00	\$14.74	\$14.74	\$5.26	OA-45	N381
SUBTOTAL		5	\$1,110.00	\$222.47	\$222.47	\$887.53	
CLAIM ADJUSTMENTS				90.00			
CLAIM TOTAL				\$222.47			
Insured: 10206330300 [REDACTED] Patient: MCDONALD, DAVONNA L							
Service Provider: 1780087643 (XX) LIU, JING							
Claim/Patient Account Number: MCDDA000 Payer Claim Number: 1733304XBEO0							
Product Name: Medicaid ABD (Aged, Blind or Disabled)							
Status: Processed as Primary							
11/21/2017-11/21/2017	99213 (SA)	\$150.00	\$43.61	\$43.61	\$106.39	OA-45	N381
SUBTOTAL		1	\$150.00	\$43.61	\$43.61	\$106.39	
CLAIM ADJUSTMENTS				90.00			
CLAIM TOTAL				\$43.61			
Insured: 10323393600 [REDACTED] Patient: MCKNIGHT, GEORGIA L							
Service Provider: 1780087643 (XX) LIU, JING							
Claim/Patient Account Number: MCKGE001 Payer Claim Number: 1733303QPZ00							
Product Name: Medicaid ABD (Aged, Blind or Disabled)							
Status: Processed as Primary							
11/21/2017-11/21/2017	99213 (SA)	\$150.00	\$43.61	\$43.61	\$106.39	OA-45	N381
SUBTOTAL		1	\$150.00	\$43.61	\$43.61	\$106.39	
CLAIM ADJUSTMENTS				90.00			
CLAIM TOTAL				\$43.61			
Insured: 10394152900 [REDACTED] Patient: NOLAN, KATHLEEN M							
Service Provider: 1780087643 (XX) LIU, JING							
Claim/Patient Account Number: NOLKA000 Payer Claim Number: 1731202FA000							
Product Name: Medicaid ABD (Aged, Blind or Disabled)							
Status: Processed as Primary							
11/3/2017-11/3/2017	64450 (SA)	\$440.00	\$105.04	\$105.04	\$334.96	OA-45	N381
11/3/2017-11/3/2017	76942 (SA)	\$400.00	\$55.01	\$55.01	\$344.99	OA-45	N381
11/3/2017-11/3/2017	J3301 (SA)	\$120.00	\$0.00	\$0.00	\$120.00	OA-45	N381
11/3/2017-11/3/2017	G0397 (SA)	\$130.00	\$47.68	\$47.68	\$82.32	OA-45	N381
SUBTOTAL		4	\$1,090.00	\$207.73	\$207.73	\$882.27	
CLAIM ADJUSTMENTS				90.00			
CLAIM TOTAL				\$207.73			
Insured: 10406742200 ROGERS, DEREK M Patient: ROGERS, DEREK M							
Service Provider: 1780087643 (XX) LIU, JING							
Claim/Patient Account Number: ROGDE000 Payer Claim Number: 1731203MHU00							
Product Name: Medicaid ABD (Aged, Blind or Disabled)							



Status: Processed as Primary

11/2/2017-11/2/2017	64450(SA)	\$440.00	\$105.04	\$105.04	\$334.96	OA-45	N381
11/2/2017-11/2/2017	76942(SA)	\$400.00	\$55.01	\$55.01	\$344.99	OA-45	N381
11/2/2017-11/2/2017	J3301(SA)	\$120.00		\$0.00	\$120.00	OA-45	N381
11/2/2017-11/2/2017	G0397(SA)	\$130.00	\$47.68	\$47.68	\$82.32	OA-45	N381
11/2/2017-11/2/2017	80307(SA)	\$180.00	\$45.04	\$45.04	\$134.96	OA-45	N381
11/2/2017-11/2/2017	80320(SA)	\$20.00	\$14.74	\$14.74	\$5.26	OA-45	N381
SUBTOTAL		\$1,290.00	\$267.51	\$267.51	\$1,022.49		

CLAIM ADJUSTMENTS \$0.00  
 CLAIM TOTAL \$267.51

Insured: 10326700400 [REDACTED] Patient: STILTNER, Beverly K  
 Service Provider: 1780087643 (XX) LIU, JING  
 Claim/Patient Account Number: STIBE000 Payer Claim Number: 1731203MJT00  
 Product Name: Medicaid ABD (Aged, Blind or Disabled)

Status: Processed as Primary

11/2/2017-11/2/2017	64450(SA)	\$440.00	\$105.04	\$105.04	\$334.96	OA-45	N381
11/2/2017-11/2/2017	76942(SA)	\$400.00	\$55.01	\$55.01	\$344.99	OA-45	N381
11/2/2017-11/2/2017	J3301(SA)	\$120.00		\$0.00	\$120.00	OA-45	N381
11/2/2017-11/2/2017	G0397(SA)	\$130.00	\$47.68	\$47.68	\$82.32	OA-45	N381
11/2/2017-11/2/2017	80307(SA)	\$180.00	\$45.04	\$45.04	\$134.96	OA-45	N381
11/2/2017-11/2/2017	80320(SA)	\$20.00	\$14.74	\$14.74	\$5.26	OA-45	N381
SUBTOTAL		\$1,290.00	\$267.51	\$267.51	\$1,022.49		

CLAIM ADJUSTMENTS \$0.00  
 CLAIM TOTAL \$267.51

Insured: 10306621700 [REDACTED] Patient: STONE, MARTHA J  
 Service Provider: 1780087643 (XX) LIU, JING  
 Claim/Patient Account Number: STOMA000 Payer Claim Number: 1733304P3Q00  
 Product Name: Medicaid ABD (Aged, Blind or Disabled)

Status: Processed as Primary

11/21/2017-11/21/2017	99213(SA)	\$150.00	\$43.61	\$43.61	\$106.39	OA-45	N381
11/21/2017-11/21/2017	G0397(SA)	\$130.00		\$0.00	\$130.00	OA-B10	N390
SUBTOTAL		\$280.00	\$43.61	\$43.61	\$236.39		

CLAIM ADJUSTMENTS \$0.00  
 CLAIM TOTAL \$43.61

Insured: 10307779700 [REDACTED] Patient: TODD, DEBORAH M  
 Service Provider: 1780087643 (XX) LIU, JING  
 Claim/Patient Account Number: TODDE000 Payer Claim Number: 1731203MQC00  
 Product Name: Medicaid ABD (Aged, Blind or Disabled)

Status: Processed as Primary

11/2/2017-11/2/2017	64450(SA)	\$220.00	\$52.52	\$52.52	\$167.48	OA-45	N381
11/2/2017-11/2/2017	76942(SA)	\$400.00	\$55.01	\$55.01	\$344.99	OA-45	N381
11/2/2017-11/2/2017	J3301(SA)	\$120.00		\$0.00	\$120.00	OA-45	N381
11/2/2017-11/2/2017	G0397(SA)	\$130.00	\$47.68	\$47.68	\$82.32	OA-45	N381
11/2/2017-11/2/2017	80307(SA)	\$180.00	\$45.04	\$45.04	\$134.96	OA-45	N381
11/2/2017-11/2/2017	80320(SA)	\$20.00	\$14.74	\$14.74	\$5.26	OA-45	N381
11/2/2017-11/2/2017	64450(SA)	\$220.00	\$26.26	\$26.26	\$193.74	OA-45	N10
SUBTOTAL		\$1,290.00	\$241.25	\$241.25	\$1,048.75		

CLAIM ADJUSTMENTS \$0.00  
 CLAIM TOTAL \$241.25

Insured: 10526780500 [REDACTED] Patient: WALKER, DAVID F  
 Service Provider: 1780087643 (XX) LIU, JING  
 Claim/Patient Account Number: WALDA000 Payer Claim Number: 17307028FX00  
 Product Name: Medicaid ABD (Aged, Blind or Disabled)

Status: Processed as Primary

10/30/2017-10/30/2017	64450(SA)	\$220.00	\$52.52	\$52.52	\$167.48	OA-45	N381
10/30/2017-10/30/2017	76942(SA)	\$400.00	\$55.01	\$55.01	\$344.99	OA-45	N381
10/30/2017-10/30/2017	J3301(SA)	\$120.00		\$0.00	\$120.00	OA-45	N381
10/30/2017-10/30/2017	G0397(SA)	\$130.00	\$47.68	\$47.68	\$82.32	OA-45	N381
10/30/2017-10/30/2017	80307(SA)	\$180.00	\$45.04	\$45.04	\$134.96	OA-45	N381
10/30/2017-10/30/2017	80320(SA)	\$20.00	\$14.74	\$14.74	\$5.26	OA-45	N381
10/30/2017-10/30/2017	64450(SA)	\$220.00	\$26.26	\$26.26	\$193.74	OA-45	N10
SUBTOTAL		\$1,290.00	\$241.25	\$241.25	\$1,048.75		

CLAIM ADJUSTMENTS \$0.00  
 CLAIM TOTAL \$241.25

Insured: 10744035100 [REDACTED] Patient: ADAMS, CHAD C  
 Service Provider: 1780087643 (XX) LIU, JING  
 Claim/Patient Account Number: ADACH000 Payer Claim Number: 17307022D400  
 Product Name: Medicaid CFC (Covered Families and Children)

Status: Processed as Primary

10/30/2017-10/30/2017	64450(SA)	\$220.00	\$52.52	\$52.52	\$167.48	OA-45	N381
10/30/2017-10/30/2017	76942(SA)	\$400.00	\$55.01	\$55.01	\$344.99	OA-45	N381
10/30/2017-10/30/2017	J3301(SA)	\$120.00		\$0.00	\$120.00	OA-45	N381
10/30/2017-10/30/2017	G0397(SA)	\$130.00	\$47.68	\$47.68	\$82.32	OA-45	N381
10/30/2017-10/30/2017	80307(SA)	\$180.00	\$45.04	\$45.04	\$134.96	OA-45	N381
10/30/2017-10/30/2017	80320(SA)	\$20.00	\$14.74	\$14.74	\$5.26	OA-45	N381
10/30/2017-10/30/2017	64450(SA)	\$220.00	\$52.52	\$52.52	\$167.48	OA-45	N381
SUBTOTAL		\$1,290.00	\$267.51	\$267.51	\$1,022.49		

CLAIM ADJUSTMENTS \$0.00  
 CLAIM TOTAL \$267.51

Insured: 10454045000 [REDACTED] Patient: ADKINS, CATHERINE J  
 Service Provider: 1780087643 (XX) LIU, JING  
 Claim/Patient Account Number: ADKCA001 Payer Claim Number: 1733304VDR00  
 Product Name: Medicaid CFC (Covered Families and Children)

Status: Processed as Primary

11/21/2017-11/21/2017	99213(SA)	\$150.00	\$43.61	\$43.61	\$106.39	OA-45	N381
SUBTOTAL		\$150.00	\$43.61	\$43.61	\$106.39		

CLAIM ADJUSTMENTS \$0.00  
 CLAIM TOTAL \$43.61

Insured: 10297200100 [REDACTED] Patient: ARMSTRONG, STACY L  
 Service Provider: 1780087643 (XX) LIU, JING  
 Claim/Patient Account Number: ARMST000 Payer Claim Number: 17312028UR00  
 Product Name: Medicaid CFC (Covered Families and Children)

Status: Processed as Primary

11/2/2017-11/2/2017	64418(SOSA)	\$275.00	\$80.20	\$80.20	\$194.80	OA-45	N381
11/2/2017-11/2/2017	76942(SA)	\$400.00	\$55.01	\$55.01	\$344.99	OA-45	N381
11/2/2017-11/2/2017	J3301(SA)	\$120.00		\$0.00	\$120.00	OA-45	N381
11/2/2017-11/2/2017	G0397(SA)	\$130.00	\$47.68	\$47.68	\$82.32	OA-45	N381
11/2/2017-11/2/2017	80307(SA)	\$180.00	\$45.04	\$45.04	\$134.96	OA-45	N381
11/2/2017-11/2/2017	80320(SA)	\$20.00	\$14.74	\$14.74	\$5.26	OA-45	N381
SUBTOTAL		\$1,125.00	\$242.67	\$242.67	\$882.33		



CLAIM ADJUSTMENTS							
CLAIM TOTAL						\$242.67	
Insured: 10446310400 [REDACTED] Patient: Attia, Ashraf							
Service Provider: 1780087643 (XX) LIU, JING							
Claim/Patient Account Number: ASHAT000 Payer Claim Number: 17307025T700							
Product Name: Medicaid CFC (Covered Families and Children)							
Status: Processed as Primary							
10/30/2017-10/30/2017	64418 (50SA)	\$275.00	\$80.20	\$80.20	\$194.80	OA-45	N381
10/30/2017-10/30/2017	76942 (SA)	\$400.00	\$55.01	\$55.01	\$344.99	OA-45	N381
10/30/2017-10/30/2017	J3301 (SA)	\$120.00		\$0.00	\$120.00	OA-45	N381
10/30/2017-10/30/2017	G0397 (SA)	\$130.00	\$47.68	\$47.68	\$82.32	OA-45	N381
SUBTOTAL		4	\$925.00	\$182.89	\$742.11		
CLAIM ADJUSTMENTS						\$0.00	
CLAIM TOTAL						\$182.89	
Insured: 10455101400 [REDACTED] Patient: BITTING, GLORIA J							
Service Provider: 1780087643 (XX) LIU, JING							
Claim/Patient Account Number: BITGL000 Payer Claim Number: 17333048KP00							
Product Name: Medicaid CFC (Covered Families and Children)							
Status: Processed as Primary							
11/21/2017-11/21/2017	64450 (SA)	\$440.00		\$0.00	\$440.00	OA-27	N30
11/21/2017-11/21/2017	76942 (SA)	\$400.00		\$0.00	\$400.00	OA-27	N30
11/21/2017-11/21/2017	J3301 (SA)	\$120.00		\$0.00	\$120.00	OA-27	N30
11/21/2017-11/21/2017	G0397 (SA)	\$130.00		\$0.00	\$130.00	OA-27	N30
SUBTOTAL		4	\$1,090.00	\$0.00	\$1,090.00		
CLAIM ADJUSTMENTS						\$0.00	
CLAIM TOTAL						\$0.00	
Insured: 10225384500 [REDACTED] Patient: BLAIR, MARK A							
Service Provider: 1780087643 (XX) LIU, JING							
Claim/Patient Account Number: BLAMA001 Payer Claim Number: 1731202J2G00							
Product Name: Medicaid CFC (Covered Families and Children)							
Status: Processed as Primary							
11/3/2017-11/3/2017	64450 (SA)	\$440.00	\$105.04	\$105.04	\$334.96	OA-45	N381
11/3/2017-11/3/2017	76942 (SA)	\$400.00	\$55.01	\$55.01	\$344.99	OA-45	N381
11/3/2017-11/3/2017	J3301 (SA)	\$120.00		\$0.00	\$120.00	OA-45	N381
11/3/2017-11/3/2017	G0397 (SA)	\$130.00	\$47.68	\$47.68	\$82.32	OA-45	N381
11/3/2017-11/3/2017	80307 (SA)	\$180.00	\$45.04	\$45.04	\$134.96	OA-45	N381
11/3/2017-11/3/2017	80320 (SA)	\$20.00	\$14.74	\$14.74	\$5.26	OA-45	N381
SUBTOTAL		6	\$1,290.00	\$267.51	\$1,022.49		
CLAIM ADJUSTMENTS						\$0.00	
CLAIM TOTAL						\$267.51	
Insured: 10628696300 [REDACTED] Patient: BOOTH, LORI A							
Service Provider: 1780087643 (XX) LIU, JING							
Claim/Patient Account Number: BOOLO000 Payer Claim Number: 17307026G800							
Product Name: Medicaid CFC (Covered Families and Children)							
Status: Processed as Primary							
10/30/2017-10/30/2017	64450 (SA)	\$440.00	\$105.04	\$105.04	\$334.96	OA-45	N381
10/30/2017-10/30/2017	76942 (SA)	\$400.00	\$55.01	\$55.01	\$344.99	OA-45	N381
10/30/2017-10/30/2017	J3301 (SA)	\$120.00		\$0.00	\$120.00	OA-45	N381
10/30/2017-10/30/2017	G0397 (SA)	\$130.00	\$47.68	\$47.68	\$82.32	OA-45	N381
10/30/2017-10/30/2017	80307 (SA)	\$180.00	\$45.04	\$45.04	\$134.96	OA-45	N381
10/30/2017-10/30/2017	80320 (SA)	\$20.00	\$14.74	\$14.74	\$5.26	OA-45	N381
SUBTOTAL		6	\$1,290.00	\$267.51	\$1,022.49		
CLAIM ADJUSTMENTS						\$0.00	
CLAIM TOTAL						\$267.51	
Insured: 10403098900 [REDACTED] Patient: CALDWELL, CRYSTAL G							
Service Provider: 1619178308 (XX) MARGOLIN, LEON J							
Claim/Patient Account Number: CALCR000 Payer Claim Number: 1730002MQR00							
Product Name: Medicaid CFC (Covered Families and Children)							
Status: Processed as Primary							
10/24/2017-10/24/2017	64450	\$220.00	\$55.15	\$55.15	\$164.85	OA-45	N381
10/24/2017-10/24/2017	64450 (51)	\$220.00	\$27.58	\$27.58	\$192.42	OA-59	N19
10/24/2017-10/24/2017	76942	\$400.00	\$57.76	\$57.76	\$342.24	OA-45	N381
10/24/2017-10/24/2017	J3301	\$120.00	\$15.79	\$15.79	\$104.21	OA-45	N381
10/24/2017-10/24/2017	G0397	\$130.00	\$50.06	\$50.06	\$79.94	OA-45	N381
10/24/2017-10/24/2017	80307	\$180.00	\$47.29	\$47.29	\$132.71	OA-45	N381
10/24/2017-10/24/2017	80320	\$20.00	\$15.48	\$15.48	\$4.52	OA-45	N381
SUBTOTAL		7	\$1,290.00	\$269.11	\$1,020.89		
CLAIM ADJUSTMENTS						\$0.00	
CLAIM TOTAL						\$269.11	
Insured: 10403098900 [REDACTED] Patient: CALDWELL, CRYSTAL G							
Service Provider: 1780087643 (XX) LIU, JING							
Claim/Patient Account Number: CALCR000 Payer Claim Number: 1733303ZEC00							
Product Name: Medicaid CFC (Covered Families and Children)							
Status: Processed as Primary							
11/21/2017-11/21/2017	99213 (SA)	\$150.00	\$43.61	\$43.61	\$106.39	OA-45	N381
SUBTOTAL		1	\$150.00	\$43.61	\$106.39		
CLAIM ADJUSTMENTS						\$0.00	
CLAIM TOTAL						\$43.61	
Insured: 10678229200 [REDACTED] Patient: CASTRO, KIMBERLY K							
Service Provider: 1780087643 (XX) LIU, JING							
Claim/Patient Account Number: CASKI000 Payer Claim Number: 17312024SV00							
Product Name: Medicaid CFC (Covered Families and Children)							
Status: Processed as Primary							
11/2/2017-11/2/2017	64450 (SA)	\$440.00	\$105.04	\$105.04	\$334.96	OA-45	N381
11/2/2017-11/2/2017	76942 (SA)	\$400.00	\$55.01	\$55.01	\$344.99	OA-45	N381
11/2/2017-11/2/2017	J3301 (SA)	\$120.00		\$0.00	\$120.00	OA-45	N381
11/2/2017-11/2/2017	G0397 (SA)	\$130.00	\$47.68	\$47.68	\$82.32	OA-45	N381
SUBTOTAL		4	\$1,090.00	\$207.73	\$882.27		
CLAIM ADJUSTMENTS						\$0.00	
CLAIM TOTAL						\$207.73	
Insured: 10210652400 [REDACTED] Patient: CHARLES, TIFFANIE							
Service Provider: 1780087643 (XX) LIU, JING							
Claim/Patient Account Number: CHATI000 Payer Claim Number: 1730702LQD00							
Product Name: Medicaid CFC (Covered Families and Children)							
Status: Processed as Primary							
10/31/2017-10/31/2017	64450 (SA)	\$220.00	\$52.52	\$52.52	\$167.48	OA-45	N381
10/31/2017-10/31/2017	76942 (SA)	\$400.00	\$55.01	\$55.01	\$344.99	OA-45	N381
10/31/2017-10/31/2017	J3301 (SA)	\$120.00		\$0.00	\$120.00	OA-45	N381
10/31/2017-10/31/2017	G0397 (SA)	\$130.00	\$47.68	\$47.68	\$82.32	OA-45	N381



10/31/2017-10/31/2017	64450(SA)	\$220.00	\$52.52	\$52.52	\$167.48	OA-45	N381
SUBTOTAL		\$1,090.00	\$207.73	\$207.73	\$882.27		
CLAIM ADJUSTMENTS				\$0.00			
CLAIM TOTAL				\$207.73			
Insured: 10264814600 [REDACTED] Patient: CONWELL, JACOB Service Provider: 1780087643 (XX) LIU, JING Claim/Patient Account Number: CONJA001 Payer Claim Number: 1733303WVQ00 Product Name: Medicaid CFC (Covered Families and Children) Status: Processed as Primary							
11/21/2017-11/21/2017	99213(SA)	\$150.00	\$43.61	\$43.61	\$106.39	OA-45	N381
SUBTOTAL		\$150.00	\$43.61	\$43.61	\$106.39		
CLAIM ADJUSTMENTS				\$0.00			
CLAIM TOTAL				\$43.61			
Insured: 10431355800 [REDACTED] Patient: DOLEN, ERIC L Service Provider: 1619178308 (XX) MARGOLIN, LEON J Claim/Patient Account Number: DOLER000 Payer Claim Number: 173330520200 Product Name: Medicaid CFC (Covered Families and Children) Status: Processed as Primary							
11/20/2017-11/20/2017	99213	\$150.00	\$45.79	\$45.79	\$104.21	OA-45	N381
SUBTOTAL		\$150.00	\$45.79	\$45.79	\$104.21		
CLAIM ADJUSTMENTS				\$0.00			
CLAIM TOTAL				\$45.79			
Insured: 10457449400 [REDACTED] Patient: ELLER, AUDRA L Service Provider: 1780087643 (XX) LIU, JING Claim/Patient Account Number: ELLAU000 Payer Claim Number: 1731203VX100 Product Name: Medicaid CFC (Covered Families and Children) Status: Processed as Primary							
11/2/2017-11/2/2017	64450(SA)	\$440.00	\$0.00	\$0.00	\$440.00	OA-27	N30
11/2/2017-11/2/2017	76942(SA)	\$400.00	\$0.00	\$0.00	\$400.00	OA-27	N30
11/2/2017-11/2/2017	J3301(SA)	\$120.00	\$0.00	\$0.00	\$120.00	OA-27	N30
11/2/2017-11/2/2017	G0397(SA)	\$130.00	\$0.00	\$0.00	\$130.00	OA-27	N30
SUBTOTAL		\$1,090.00	\$0.00	\$0.00	\$1,090.00		
CLAIM ADJUSTMENTS				\$0.00			
CLAIM TOTAL				\$0.00			
Insured: 10421927100 [REDACTED] Patient: HASSAN, JOORE Service Provider: 1780087643 (XX) LIU, JING Claim/Patient Account Number: HASJ0000 Payer Claim Number: 1731203MGV00 Product Name: Medicaid CFC (Covered Families and Children) Status: Processed as Primary							
11/2/2017-11/2/2017	64450(SA)	\$440.00	\$105.04	\$105.04	\$334.96	OA-45	N381
11/2/2017-11/2/2017	76942(SA)	\$400.00	\$55.01	\$55.01	\$344.99	OA-45	N381
11/2/2017-11/2/2017	J3301(SA)	\$120.00	\$0.00	\$0.00	\$120.00	OA-45	N381
11/2/2017-11/2/2017	G0397(SA)	\$130.00	\$47.68	\$47.68	\$82.32	OA-45	N381
11/2/2017-11/2/2017	80307(SA)	\$180.00	\$45.04	\$45.04	\$134.96	OA-45	N381
11/2/2017-11/2/2017	80320(SA)	\$20.00	\$14.74	\$14.74	\$5.26	OA-45	N381
SUBTOTAL		\$1,290.00	\$267.51	\$267.51	\$1,022.49		
CLAIM ADJUSTMENTS				\$0.00			
CLAIM TOTAL				\$267.51			
Insured: 10425080500 [REDACTED] Patient: HODGE, VIRGINIA E Service Provider: 1780087643 (XX) LIU, JING Claim/Patient Account Number: HODVI000 Payer Claim Number: 173070285500 Product Name: Medicaid CFC (Covered Families and Children) Status: Processed as Primary							
10/30/2017-10/30/2017	64450(SA)	\$440.00	\$105.04	\$105.04	\$334.96	OA-45	N381
10/30/2017-10/30/2017	76942(SA)	\$400.00	\$55.01	\$55.01	\$344.99	OA-45	N381
10/30/2017-10/30/2017	J3301(SA)	\$120.00	\$0.00	\$0.00	\$120.00	OA-45	N381
10/30/2017-10/30/2017	G0397(SA)	\$130.00	\$47.68	\$47.68	\$82.32	OA-45	N381
10/30/2017-10/30/2017	80307(SA)	\$180.00	\$45.04	\$45.04	\$134.96	OA-45	N381
10/30/2017-10/30/2017	80320(SA)	\$20.00	\$14.74	\$14.74	\$5.26	OA-45	N381
SUBTOTAL		\$1,290.00	\$267.51	\$267.51	\$1,022.49		
CLAIM ADJUSTMENTS				\$0.00			
CLAIM TOTAL				\$267.51			
Insured: 10205739100 [REDACTED] Patient: Jackson Sr, RAYNOL Service Provider: 1780087643 (XX) LIU, JING Claim/Patient Account Number: JACRA000 Payer Claim Number: 1730703FJF00 Product Name: Medicaid CFC (Covered Families and Children) Status: Processed as Primary							
10/31/2017-10/31/2017	64450(SA)	\$440.00	\$105.04	\$105.04	\$334.96	OA-45	N381
10/31/2017-10/31/2017	76942(SA)	\$400.00	\$55.01	\$55.01	\$344.99	OA-45	N381
10/31/2017-10/31/2017	J3301(SA)	\$120.00	\$0.00	\$0.00	\$120.00	OA-45	N381
10/31/2017-10/31/2017	G0397(SA)	\$130.00	\$47.68	\$47.68	\$82.32	OA-45	N381
10/31/2017-10/31/2017	80320(SA)	\$20.00	\$14.74	\$14.74	\$5.26	OA-45	N381
SUBTOTAL		\$1,110.00	\$222.47	\$222.47	\$887.53		
CLAIM ADJUSTMENTS				\$0.00			
CLAIM TOTAL				\$222.47			
Insured: 10719763200 [REDACTED] Patient: JOHNSON, Lisa Marie M Service Provider: 1619178308 (XX) MARGOLIN, LEON J Claim/Patient Account Number: JOHLI000 Payer Claim Number: 1733302KT700 Product Name: Medicaid CFC (Covered Families and Children) Status: Processed as Primary							
11/20/2017-11/20/2017	99213(25)	\$150.00	\$45.79	\$45.79	\$104.21	OA-45	N381
11/20/2017-11/20/2017	G0396	\$130.00	\$0.00	\$0.00	\$130.00	OA-B10	N390
SUBTOTAL		\$280.00	\$45.79	\$45.79	\$234.21		
CLAIM ADJUSTMENTS				\$0.00			
CLAIM TOTAL				\$45.79			
Insured: 10440922800 [REDACTED] Patient: LEVY, MISTY S Service Provider: 1619178308 (XX) MARGOLIN, LEON J Claim/Patient Account Number: LEVMIG00 Payer Claim Number: 1730602XT300 Product Name: Medicaid CFC (Covered Families and Children) Status: Processed as Secondary							
8/21/2017-8/21/2017	64450	\$440.00	\$110.29	\$0.00	\$440.00	OA-45, OA-23N420N4N381	
8/21/2017-8/21/2017	76942	\$400.00	\$57.76	\$0.00	\$400.00	OA-45, OA-23N420N4N381	
8/21/2017-8/21/2017	J3301	\$120.00	\$15.79	\$2.26	\$117.74	OA-45, OA-23N420N23N381	
8/21/2017-8/21/2017	G0397	\$130.00	\$50.06	\$1.21	\$128.79	OA-45, OA-23 N420N381	
8/21/2017-8/21/2017	80307	\$180.00	\$47.29	\$7.06	\$172.94	OA-45, OA-23N420N23N381	
8/21/2017-8/21/2017	80320	\$20.00	\$15.48	\$0.00	\$20.00	OA-45, OA-23 N23N381	



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SUBTOTAL	6	\$1,290.00	\$296.67	\$10.53	\$1,279.47		
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CLAIM ADJUSTMENTS				\$0.00			
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CLAIM TOTAL				\$10.53			
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Insured: 10564676400 [REDACTED] Patient: LYKES, EDD W							
Service Provider: 1780087643 (XX) LIU, JING							
Claim/Patient Account Number: LYKED000 Payer Claim Number: 17307022WV00							
Product Name: Medicaid CFC (Covered Families and Children)							
Status: Processed as Primary							
10/31/2017-10/31/2017	64450 (SA)	\$440.00	\$105.04	\$105.04	\$334.96	OA-45	N381
10/31/2017-10/31/2017	76942 (SA)	\$400.00	\$55.01	\$55.01	\$344.99	OA-45	N381
10/31/2017-10/31/2017	J3301 (SA)	\$120.00	\$0.00	\$0.00	\$120.00	OA-45	N381
10/31/2017-10/31/2017	G0397 (SA)	\$130.00	\$47.68	\$47.68	\$82.32	OA-45	N381
10/31/2017-10/31/2017	80307 (SA)	\$180.00	\$45.04	\$45.04	\$134.96	OA-45	N381
10/31/2017-10/31/2017	80320 (SA)	\$20.00	\$14.74	\$14.74	\$5.26	OA-45	N381
SUBTOTAL	6	\$1,290.00	\$267.51	\$267.51	\$1,022.49		
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CLAIM ADJUSTMENTS				\$0.00			
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CLAIM TOTAL				\$267.51			
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Insured: 10325338500 M [REDACTED] Patient: MEREDITH, CONNIE S							
Service Provider: 1619178308 (XX) MARGOLIN, LEON J							
Claim/Patient Account Number: MERC0000 Payer Claim Number: 1730303WNG00							
Product Name: Medicaid CFC (Covered Families and Children)							
Status: Processed as Primary							
10/25/2017-10/25/2017	64450	\$220.00	\$55.15	\$55.15	\$164.85	OA-45	N381
10/25/2017-10/25/2017	64450 (51)	\$220.00	\$27.58	\$27.58	\$192.42	OA-59	N19
10/25/2017-10/25/2017	76942	\$400.00	\$57.76	\$57.76	\$342.24	OA-45	N381
10/25/2017-10/25/2017	J3301	\$120.00	\$15.79	\$15.79	\$104.21	OA-45	N381
10/25/2017-10/25/2017	G0397	\$130.00	\$50.06	\$50.06	\$79.94	OA-45	N381
SUBTOTAL	5	\$1,090.00	\$206.34	\$206.34	\$883.66		
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CLAIM ADJUSTMENTS				\$0.00			
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CLAIM TOTAL				\$206.34			
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Insured: 10222004600 M [REDACTED] Patient: MOORE, DELOIS A							
Service Provider: 1780087643 (XX) LIU, JING							
Claim/Patient Account Number: MOODE002 Payer Claim Number: 1731203V9G00							
Product Name: Medicaid CFC (Covered Families and Children)							
Status: Processed as Primary							
11/3/2017-11/3/2017	64450 (SA)	\$440.00	\$105.04	\$105.04	\$334.96	OA-45	N381
11/3/2017-11/3/2017	76942 (SA)	\$400.00	\$55.01	\$55.01	\$344.99	OA-45	N381
11/3/2017-11/3/2017	J3301 (SA)	\$120.00	\$0.00	\$0.00	\$120.00	OA-45	N381
11/3/2017-11/3/2017	G0397 (SA)	\$130.00	\$47.68	\$47.68	\$82.32	OA-45	N381
SUBTOTAL	4	\$1,090.00	\$207.73	\$207.73	\$882.27		
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CLAIM ADJUSTMENTS				\$0.00			
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CLAIM TOTAL				\$207.73			
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Insured: 10277800700 PINDER, SHEILA D Patient: PINDER, SHEILA D							
Service Provider: 1619178308 (XX) MARGOLIN, LEON J							
Claim/Patient Account Number: PINSH000 Payer Claim Number: 1730002MEB00							
Product Name: Medicaid CFC (Covered Families and Children)							
Status: Processed as Primary							
10/24/2017-10/24/2017	64450	\$220.00	\$55.15	\$55.15	\$164.85	OA-45	N381
10/24/2017-10/24/2017	64450 (51)	\$220.00	\$27.58	\$27.58	\$192.42	OA-59	N19
10/24/2017-10/24/2017	76942	\$400.00	\$57.76	\$57.76	\$342.24	OA-45	N381
10/24/2017-10/24/2017	J3301	\$120.00	\$15.79	\$15.79	\$104.21	OA-45	N381
10/24/2017-10/24/2017	G0397	\$130.00	\$50.06	\$50.06	\$79.94	OA-45	N381
10/24/2017-10/24/2017	80307	\$180.00	\$47.29	\$47.29	\$132.71	OA-45	N381
10/24/2017-10/24/2017	80320	\$20.00	\$15.48	\$15.48	\$4.52	OA-45	N381
SUBTOTAL	7	\$1,290.00	\$269.11	\$269.11	\$1,020.89		
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CLAIM ADJUSTMENTS				\$0.00			
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CLAIM TOTAL				\$269.11			
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Insured: 10497537500 POSEY, RICHARD L Patient: POSEY, RICHARD L							
Service Provider: 1780087643 (XX) LIU, JING							
Claim/Patient Account Number: POSRI000 Payer Claim Number: 1731202HWB00							
Product Name: Medicaid CFC (Covered Families and Children)							
Status: Processed as Primary							
11/2/2017-11/2/2017	64450 (SA)	\$440.00	\$105.04	\$105.04	\$334.96	OA-45	N381
11/2/2017-11/2/2017	76942 (SA)	\$400.00	\$55.01	\$55.01	\$344.99	OA-45	N381
11/2/2017-11/2/2017	J3301 (SA)	\$120.00	\$0.00	\$0.00	\$120.00	OA-45	N381
11/2/2017-11/2/2017	G0397 (SA)	\$130.00	\$47.68	\$47.68	\$82.32	OA-45	N381
11/2/2017-11/2/2017	80307 (SA)	\$180.00	\$45.04	\$45.04	\$134.96	OA-45	N381
11/2/2017-11/2/2017	80320 (SA)	\$20.00	\$14.74	\$14.74	\$5.26	OA-45	N381
SUBTOTAL	6	\$1,290.00	\$267.51	\$267.51	\$1,022.49		
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CLAIM ADJUSTMENTS				\$0.00			
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CLAIM TOTAL				\$267.51			
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Insured: 10629172900 QUEEN, ALFRED R Patient: QUEEN, ALFRED R							
Service Provider: 1619178308 (XX) MARGOLIN, LEON J							
Claim/Patient Account Number: QUEAL000 Payer Claim Number: 1730002HG300							
Product Name: Medicaid CFC (Covered Families and Children)							
Status: Processed as Primary							
10/24/2017-10/24/2017	20553	\$125.00	\$0.00	\$0.00	\$125.00	OA-27	N30
10/24/2017-10/24/2017	76942	\$400.00	\$0.00	\$0.00	\$400.00	OA-27	N30
10/24/2017-10/24/2017	J3301	\$60.00	\$0.00	\$0.00	\$60.00	OA-27	N30
10/24/2017-10/24/2017	G0397	\$130.00	\$0.00	\$0.00	\$130.00	OA-27	N30
10/24/2017-10/24/2017	80307	\$180.00	\$0.00	\$0.00	\$180.00	OA-27	N30
10/24/2017-10/24/2017	80320	\$20.00	\$0.00	\$0.00	\$20.00	OA-27	N30
SUBTOTAL	6	\$915.00	\$0.00	\$0.00	\$915.00		
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CLAIM ADJUSTMENTS				\$0.00			
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CLAIM TOTAL				\$0.00			
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Insured: 10213609400 RHODES, BRIDGETT M Patient: RHODES, BRIDGETT M							
Service Provider: 1619178308 (XX) MARGOLIN, LEON J							
Claim/Patient Account Number: RHOBR000 Payer Claim Number: 1733304YDE00							
Product Name: Medicaid CFC (Covered Families and Children)							
Status: Processed as Primary							
11/20/2017-11/20/2017	99213	\$150.00	\$45.79	\$45.79	\$104.21	OA-45	N381
SUBTOTAL	1	\$150.00	\$45.79	\$45.79	\$104.21		
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CLAIM ADJUSTMENTS				\$0.00			
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CLAIM TOTAL				\$45.79			
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Insured: 10205721300 Brooks, KIMBERLY A Patient: Brooks, KIMBERLY A							
Service Provider: 1619178308 (XX) MARGOLIN, LEON J							
Claim/Patient Account Number: ROBKI000 Payer Claim Number: 173330520000							
Product Name: Medicaid CFC (Covered Families and Children)							



Status: Processed as Primary							
11/20/2017-11/20/2017	99213	\$150.00	\$45.79	\$45.79	\$104.21	OA-45	N381
SUBTOTAL		1	\$150.00	\$45.79	\$45.79	\$104.21	
CLAIM ADJUSTMENTS					\$0.00		
CLAIM TOTAL					\$45.79		
Insured: 10677109300 [REDACTED] Patient: Ruddle Evans, MICHELE B							
Service Provider: 1780087643 (XX) LIU, JING							
Claim/Patient Account Number: RUDMI000 Payer Claim Number: 173120246A00							
Product Name: Medicaid CFC (Covered Families and Children)							
Status: Processed as Primary							
11/2/2017-11/2/2017	64418 (50SA)	\$275.00	\$80.20	\$80.20	\$194.80	OA-45	N381
11/2/2017-11/2/2017	76942 (SA)	\$400.00	\$55.01	\$55.01	\$344.99	OA-45	N381
11/2/2017-11/2/2017	J3301 (SA)	\$120.00	\$0.00	\$0.00	\$120.00	OA-45	N381
11/2/2017-11/2/2017	G0397 (SA)	\$130.00	\$47.68	\$47.68	\$82.32	OA-45	N381
11/2/2017-11/2/2017	80307 (SA)	\$180.00	\$45.04	\$45.04	\$134.96	OA-45	N381
11/2/2017-11/2/2017	80320 (SA)	\$20.00	\$14.74	\$14.74	\$5.26	OA-45	N381
SUBTOTAL		6	\$1,125.00	\$242.67	\$242.67	\$882.33	
CLAIM ADJUSTMENTS					\$0.00		
CLAIM TOTAL					\$242.67		
Insured: 10251973300 [REDACTED] Patient: Williams, ANGELA R							
Service Provider: 1780087643 (XX) LIU, JING							
Claim/Patient Account Number: STEAN000 Payer Claim Number: 17312024ER00							
Product Name: Medicaid CFC (Covered Families and Children)							
Status: Processed as Primary							
11/2/2017-11/2/2017	64418 (50SA)	\$275.00	\$80.20	\$80.20	\$194.80	OA-45	N381
11/2/2017-11/2/2017	76942 (SA)	\$400.00	\$55.01	\$55.01	\$344.99	OA-45	N381
11/2/2017-11/2/2017	J3301 (SA)	\$120.00	\$0.00	\$0.00	\$120.00	OA-45	N381
11/2/2017-11/2/2017	G0397 (SA)	\$130.00	\$47.68	\$47.68	\$82.32	OA-45	N381
11/2/2017-11/2/2017	80307 (SA)	\$180.00	\$45.04	\$45.04	\$134.96	OA-45	N381
11/2/2017-11/2/2017	80320 (SA)	\$20.00	\$14.74	\$14.74	\$5.26	OA-45	N381
SUBTOTAL		6	\$1,125.00	\$242.67	\$242.67	\$882.33	
CLAIM ADJUSTMENTS					\$0.00		
CLAIM TOTAL					\$242.67		
Insured: 10208820700 [REDACTED] Patient: THACKER, SUMMER N							
Service Provider: 1780087643 (XX) LIU, JING							
Claim/Patient Account Number: THASU000 Payer Claim Number: 17312024T600							
Product Name: Medicaid CFC (Covered Families and Children)							
Status: Processed as Primary							
11/2/2017-11/2/2017	64450 (SA)	\$440.00	\$105.04	\$105.04	\$334.96	OA-45	N381
11/2/2017-11/2/2017	76942 (SA)	\$400.00	\$55.01	\$55.01	\$344.99	OA-45	N381
11/2/2017-11/2/2017	J3301 (SA)	\$120.00	\$0.00	\$0.00	\$120.00	OA-45	N381
11/2/2017-11/2/2017	G0397 (SA)	\$130.00	\$47.68	\$47.68	\$82.32	OA-45	N381
SUBTOTAL		4	\$1,090.00	\$207.73	\$207.73	\$882.27	
CLAIM ADJUSTMENTS					\$0.00		
CLAIM TOTAL					\$207.73		
Insured: 10279545000 [REDACTED] Patient: VAYNSHTEYN, DIANA							
Service Provider: 1780087643 (XX) LIU, JING							
Claim/Patient Account Number: VAYDI000 Payer Claim Number: 17307025LM00							
Product Name: Medicaid CFC (Covered Families and Children)							
Status: Processed as Primary							
10/31/2017-10/31/2017	64450 (SA)	\$440.00	\$52.52	\$52.52	\$387.48	OA-45	N10
10/31/2017-10/31/2017	76942 (SA)	\$400.00	\$55.01	\$55.01	\$344.99	OA-45	N381
10/31/2017-10/31/2017	J3301 (SA)	\$120.00	\$0.00	\$0.00	\$120.00	OA-45	N381
10/31/2017-10/31/2017	G0397 (SA)	\$130.00	\$47.68	\$47.68	\$82.32	OA-45	N381
SUBTOTAL		4	\$1,090.00	\$155.21	\$155.21	\$934.79	
CLAIM ADJUSTMENTS					\$0.00		
CLAIM TOTAL					\$155.21		
Insured: 10219766600 [REDACTED] Patient: WELCH, REBECCA J							
Service Provider: 1780087643 (XX) LIU, JING							
Claim/Patient Account Number: WELRE000 Payer Claim Number: 17307022G500							
Product Name: Medicaid CFC (Covered Families and Children)							
Status: Processed as Primary							
10/30/2017-10/30/2017	64450 (SA)	\$440.00	\$105.04	\$105.04	\$334.96	OA-45	N381
10/30/2017-10/30/2017	76942 (SA)	\$400.00	\$55.01	\$55.01	\$344.99	OA-45	N381
10/30/2017-10/30/2017	J3301 (SA)	\$120.00	\$0.00	\$0.00	\$120.00	OA-45	N381
10/30/2017-10/30/2017	G0397 (SA)	\$130.00	\$47.68	\$47.68	\$82.32	OA-45	N381
10/30/2017-10/30/2017	80307 (SA)	\$180.00	\$45.04	\$45.04	\$134.96	OA-45	N381
10/30/2017-10/30/2017	80320 (SA)	\$20.00	\$14.74	\$14.74	\$5.26	OA-45	N381
SUBTOTAL		6	\$1,290.00	\$267.51	\$267.51	\$1,022.49	
CLAIM ADJUSTMENTS					\$0.00		
CLAIM TOTAL					\$267.51		
Insured: 10640291100 [REDACTED] Patient: WHITEHEAD, LORENZO F							
Service Provider: 1780087643 (XX) LIU, JING							
Claim/Patient Account Number: WHILO000 Payer Claim Number: 173120293P00							
Product Name: Medicaid CFC (Covered Families and Children)							
Status: Processed as Primary							
11/2/2017-11/2/2017	64450 (SA)	\$440.00	\$105.04	\$105.04	\$334.96	OA-45	N381
11/2/2017-11/2/2017	76942 (SA)	\$400.00	\$55.01	\$55.01	\$344.99	OA-45	N381
11/2/2017-11/2/2017	J3301 (SA)	\$120.00	\$0.00	\$0.00	\$120.00	OA-45	N381
11/2/2017-11/2/2017	G0397 (SA)	\$130.00	\$47.68	\$47.68	\$82.32	OA-45	N381
11/2/2017-11/2/2017	80307 (SA)	\$180.00	\$45.04	\$45.04	\$134.96	OA-45	N381
11/2/2017-11/2/2017	80320 (SA)	\$20.00	\$14.74	\$14.74	\$5.26	OA-45	N381
SUBTOTAL		6	\$1,290.00	\$267.51	\$267.51	\$1,022.49	
CLAIM ADJUSTMENTS					\$0.00		
CLAIM TOTAL					\$267.51		
Insured: 10689729500 [REDACTED] Patient: WIREMAN, MARK A							
Service Provider: 161978308 (XX) MARGOLIN, LEON J							
Claim/Patient Account Number: WIRMA000 Payer Claim Number: 17307038KJ00							
Product Name: Medicaid CFC (Covered Families and Children)							
Status: Processed as Secondary							
8/21/2017-8/21/2017	64450	\$440.00	\$110.29	\$0.00	\$440.00	OA-45, OA-23N420N4N381 OA-22	
8/21/2017-8/21/2017	76942	\$400.00	\$57.76	\$0.00	\$400.00	OA-45, OA-23N420N4N381 OA-22	
8/21/2017-8/21/2017	J3301	\$120.00	\$15.79	\$2.16	\$117.84	OA-45, OA-23 N420N381	
8/21/2017-8/21/2017	99409	\$230.00	\$0.00	\$0.00	\$230.00	OA-182, OA-23 N420N4M51 OA-22	
SUBTOTAL		4	\$1,190.00	\$183.84	\$2.16	\$1,187.84	
CLAIM ADJUSTMENTS					\$0.00		



Payer Information

Name : CareSource  
 Identifier : 31114 (XV)  
 Address : P.O. Box 1920  
 Dayton, OH 45401

Payment Information

Payee Name : Comprehensive Pain Management  
 Payee Identifier : 900595881 (FI)  
 Address : 23901 Timberlane Dr  
 Beachwood, OH 44122-1556  
 Payment Method : NON  
 Payment Date : 11/29/2017  
 Check/EFT Number : 0697837

DOS	Proc. (M)	Charges	Allowed	Payment	Pat. Resp.	Not-Cov.	Adj. Reason	Remarks
Insured: 104311655 Patient: [REDACTED] Service Provider: 1619178308 (XX) MARGOLIN, LEON J Claim/Patient Account Number: BROAR000 Payer Claim Number: 1732603QEV00 Status: Processed as Primary 11/16/2017-11/16/2017 99213								
		\$150.00	\$70.93	\$70.93		\$79.07	OA-45	N381
SUBTOTAL		1	\$150.00	\$70.93		\$79.07		
CLAIM ADJUSTMENTS								
CLAIM TOTAL				\$70.93				
Insured: 10338785600 Patient: ALLTON, DIANE S Service Provider: 1619178308 (XX) MARGOLIN, LEON J Claim/Patient Account Number: ALLDI001 Payer Claim Number: 17297031EK00 Product Name: Medicaid ABD (Aged, Blind or Disabled) Status: Processed as Primary 10/16/2017-10/16/2017 64450								
		\$220.00	\$55.15	\$55.15		\$164.85	OA-45	N381
		\$220.00	\$27.58	\$27.58		\$192.42	OA-59	N19
		\$400.00	\$57.76	\$57.76		\$342.24	OA-45	N381
		\$120.00	\$15.79	\$15.79		\$104.21	OA-45	N381
		\$130.00	\$50.06	\$50.06		\$79.94	OA-45	N381
		\$180.00	\$47.29	\$47.29		\$132.71	OA-45	N381
		\$20.00	\$15.48	\$15.48		\$4.52	OA-45	N381
SUBTOTAL		7	\$1,290.00	\$269.11		\$1,020.89		
CLAIM ADJUSTMENTS								
CLAIM TOTAL				\$269.11				
Insured: 10242363000 Patient: ASALIEH, YOMNA Service Provider: 1619178308 (XX) MARGOLIN, LEON J Claim/Patient Account Number: ASAY0000 Payer Claim Number: 17325041PF00 Product Name: Medicaid ABD (Aged, Blind or Disabled) Status: Processed as Primary 11/14/2017-11/14/2017 99213								
		\$150.00	\$45.79	\$45.79		\$104.21	OA-45	N381
SUBTOTAL		1	\$150.00	\$45.79		\$104.21		
CLAIM ADJUSTMENTS								
CLAIM TOTAL				\$45.79				
Insured: 10304795600 Patient: Canter Sr, RONALD T Service Provider: 1619178308 (XX) MARGOLIN, LEON J Claim/Patient Account Number: CANRO000 Payer Claim Number: 1732505ATA00 Product Name: Medicaid ABD (Aged, Blind or Disabled) Status: Processed as Primary 11/14/2017-11/14/2017 99213								
		\$150.00	\$45.79	\$45.79		\$104.21	OA-45	N381
SUBTOTAL		1	\$150.00	\$45.79		\$104.21		
CLAIM ADJUSTMENTS								
CLAIM TOTAL				\$45.79				
Insured: 10328109100 Patient: DEVLIN, KEVIN W Service Provider: 1619178308 (XX) MARGOLIN, LEON J Claim/Patient Account Number: DEVKE000 Payer Claim Number: 173250597T00 Product Name: Medicaid ABD (Aged, Blind or Disabled) Status: Processed as Primary 11/17/2017-11/17/2017 99213								
		\$150.00	\$45.79	\$45.79		\$104.21	OA-45	N381
SUBTOTAL		1	\$150.00	\$45.79		\$104.21		
CLAIM ADJUSTMENTS								
CLAIM TOTAL				\$45.79				
Insured: 10425449900 Patient: FINHOLDT, ROSEMARY Service Provider: 1619178308 (XX) MARGOLIN, LEON J Claim/Patient Account Number: FINRO000 Payer Claim Number: 1732503PD700 Product Name: Medicaid ABD (Aged, Blind or Disabled) Status: Processed as Primary 11/17/2017-11/17/2017 99213								
		\$150.00	\$45.79	\$45.79		\$104.21	OA-45	N381
SUBTOTAL		1	\$150.00	\$45.79		\$104.21		
CLAIM ADJUSTMENTS								
CLAIM TOTAL				\$45.79				
Insured: 10306541800 Patient: HALL, SHERRY L Service Provider: 1619178308 (XX) MARGOLIN, LEON J Claim/Patient Account Number: HALSH001 Payer Claim Number: 1732503SG400 Product Name: Medicaid ABD (Aged, Blind or Disabled) Status: Processed as Primary 11/14/2017-11/14/2017 99213								
		\$150.00	\$45.79	\$45.79		\$104.21	OA-45	N381
SUBTOTAL		1	\$150.00	\$45.79		\$104.21		
CLAIM ADJUSTMENTS								
CLAIM TOTAL				\$45.79				
Insured: 10541455100 Patient: HAMPTON, JEANNETTE Service Provider: 1619178308 (XX) MARGOLIN, LEON J Claim/Patient Account Number: HAMJE001 Payer Claim Number: 17325037W400 Product Name: Medicaid ABD (Aged, Blind or Disabled) Status: Processed as Primary 11/17/2017-11/17/2017 99213								
		\$150.00	\$45.79	\$45.79		\$104.21	OA-45	N381
SUBTOTAL		1	\$150.00	\$45.79		\$104.21		
CLAIM ADJUSTMENTS								
CLAIM TOTAL				\$45.79				
Insured: 10282273800 Patient: HARVEY, YAVONNEA A Service Provider: 1619178308 (XX) MARGOLIN, LEON J Claim/Patient Account Number: HARVEY001 Payer Claim Number: 17325037W400 Product Name: Medicaid ABD (Aged, Blind or Disabled) Status: Processed as Primary 11/17/2017-11/17/2017 99213								
		\$150.00	\$45.79	\$45.79		\$104.21	OA-45	N381
SUBTOTAL		1	\$150.00	\$45.79		\$104.21		
CLAIM ADJUSTMENTS								
CLAIM TOTAL				\$45.79				



Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
 Claim/Patient Account Number: HARYA000 Payer Claim Number: 172990218500  
 Product Name: Medicaid ABD (Aged, Blind or Disabled)  
 Status: Processed as Primary

10/23/2017-10/23/2017	64418 (50)	\$275.00	\$126.32	\$126.32	\$148.68	OA-59	N19
10/23/2017-10/23/2017	76942	\$400.00	\$57.76	\$57.76	\$342.24	OA-45	N381
10/23/2017-10/23/2017	J3301	\$120.00	\$15.79	\$15.79	\$104.21	OA-45	N381
10/23/2017-10/23/2017	G0397	\$130.00	\$50.06	\$50.06	\$79.94	OA-45	N381
10/23/2017-10/23/2017	80307	\$180.00	\$47.29	\$47.29	\$132.71	OA-45	N381
10/23/2017-10/23/2017	80320	\$20.00	\$15.48	\$15.48	\$4.52	OA-45	N381
SUBTOTAL		\$1,125.00	\$312.70	\$312.70	\$812.30		

CLAIM ADJUSTMENTS

\$0.00

CLAIM TOTAL

\$312.70

Insured: 10304928500 Patient: JOHNSON, ANNA  
 Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
 Claim/Patient Account Number: JOHAN001 Payer Claim Number: 1730003CXX00  
 Product Name: Medicaid ABD (Aged, Blind or Disabled)  
 Status: Processed as Primary

10/24/2017-10/24/2017	64450	\$220.00	\$55.15	\$55.15	\$164.85	OA-45	N381
10/24/2017-10/24/2017	64450 (51)	\$220.00	\$27.58	\$27.58	\$192.42	OA-59	N19
10/24/2017-10/24/2017	76942	\$400.00	\$57.76	\$57.76	\$342.24	OA-45	N381
10/24/2017-10/24/2017	J3301	\$120.00	\$15.79	\$15.79	\$104.21	OA-45	N381
10/24/2017-10/24/2017	G0397	\$130.00	\$50.06	\$50.06	\$79.94	OA-45	N381
10/24/2017-10/24/2017	80307	\$180.00	\$47.29	\$47.29	\$132.71	OA-45	N381
10/24/2017-10/24/2017	80320	\$20.00	\$15.48	\$15.48	\$4.52	OA-45	N381
SUBTOTAL		\$1,290.00	\$269.11	\$269.11	\$883.66		

CLAIM ADJUSTMENTS

\$0.00

CLAIM TOTAL

\$269.11

Insured: 10306435500 Patient: KNIGHT, ROGER  
 Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
 Claim/Patient Account Number: KNIRO000 Payer Claim Number: 17299021TT00  
 Product Name: Medicaid ABD (Aged, Blind or Disabled)  
 Status: Processed as Primary

10/20/2017-10/20/2017	64450	\$220.00	\$55.15	\$55.15	\$164.85	OA-45	N381
10/20/2017-10/20/2017	64450 (51)	\$220.00	\$27.58	\$27.58	\$192.42	OA-59	N19
10/20/2017-10/20/2017	76942	\$400.00	\$57.76	\$57.76	\$342.24	OA-45	N381
10/20/2017-10/20/2017	J3301	\$120.00	\$15.79	\$15.79	\$104.21	OA-45	N381
10/20/2017-10/20/2017	G0397	\$130.00	\$50.06	\$50.06	\$79.94	OA-45	N381
10/20/2017-10/20/2017	80307	\$180.00	\$47.29	\$47.29	\$132.71	OA-45	N381
10/20/2017-10/20/2017	80320	\$20.00	\$15.48	\$15.48	\$4.52	OA-45	N381
SUBTOTAL		\$1,090.00	\$206.34	\$206.34	\$883.66		

CLAIM ADJUSTMENTS

\$0.00

CLAIM TOTAL

\$206.34

Insured: 10306357200 Patient: KNIGHT, VERNIDA K  
 Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
 Claim/Patient Account Number: KNIVE000 Payer Claim Number: 1732503TJ500  
 Product Name: Medicaid ABD (Aged, Blind or Disabled)  
 Status: Processed as Primary

11/16/2017-11/16/2017	99213	\$150.00	\$45.79	\$45.79	\$104.21	OA-45	N381
SUBTOTAL		\$150.00	\$45.79	\$45.79	\$104.21		

CLAIM ADJUSTMENTS

\$0.00

CLAIM TOTAL

\$45.79

Insured: 10347658100 Patient: LANNING, LESLEY  
 Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
 Claim/Patient Account Number: LANLE000 Payer Claim Number: 1732503TJC00  
 Product Name: Medicaid ABD (Aged, Blind or Disabled)  
 Status: Processed as Primary

11/16/2017-11/16/2017	99213	\$150.00	\$45.79	\$45.79	\$104.21	OA-45	N381
SUBTOTAL		\$150.00	\$45.79	\$45.79	\$104.21		

CLAIM ADJUSTMENTS

\$0.00

CLAIM TOTAL

\$45.79

Insured: 10326705500 Patient: LOWDER, LARRY L  
 Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
 Claim/Patient Account Number: LOWLA000 Payer Claim Number: 17325055D900  
 Product Name: Medicaid ABD (Aged, Blind or Disabled)  
 Status: Processed as Primary

11/16/2017-11/16/2017	99213	\$150.00	\$45.79	\$45.79	\$104.21	OA-45	N381
SUBTOTAL		\$150.00	\$45.79	\$45.79	\$104.21		

CLAIM ADJUSTMENTS

\$0.00

CLAIM TOTAL

\$45.79

Insured: 10206330300 Patient: MCDONALD, DAVONNA L  
 Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
 Claim/Patient Account Number: MCDDA000 Payer Claim Number: 172990264100  
 Product Name: Medicaid ABD (Aged, Blind or Disabled)  
 Status: Processed as Primary

10/10/2017-10/10/2017	64418 (50)	\$275.00	\$126.32	\$126.32	\$148.68	OA-59	N19
10/10/2017-10/10/2017	76942	\$400.00	\$57.76	\$57.76	\$342.24	OA-45	N381
10/10/2017-10/10/2017	J3301	\$120.00	\$15.79	\$15.79	\$104.21	OA-45	N381
10/10/2017-10/10/2017	G0397	\$130.00	\$50.06	\$50.06	\$79.94	OA-45	N381
10/10/2017-10/10/2017	80307	\$180.00	\$47.29	\$47.29	\$132.71	OA-45	N381
10/10/2017-10/10/2017	80320	\$20.00	\$15.48	\$15.48	\$4.52	OA-45	N381
SUBTOTAL		\$1,125.00	\$312.70	\$312.70	\$812.30		

CLAIM ADJUSTMENTS

\$0.00

CLAIM TOTAL

\$312.70

Insured: 10304524500 Patient: OHLER, SHEILA A  
 Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
 Claim/Patient Account Number: OHLSH000 Payer Claim Number: 17300023Y800  
 Product Name: Medicaid ABD (Aged, Blind or Disabled)  
 Status: Processed as Primary

10/24/2017-10/24/2017	64450	\$220.00	\$55.15	\$55.15	\$164.85	OA-45	N381
10/24/2017-10/24/2017	64450 (51)	\$220.00	\$27.58	\$27.58	\$192.42	OA-59	N19
10/24/2017-10/24/2017	76942	\$400.00	\$57.76	\$57.76	\$342.24	OA-45	N381
10/24/2017-10/24/2017	J3301	\$120.00	\$15.79	\$15.79	\$104.21	OA-45	N381
10/24/2017-10/24/2017	G0397	\$130.00	\$50.06	\$50.06	\$79.94	OA-45	N381
10/24/2017-10/24/2017	80307	\$180.00	\$47.29	\$47.29	\$132.71	OA-45	N381
10/24/2017-10/24/2017	80320	\$20.00	\$15.48	\$15.48	\$4.52	OA-45	N381
SUBTOTAL		\$1,090.00	\$206.34	\$206.34	\$883.66		

CLAIM ADJUSTMENTS

\$0.00

CLAIM TOTAL

\$206.34

Insured: 10377160400 Patient: PARKER, MAURICE  
 Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
 Claim/Patient Account Number: PARMA000 Payer Claim Number: 1730002MH500



Product Name: Medicaid ABD (Aged, Blind or Disabled)  
 Status: Processed as Primary

10/24/2017-10/24/2017	64450	\$220.00	\$55.15	\$55.15	\$164.85	OA-45	N381
10/24/2017-10/24/2017	64450(51)	\$220.00	\$27.58	\$27.58	\$192.42	OA-59	N19
10/24/2017-10/24/2017	76942	\$400.00	\$57.76	\$57.76	\$342.24	OA-45	N381
10/24/2017-10/24/2017	J3301	\$120.00	\$15.79	\$15.79	\$104.21	OA-45	N381
10/24/2017-10/24/2017	G0397	\$130.00	\$50.06	\$50.06	\$79.94	OA-45	N381
10/24/2017-10/24/2017	80305(QW)	\$180.00	\$8.87	\$8.87	\$171.13	OA-45	N381
10/24/2017-10/24/2017	80320	\$20.00	\$15.48	\$15.48	\$4.52	OA-45	N381
SUBTOTAL		7	\$1,290.00	\$230.69	\$230.69	\$1,059.31	

CLAIM ADJUSTMENTS \$0.00  
 CLAIM TOTAL \$230.69

Insured: 10278470400 [REDACTED] Patient: PENN, SYNETHA M  
 Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
 Claim/Patient Account Number: FENSY000 Payer Claim Number: 1730002PUD00  
 Product Name: Medicaid ABD (Aged, Blind or Disabled)  
 Status: Processed as Primary

10/24/2017-10/24/2017	64418(50)	\$275.00	\$126.32	\$126.32	\$148.68	OA-59	N19
10/24/2017-10/24/2017	76942	\$400.00	\$57.76	\$57.76	\$342.24	OA-45	N381
10/24/2017-10/24/2017	J3301	\$120.00	\$15.79	\$15.79	\$104.21	OA-45	N381
10/24/2017-10/24/2017	G0397	\$130.00	\$50.06	\$50.06	\$79.94	OA-45	N381
10/24/2017-10/24/2017	80307	\$180.00	\$47.29	\$47.29	\$132.71	OA-45	N381
10/24/2017-10/24/2017	80320	\$20.00	\$15.48	\$15.48	\$4.52	OA-45	N381
SUBTOTAL		6	\$1,125.00	\$312.70	\$312.70	\$812.30	

CLAIM ADJUSTMENTS \$0.00  
 CLAIM TOTAL \$312.70

Insured: 10209474400 [REDACTED] Patient: PRESTON, REGINA D  
 Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
 Claim/Patient Account Number: PRERE000 Payer Claim Number: 1732503FQ700  
 Product Name: Medicaid ABD (Aged, Blind or Disabled)  
 Status: Processed as Primary

11/14/2017-11/14/2017	99213	\$150.00	\$45.79	\$45.79	\$104.21	OA-45	N381
SUBTOTAL		1	\$150.00	\$45.79	\$45.79	\$104.21	

CLAIM ADJUSTMENTS \$0.00  
 CLAIM TOTAL \$45.79

Insured: 10415204300 [REDACTED] Patient: SHAFFER, MARY J  
 Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
 Claim/Patient Account Number: SHAMA002 Payer Claim Number: 17299024XN00  
 Product Name: Medicaid ABD (Aged, Blind or Disabled)  
 Status: Processed as Primary

10/20/2017-10/20/2017	64450	\$220.00	\$55.15	\$55.15	\$164.85	OA-45	N381
10/20/2017-10/20/2017	64450(51)	\$220.00	\$27.58	\$27.58	\$192.42	OA-59	N19
10/20/2017-10/20/2017	76942	\$400.00	\$57.76	\$57.76	\$342.24	OA-45	N381
10/20/2017-10/20/2017	J3301	\$120.00	\$15.79	\$15.79	\$104.21	OA-45	N381
10/20/2017-10/20/2017	G0397	\$130.00	\$50.06	\$50.06	\$79.94	OA-45	N381
10/20/2017-10/20/2017	80320	\$20.00	\$15.48	\$15.48	\$4.52	OA-45	N381
SUBTOTAL		5	\$1,090.00	\$206.34	\$206.34	\$883.66	

CLAIM ADJUSTMENTS \$0.00  
 CLAIM TOTAL \$206.34

Insured: 10415204300 [REDACTED] Patient: SHAFFER, MARY J  
 Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
 Claim/Patient Account Number: SHAMA002 Payer Claim Number: 1732503XQ200  
 Product Name: Medicaid ABD (Aged, Blind or Disabled)  
 Status: Processed as Primary

11/17/2017-11/17/2017	99213	\$150.00	\$45.79	\$45.79	\$104.21	OA-45	N381
SUBTOTAL		1	\$150.00	\$45.79	\$45.79	\$104.21	

CLAIM ADJUSTMENTS \$0.00  
 CLAIM TOTAL \$45.79

Insured: 10443269100 [REDACTED] Patient: YOUNG, LANEAN K  
 Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
 Claim/Patient Account Number: YOULA000 Payer Claim Number: 17297031J400  
 Product Name: Medicaid ABD (Aged, Blind or Disabled)  
 Status: Reversal of Previous Payment

10/16/2017-10/16/2017	64450	-\$220.00	-\$55.15	-\$55.15	-\$164.85	OA-45	N381
10/16/2017-10/16/2017	64450(51)	-\$220.00	-\$27.58	-\$27.58	-\$192.42	OA-59	N19
10/16/2017-10/16/2017	76942	-\$400.00	-\$57.76	-\$57.76	-\$342.24	OA-45	N381
10/16/2017-10/16/2017	J3301	-\$120.00	-\$15.79	-\$15.79	-\$104.21	OA-45	N381
10/16/2017-10/16/2017	G0397	-\$130.00	-\$50.06	-\$50.06	-\$79.94	OA-45	N381
10/16/2017-10/16/2017	80307	-\$180.00	-\$47.29	-\$47.29	-\$132.71	OA-45	N381
10/16/2017-10/16/2017	80320	-\$20.00	-\$15.48	-\$15.48	-\$4.52	OA-45	N381
SUBTOTAL		7	-\$1,290.00	-\$269.11	-\$269.11	-\$1,020.89	

CLAIM ADJUSTMENTS \$0.00  
 CLAIM TOTAL -\$269.11

Insured: 10443269100 [REDACTED] Patient: YOUNG, LANEAN K  
 Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
 Claim/Patient Account Number: YOULA000 Payer Claim Number: 17297031J401  
 Product Name: Medicaid ABD (Aged, Blind or Disabled)  
 Status: Processed as Primary

10/16/2017-10/16/2017	64450	\$220.00	\$55.15	\$55.15	\$164.85	OA-45	N381
10/16/2017-10/16/2017	64450(51)	\$220.00	\$27.58	\$27.58	\$192.42	OA-59	N19
10/16/2017-10/16/2017	76942	\$400.00	\$57.76	\$57.76	\$342.24	OA-45	N381
10/16/2017-10/16/2017	J3301	\$120.00	\$15.79	\$15.79	\$104.21	OA-45	N381
10/16/2017-10/16/2017	G0397	\$130.00	\$50.06	\$50.06	\$79.94	OA-45	N381
10/16/2017-10/16/2017	80307	\$180.00	\$47.29	\$47.29	\$132.71	OA-45	N381
10/16/2017-10/16/2017	80320	\$20.00	\$15.48	\$15.48	\$4.52	OA-45	N381
SUBTOTAL		7	\$1,290.00	\$269.11	\$269.11	\$1,020.89	

CLAIM ADJUSTMENTS \$0.00  
 CLAIM TOTAL \$269.11

Insured: 10443269100 [REDACTED] Patient: YOUNG, LANEAN K  
 Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
 Claim/Patient Account Number: YOULA000 Payer Claim Number: 173250598E00  
 Product Name: Medicaid ABD (Aged, Blind or Disabled)  
 Status: Processed as Primary

11/17/2017-11/17/2017	99213	\$150.00	\$45.79	\$45.79	\$104.21	OA-45	N381
SUBTOTAL		1	\$150.00	\$45.79	\$45.79	\$104.21	

CLAIM ADJUSTMENTS \$0.00  
 CLAIM TOTAL \$45.79

Insured: 10366848700 ADAMS, BRIAN K Patient: ADAMS, BRIAN K  
 Service Provider: 1619178308 (XX) MARGOLIN, LEON J



Claim/Patient Account Number: ADABR001		Payer Claim Number: 172770251q00					
Product Name: Medicaid CFC (Covered Families and Children)							
Status: Processed as Primary							
9/28/2017-9/28/2017	64418(50)	\$275.00	\$126.32	\$126.32	\$148.68	OA-59	N19
9/28/2017-9/28/2017	76942	\$400.00	\$57.76	\$57.76	\$342.24	OA-45	N381
9/28/2017-9/28/2017	J3301	\$120.00	\$15.79	\$15.79	\$104.21	OA-45	N381
9/28/2017-9/28/2017	G0397	\$130.00	\$50.06	\$50.06	\$79.94	OA-45	N381
9/28/2017-9/28/2017	80307	\$180.00	\$47.29	\$47.29	\$132.71	OA-45	N381
9/28/2017-9/28/2017	80320	\$20.00	\$15.48	\$15.48	\$4.52	OA-45	N381
	SUBTOTAL	6	\$1,125.00	\$312.70	\$312.70	\$812.30	
CLAIM ADJUSTMENTS				90.00			
CLAIM TOTAL				\$312.70			
Insured: 10276838600 [REDACTED] Patient: ADKINS, JODI M							
Service Provider: 1619178308 (XX) MARGOLIN, LEON J							
Claim/Patient Account Number: ADKJ0000 Payer Claim Number: 17325055YL00							
Product Name: Medicaid CFC (Covered Families and Children)							
Status: Processed as Primary							
11/17/2017-11/17/2017	99213	\$150.00	\$45.79	\$45.79	\$104.21	OA-45	N381
	SUBTOTAL	1	\$150.00	\$45.79	\$45.79	\$104.21	
CLAIM ADJUSTMENTS				90.00			
CLAIM TOTAL				\$45.79			
Insured: 10455101400 [REDACTED] Patient: BITTING, GLORIA J							
Service Provider: 1619178308 (XX) MARGOLIN, LEON J							
Claim/Patient Account Number: BITGL000 Payer Claim Number: 172990217R00							
Product Name: Medicaid CFC (Covered Families and Children)							
Status: Processed as Primary							
10/23/2017-10/23/2017	64418(50)	\$275.00	\$126.32	\$126.32	\$148.68	OA-59	N19
10/23/2017-10/23/2017	76942	\$400.00	\$57.76	\$57.76	\$342.24	OA-45	N381
10/23/2017-10/23/2017	J3301	\$120.00	\$15.79	\$15.79	\$104.21	OA-45	N381
10/23/2017-10/23/2017	G0397	\$130.00	\$50.06	\$50.06	\$79.94	OA-45	N381
10/23/2017-10/23/2017	80307	\$180.00	\$47.29	\$47.29	\$132.71	OA-45	N381
10/23/2017-10/23/2017	80320	\$20.00	\$15.48	\$15.48	\$4.52	OA-45	N381
	SUBTOTAL	6	\$1,125.00	\$312.70	\$312.70	\$812.30	
CLAIM ADJUSTMENTS				90.00			
CLAIM TOTAL				\$312.70			
Insured: 10440705100 [REDACTED] Patient: CORDER, MELISSA A							
Service Provider: 1619178308 (XX) MARGOLIN, LEON J							
Claim/Patient Account Number: CORME002 Payer Claim Number: 1730002MUJ00							
Product Name: Medicaid CFC (Covered Families and Children)							
Status: Processed as Primary							
10/24/2017-10/24/2017	64450	\$220.00	\$55.15	\$55.15	\$164.85	OA-45	N381
10/24/2017-10/24/2017	64450(51)	\$220.00	\$27.58	\$27.58	\$192.42	OA-59	N19
10/24/2017-10/24/2017	76942	\$400.00	\$57.76	\$57.76	\$342.24	OA-45	N381
10/24/2017-10/24/2017	J3301	\$120.00	\$15.79	\$15.79	\$104.21	OA-45	N381
10/24/2017-10/24/2017	G0397	\$130.00	\$50.06	\$50.06	\$79.94	OA-45	N381
10/24/2017-10/24/2017	80307	\$180.00	\$47.29	\$47.29	\$132.71	OA-45	N381
10/24/2017-10/24/2017	80320	\$20.00	\$15.48	\$15.48	\$4.52	OA-45	N381
	SUBTOTAL	7	\$1,290.00	\$269.11	\$269.11	\$1,020.89	
CLAIM ADJUSTMENTS				90.00			
CLAIM TOTAL				\$269.11			
Insured: 10206374500 [REDACTED] Patient: GRAHAM, REBECCA J							
Service Provider: 1619178308 (XX) MARGOLIN, LEON J							
Claim/Patient Account Number: GRARE000 Payer Claim Number: 1732503VX400							
Product Name: Medicaid CFC (Covered Families and Children)							
Status: Processed as Primary							
11/16/2017-11/16/2017	99213	\$150.00	\$45.79	\$45.79	\$104.21	OA-45	N381
	SUBTOTAL	1	\$150.00	\$45.79	\$45.79	\$104.21	
CLAIM ADJUSTMENTS				90.00			
CLAIM TOTAL				\$45.79			
Insured: 10418286800 [REDACTED] Patient: HAINES, PATRICIA R							
Service Provider: 1619178308 (XX) MARGOLIN, LEON J							
Claim/Patient Account Number: HAIPA000 Payer Claim Number: 172990218X00							
Product Name: Medicaid CFC (Covered Families and Children)							
Status: Processed as Primary							
10/20/2017-10/20/2017	64418(50)	\$275.00	\$126.32	\$126.32	\$148.68	OA-59	N19
10/20/2017-10/20/2017	76942	\$400.00	\$57.76	\$57.76	\$342.24	OA-45	N381
10/20/2017-10/20/2017	J3301	\$120.00	\$15.79	\$15.79	\$104.21	OA-45	N381
10/20/2017-10/20/2017	G0397	\$130.00	\$50.06	\$50.06	\$79.94	OA-45	N381
10/20/2017-10/20/2017	80307	\$180.00	\$47.29	\$47.29	\$132.71	OA-45	N381
10/20/2017-10/20/2017	80320	\$20.00	\$15.48	\$15.48	\$4.52	OA-45	N381
	SUBTOTAL	6	\$1,125.00	\$312.70	\$312.70	\$812.30	
CLAIM ADJUSTMENTS				90.00			
CLAIM TOTAL				\$312.70			
Insured: 10719763200 [REDACTED] Patient: JOHNSON, Lisa Marie M							
Service Provider: 1619178308 (XX) MARGOLIN, LEON J							
Claim/Patient Account Number: JOHLI000 Payer Claim Number: 1729902DTE00							
Product Name: Medicaid CFC (Covered Families and Children)							
Status: Processed as Primary							
10/23/2017-10/23/2017	64450	\$220.00	\$55.15	\$55.15	\$164.85	OA-45	N381
10/23/2017-10/23/2017	64450(51)	\$220.00	\$27.58	\$27.58	\$192.42	OA-59	N19
10/23/2017-10/23/2017	76942	\$400.00	\$57.76	\$57.76	\$342.24	OA-45	N381
10/23/2017-10/23/2017	J3301	\$120.00	\$15.79	\$15.79	\$104.21	OA-45	N381
10/23/2017-10/23/2017	G0397	\$130.00	\$50.06	\$50.06	\$79.94	OA-45	N381
10/23/2017-10/23/2017	80307	\$180.00	\$47.29	\$47.29	\$132.71	OA-45	N381
10/23/2017-10/23/2017	80320	\$20.00	\$15.48	\$15.48	\$4.52	OA-45	N381
	SUBTOTAL	7	\$1,290.00	\$269.11	\$269.11	\$1,020.89	
CLAIM ADJUSTMENTS				90.00			
CLAIM TOTAL				\$269.11			
Insured: 10205876000 [REDACTED] Patient: JOHNSON, NOLANDA Y							
Service Provider: 1619178308 (XX) MARGOLIN, LEON J							
Claim/Patient Account Number: JOHNO000 Payer Claim Number: 173250578M00							
Product Name: Medicaid CFC (Covered Families and Children)							
Status: Processed as Primary							
11/14/2017-11/14/2017	99213	\$150.00	\$45.79	\$45.79	\$104.21	OA-45	N381
	SUBTOTAL	1	\$150.00	\$45.79	\$45.79	\$104.21	
CLAIM ADJUSTMENTS				90.00			
CLAIM TOTAL				\$45.79			
Insured: 10446549700 JONES, FLOYD Patient: JONES, FLOYD							



Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
 Claim/Patient Account Number: JONFL000 Payer Claim Number: 1730302DFS00  
 Product Name: Medicaid CFC (Covered Families and Children)  
 Status: Processed as Primary  
 9/27/2017-9/27/2017 64418(50) \$275.00 \$126.32 \$126.32 \$148.68 OA-59 N19  
 9/27/2017-9/27/2017 76942 \$400.00 \$57.76 \$57.76 \$342.24 OA-45 N381  
 9/27/2017-9/27/2017 J3301 \$120.00 \$15.79 \$15.79 \$104.21 OA-45 N381  
 9/27/2017-9/27/2017 G0397 \$130.00 \$50.06 \$50.06 \$79.94 OA-45 N381  
 SUBTOTAL 4 \$925.00 \$249.93 \$249.93 \$675.07

CLAIM ADJUSTMENTS

\$0.00

CLAIM TOTAL

\$249.93

Insured: 10302060900 KINNEY, LISA A Patient: KINNEY, LISA A  
 Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
 Claim/Patient Account Number: KINLI000 Payer Claim Number: 1732502NEM00  
 Product Name: Medicaid CFC (Covered Families and Children)  
 Status: Processed as Primary  
 11/13/2017-11/13/2017 64450 \$440.00 \$110.29 \$110.29 \$329.71 OA-45 N381  
 11/13/2017-11/13/2017 76942 \$400.00 \$57.76 \$57.76 \$342.24 OA-45 N381  
 11/13/2017-11/13/2017 G0397 \$130.00 \$50.06 \$50.06 \$79.94 OA-45 N381  
 SUBTOTAL 3 \$970.00 \$218.11 \$218.11 \$751.89

CLAIM ADJUSTMENTS

\$0.00

CLAIM TOTAL

\$218.11

Insured: 10287387200 Patient: LEWIS, DEEANNA B  
 Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
 Claim/Patient Account Number: LEWDE001 Payer Claim Number: 1732503UNE00  
 Product Name: Medicaid CFC (Covered Families and Children)  
 Status: Processed as Primary  
 11/17/2017-11/17/2017 99213 \$150.00 \$45.79 \$45.79 \$104.21 OA-45 N381  
 SUBTOTAL 1 \$150.00 \$45.79 \$45.79 \$104.21

CLAIM ADJUSTMENTS

\$0.00

CLAIM TOTAL

\$45.79

Insured: 10219264000 Patient: MONTES, SUSAN L  
 Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
 Claim/Patient Account Number: MONSU000 Payer Claim Number: 17299022H600  
 Product Name: Medicaid CFC (Covered Families and Children)  
 Status: Processed as Primary  
 10/20/2017-10/20/2017 64418(LT) \$275.00 \$0.00 \$275.00 OA-27 N30  
 10/20/2017-10/20/2017 76942 \$400.00 \$0.00 \$400.00 OA-27 N30  
 10/20/2017-10/20/2017 J3301 \$60.00 \$0.00 \$60.00 OA-27 N30  
 10/20/2017-10/20/2017 G0397 \$130.00 \$0.00 \$130.00 OA-27 N30  
 SUBTOTAL 4 \$865.00 \$0.00 \$865.00

CLAIM ADJUSTMENTS

\$0.00

CLAIM TOTAL

\$0.00

Insured: 10211569600 Patient: RIGSBY, ROBERTA W  
 Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
 Claim/Patient Account Number: RIGRO000 Payer Claim Number: 173250578V00  
 Product Name: Medicaid CFC (Covered Families and Children)  
 Status: Processed as Primary  
 11/14/2017-11/14/2017 99213 \$150.00 \$45.79 \$45.79 \$104.21 OA-45 N381  
 SUBTOTAL 1 \$150.00 \$45.79 \$45.79 \$104.21

CLAIM ADJUSTMENTS

\$0.00

CLAIM TOTAL

\$45.79

Insured: 10455754200 Patient: SAMPAN, FELICIA P  
 Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
 Claim/Patient Account Number: SAMFE000 Payer Claim Number: 1732503ZHS00  
 Product Name: Medicaid CFC (Covered Families and Children)  
 Status: Processed as Primary  
 11/16/2017-11/16/2017 99213 \$150.00 \$45.79 \$45.79 \$104.21 OA-45 N381  
 SUBTOTAL 1 \$150.00 \$45.79 \$45.79 \$104.21

CLAIM ADJUSTMENTS

\$0.00

CLAIM TOTAL

\$45.79

Insured: 10264778600 Patient: SMALL, JON E  
 Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
 Claim/Patient Account Number: SMAJ0001 Payer Claim Number: 1732505ATL00  
 Product Name: Medicaid CFC (Covered Families and Children)  
 Status: Processed as Primary  
 11/16/2017-11/16/2017 99213 \$150.00 \$45.79 \$45.79 \$104.21 OA-45 N381  
 SUBTOTAL 1 \$150.00 \$45.79 \$45.79 \$104.21

CLAIM ADJUSTMENTS

\$0.00

CLAIM TOTAL

\$45.79

Insured: 10321763400 Patient: SODD, WINONA J  
 Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
 Claim/Patient Account Number: SODWI000 Payer Claim Number: 1732502VYG00  
 Product Name: Medicaid CFC (Covered Families and Children)  
 Status: Processed as Primary  
 11/17/2017-11/17/2017 99213(25) \$150.00 \$45.79 \$45.79 \$104.21 OA-45 N381  
 11/17/2017-11/17/2017 G0397 \$130.00 \$0.00 \$130.00 OA-B10 N390  
 SUBTOTAL 2 \$280.00 \$45.79 \$45.79 \$234.21

CLAIM ADJUSTMENTS

\$0.00

CLAIM TOTAL

\$45.79

Insured: 10266015700 Patient: TIPTON, LORRIE L  
 Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
 Claim/Patient Account Number: TIPLO000 Payer Claim Number: 17300021X000  
 Product Name: Medicaid CFC (Covered Families and Children)  
 Status: Processed as Primary  
 10/24/2017-10/24/2017 64450 \$220.00 \$55.15 \$55.15 \$164.85 OA-45 N381  
 10/24/2017-10/24/2017 64450(51) \$220.00 \$27.58 \$27.58 \$192.42 OA-59 N19  
 10/24/2017-10/24/2017 76942 \$400.00 \$57.76 \$57.76 \$342.24 OA-45 N381  
 10/24/2017-10/24/2017 J3301 \$120.00 \$15.79 \$15.79 \$104.21 OA-45 N381  
 10/24/2017-10/24/2017 G0397 \$130.00 \$50.06 \$50.06 \$79.94 OA-45 N381  
 10/24/2017-10/24/2017 80307 \$180.00 \$47.29 \$47.29 \$132.71 OA-45 N381  
 10/24/2017-10/24/2017 80320 \$20.00 \$15.48 \$15.48 \$4.52 OA-45 N381  
 SUBTOTAL 7 \$1,290.00 \$269.11 \$269.11 \$1,020.89

CLAIM ADJUSTMENTS

\$0.00

CLAIM TOTAL

\$269.11



Insured: 10279545000 [REDACTED] Patient: VA [REDACTED]  
 Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
 Claim/Patient Account Number: VAYDI000 Payer Claim Number: 17299021FL00  
 Product Name: Medicaid CFC (Covered Families and Children)  
 Status: Processed as Primary

10/20/2017-10/20/2017	64450	\$220.00	\$55.15	\$55.15	\$164.85	OA-45	N381
10/20/2017-10/20/2017	64450(51)	\$220.00	\$27.58	\$27.58	\$192.42	OA-59	N19
10/20/2017-10/20/2017	76942	\$400.00	\$57.76	\$57.76	\$342.24	OA-45	N381
10/20/2017-10/20/2017	J3301	\$120.00	\$15.79	\$15.79	\$104.21	OA-45	N381
10/20/2017-10/20/2017	G0397	\$130.00	\$50.06	\$50.06	\$79.94	OA-45	N381
SUBTOTAL	5	\$1,090.00	\$206.34	\$206.34	\$883.66		

CLAIM ADJUSTMENTS \$0.00

CLAIM TOTAL \$206.34

Insured: 10219766600 [REDACTED] Patient: W [REDACTED]  
 Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
 Claim/Patient Account Number: WELRE000 Payer Claim Number: 17299023ES00  
 Product Name: Medicaid CFC (Covered Families and Children)  
 Status: Processed as Primary

10/23/2017-10/23/2017	64450	\$220.00	\$55.15	\$55.15	\$164.85	OA-45	N381
10/23/2017-10/23/2017	64450(51)	\$220.00	\$27.58	\$27.58	\$192.42	OA-59	N19
10/23/2017-10/23/2017	76942	\$400.00	\$57.76	\$57.76	\$342.24	OA-45	N381
10/23/2017-10/23/2017	J3301	\$120.00	\$15.79	\$15.79	\$104.21	OA-45	N381
10/23/2017-10/23/2017	G0397	\$130.00	\$50.06	\$50.06	\$79.94	OA-45	N381
10/23/2017-10/23/2017	80307	\$180.00	\$47.29	\$47.29	\$132.71	OA-45	N381
10/23/2017-10/23/2017	80320	\$20.00	\$15.48	\$15.48	\$4.52	OA-45	N381
SUBTOTAL	7	\$1,290.00	\$269.11	\$269.11	\$1,020.89		

CLAIM ADJUSTMENTS \$0.00

CLAIM TOTAL \$269.11

Insured: 10422829800 [REDACTED] Patient: WHITE [REDACTED]  
 Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
 Claim/Patient Account Number: WHIAN000 Payer Claim Number: 1732503HX600  
 Product Name: Medicaid CFC (Covered Families and Children)  
 Status: Processed as Primary

11/17/2017-11/17/2017	99213	\$150.00	\$45.79	\$45.79	\$104.21	OA-45	N381
SUBTOTAL	1	\$150.00	\$45.79	\$45.79	\$104.21		

CLAIM ADJUSTMENTS \$0.00

CLAIM TOTAL \$45.79

Insured: 10451055500 [REDACTED] Patient: WELBORN, GEORJA J  
 Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
 Claim/Patient Account Number: WILGL000 Payer Claim Number: 17299023J000  
 Product Name: Medicaid CFC (Covered Families and Children)  
 Status: Processed as Primary

10/23/2017-10/23/2017	64418(50)	\$275.00	\$126.32	\$126.32	\$148.68	OA-59	N19
10/23/2017-10/23/2017	76942	\$400.00	\$57.76	\$57.76	\$342.24	OA-45	N381
10/23/2017-10/23/2017	J3301	\$120.00	\$15.79	\$15.79	\$104.21	OA-45	N381
10/23/2017-10/23/2017	G0397	\$130.00	\$50.06	\$50.06	\$79.94	OA-45	N381
SUBTOTAL	4	\$925.00	\$249.93	\$249.93	\$675.07		

CLAIM ADJUSTMENTS \$0.00

CLAIM TOTAL \$249.93

Insured: 1048224900 [REDACTED] Patient: YOUNG, TROY  
 Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
 Claim/Patient Account Number: YOUTR000 Payer Claim Number: 172990219Q00  
 Product Name: Medicaid CFC (Covered Families and Children)  
 Status: Processed as Primary

10/23/2017-10/23/2017	64418(50)	\$275.00	\$126.32	\$126.32	\$148.68	OA-59	N19
10/23/2017-10/23/2017	76942	\$400.00	\$57.76	\$57.76	\$342.24	OA-45	N381
10/23/2017-10/23/2017	J3301	\$120.00	\$15.79	\$15.79	\$104.21	OA-45	N381
10/23/2017-10/23/2017	G0397	\$130.00	\$50.06	\$50.06	\$79.94	OA-45	N381
10/23/2017-10/23/2017	80307	\$180.00	\$47.29	\$47.29	\$132.71	OA-45	N381
10/23/2017-10/23/2017	80320	\$20.00	\$15.48	\$15.48	\$4.52	OA-45	N381
SUBTOTAL	6	\$1,125.00	\$312.70	\$312.70	\$812.30		

CLAIM ADJUSTMENTS \$0.00

CLAIM TOTAL \$312.70

Insured: 10482624900 [REDACTED] Patient: YOUNG, TROY  
 Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
 Claim/Patient Account Number: YOUTR000 Payer Claim Number: 17325042K100  
 Product Name: Medicaid CFC (Covered Families and Children)  
 Status: Processed as Primary

11/16/2017-11/16/2017	99213	\$150.00	\$45.79	\$45.79	\$104.21	OA-45	N381
SUBTOTAL	1	\$150.00	\$45.79	\$45.79	\$104.21		

CLAIM ADJUSTMENTS \$0.00

CLAIM TOTAL \$45.79

TOTAL \$64 \$28,530.00 \$6,925.00 \$6,655.89 \$21,874.11

PROVIDER ADJUSTMENTS \$6,655.89

PAYMENT TOTAL \$0.00

ADJUSTMENT REASON CODES:

- OA: Other adjustments
- 45: Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.
- 59: Processed based on multiple or concurrent procedure rules. (For example multiple surgery or diagnostic imaging, concurrent anesthesia.)
- 27: Expenses incurred after coverage terminated.
- B10: Allowed amount has been reduced because a component of the basic procedure/test was paid. The beneficiary is not liable for more than the charge limit for the

REMARK CODES:

- N381: Consult our contractual agreement for restrictions/billing/payment information related to these charges.
- N19: Procedure code incidental to primary procedure.
- N30: Patient ineligible for this service.
- N390: This service/report cannot be billed separately.

Provider Level Adjustments

Provider ID : CS1617500183  
 Fiscal Period Date : 12/31/2017

Adj. Reason	Adj. Amount	Reference Number
Overpayment Recovery	\$6,655.89	1711031444081600







Payer Information

Name : CareSource  
 Identifier : 31114 (XV)  
 Address : P.O. Box 1920  
 Dayton, OH 45401

Payment Information

Payee Name : Comprehensive Pain Management  
 Payee Identifier : 900595881 (PI)  
 Address : 23901 Timberlane Dr  
 Beachwood, OH 44122-1556  
 Payment Method : NON  
 Payment Date : 11/22/2017  
 Check/EFT Number : 0485925

DOS	Proc. (M)	Charges	Allowed	Payment	Pat. Resp.	Not-Cov.	Adj. Reason	Remarks
Insured: 10306389200 A [REDACTED] Patient: [REDACTED]								
Service Provider: 1619178308 (XX) MARGOLIN, LEON J								
Claim/Patient Account Number: ALLMY000 Payer Claim Number: 172970223M00								
Product Name: Medicaid ABD (Aged, Blind or Disabled)								
Status: Processed as Primary								
10/16/2017-10/16/2017	64450	\$220.00	\$55.15	\$55.15		\$164.85	OA-45	N381
10/16/2017-10/16/2017	64450(51)	\$220.00	\$27.58	\$27.58		\$192.42	OA-59	N19
10/16/2017-10/16/2017	76942	\$400.00	\$57.76	\$57.76		\$342.24	OA-45	N381
10/16/2017-10/16/2017	J3301	\$120.00	\$15.79	\$15.79		\$104.21	OA-45	N381
10/16/2017-10/16/2017	G0397	\$130.00	\$50.06	\$50.06		\$79.94	OA-45	N381
	SUBTOTAL	5	\$1,090.00	\$206.34	\$206.34	\$883.66		

CLAIM ADJUSTMENTS

\$0.00

CLAIM TOTAL

\$206.34

Insured: 10242363000 ASARIN, TORIA Patient: ASARIN, TORIA								
Service Provider: 1619178308 (XX) MARGOLIN, LEON J								
Claim/Patient Account Number: ASAY0000 Payer Claim Number: 1729702YSP00								
Product Name: Medicaid ABD (Aged, Blind or Disabled)								
Status: Processed as Primary								
10/17/2017-10/17/2017	64450	\$220.00	\$55.15	\$55.15		\$164.85	OA-45	N381
10/17/2017-10/17/2017	64450(51)	\$220.00	\$27.58	\$27.58		\$192.42	OA-59	N19
10/17/2017-10/17/2017	76942	\$400.00	\$57.76	\$57.76		\$342.24	OA-45	N381
10/17/2017-10/17/2017	J3301	\$120.00	\$15.79	\$15.79		\$104.21	OA-45	N381
10/17/2017-10/17/2017	G0397	\$130.00	\$50.06	\$50.06		\$79.94	OA-45	N381
	SUBTOTAL	5	\$1,090.00	\$206.34	\$206.34	\$883.66		

CLAIM ADJUSTMENTS

\$0.00

CLAIM TOTAL

\$206.34

Insured: 10313037800 BANKS, DONALD E Patient: BANKS, DONALD E								
Service Provider: 1619178308 (XX) MARGOLIN, LEON J								
Claim/Patient Account Number: BANDO000 Payer Claim Number: 1731702BAY00								
Product Name: Medicaid ABD (Aged, Blind or Disabled)								
Status: Processed as Primary								
11/6/2017-11/6/2017	64450	\$440.00	\$110.29	\$110.29		\$329.71	OA-45	N381
11/6/2017-11/6/2017	76942	\$400.00	\$57.76	\$57.76		\$342.24	OA-45	N381
11/6/2017-11/6/2017	G0397	\$130.00	\$50.06	\$50.06		\$79.94	OA-45	N381
11/6/2017-11/6/2017	80307	\$180.00	\$47.29	\$47.29		\$132.71	OA-45	N381
11/6/2017-11/6/2017	80320	\$20.00	\$15.48	\$15.48		\$4.52	OA-45	N381
	SUBTOTAL	5	\$1,170.00	\$280.88	\$280.88	\$889.12		

CLAIM ADJUSTMENTS

\$0.00

CLAIM TOTAL

\$280.88

Insured: 10304735700 BARRA, DONALD E Patient: BARRA, DONALD E								
Service Provider: 1619178308 (XX) MARGOLIN, LEON J								
Claim/Patient Account Number: BARMA000 Payer Claim Number: 1732003ARB00								
Product Name: Medicaid ABD (Aged, Blind or Disabled)								
Status: Processed as Primary								
11/9/2017-11/9/2017	64418(50)	\$275.00	\$126.32	\$126.32		\$148.68	OA-59	N19
11/9/2017-11/9/2017	76942	\$400.00	\$57.76	\$57.76		\$342.24	OA-45	N381
11/9/2017-11/9/2017	G0397	\$130.00	\$50.06	\$50.06		\$79.94	OA-45	N381
11/9/2017-11/9/2017	80307	\$180.00	\$47.29	\$47.29		\$132.71	OA-45	N381
11/9/2017-11/9/2017	80320	\$20.00	\$15.48	\$15.48		\$4.52	OA-45	N381
	SUBTOTAL	5	\$1,005.00	\$296.91	\$296.91	\$708.09		

CLAIM ADJUSTMENTS

\$0.00

CLAIM TOTAL

\$296.91

Insured: 10304795600 CORAN, JAMES Patient: CORAN, JAMES								
Service Provider: 1619178308 (XX) MARGOLIN, LEON J								
Claim/Patient Account Number: CANRO000 Payer Claim Number: 1729702Z8Y00								
Product Name: Medicaid ABD (Aged, Blind or Disabled)								
Status: Processed as Primary								
10/17/2017-10/17/2017	64450	\$220.00	\$55.15	\$55.15		\$164.85	OA-45	N381
10/17/2017-10/17/2017	64450(51)	\$220.00	\$27.58	\$27.58		\$192.42	OA-59	N19
10/17/2017-10/17/2017	76942	\$400.00	\$57.76	\$57.76		\$342.24	OA-45	N381
10/17/2017-10/17/2017	J3301	\$120.00	\$15.79	\$15.79		\$104.21	OA-45	N381
10/17/2017-10/17/2017	G0397	\$130.00	\$50.06	\$50.06		\$79.94	OA-45	N381
	SUBTOTAL	5	\$1,090.00	\$206.34	\$206.34	\$883.66		

CLAIM ADJUSTMENTS

\$0.00

CLAIM TOTAL

\$206.34

Insured: 10677120100 CORAN, JAMES Patient: CORAN, JAMES								
Service Provider: 1619178308 (XX) MARGOLIN, LEON J								
Claim/Patient Account Number: CORJA000 Payer Claim Number: 1729302Q9300								
Product Name: Medicaid ABD (Aged, Blind or Disabled)								
Status: Processed as Secondary								
10/10/2017-10/10/2017	64418(50)	\$275.00	\$0.00	\$0.00		\$275.00	OA-22	N4
10/10/2017-10/10/2017	76942	\$400.00	\$0.00	\$0.00		\$400.00	OA-22	N4
10/10/2017-10/10/2017	J3301	\$120.00	\$0.00	\$0.00		\$120.00	OA-22	N4
10/10/2017-10/10/2017	G0397	\$130.00	\$0.00	\$0.00		\$130.00	OA-22	N4
10/10/2017-10/10/2017	80307	\$180.00	\$0.00	\$0.00		\$180.00	OA-22	N4
10/10/2017-10/10/2017	80320	\$20.00	\$0.00	\$0.00		\$20.00	OA-22	N4
	SUBTOTAL	6	\$1,125.00	\$0.00	\$0.00	\$1,125.00		

CLAIM ADJUSTMENTS

\$0.00

CLAIM TOTAL

\$0.00

Insured: 10592872500 COSSIN, TONIA R Patient: COSSIN, TONIA R								
Service Provider: 1619178308 (XX) MARGOLIN, LEON J								
Claim/Patient Account Number: COSTO000 Payer Claim Number: 1729302PY200								
Product Name: Medicaid ABD (Aged, Blind or Disabled)								
Status: Processed as Primary								



10/10/2017-10/10/2017	64418(50)	\$275.00	\$126.32	\$126.32			
10/10/2017-10/10/2017	76942	\$400.00	\$57.76	\$57.76	\$148.68	OA-59	N19
10/10/2017-10/10/2017	J3301	\$120.00	\$15.79	\$15.79	\$342.24	OA-45	N381
10/10/2017-10/10/2017	G0397	\$130.00	\$50.06	\$50.06	\$104.21	OA-45	N381
10/10/2017-10/10/2017	80307	\$180.00	\$47.29	\$47.29	\$79.94	OA-45	N381
10/10/2017-10/10/2017	80320	\$20.00	\$15.48	\$15.48	\$132.71	OA-45	N381
SUBTOTAL	6	\$1,125.00	\$312.70	\$312.70	\$4.52	OA-45	N381
					\$812.30		

CLAIM ADJUSTMENTS \$0.00

CLAIM TOTAL \$312.70

Insured: 10554564300 [REDACTED] Patient: [REDACTED]  
 Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
 Claim/Patient Account Number: WRIJE000 Payer Claim Number: 17297031A200  
 Product Name: Medicaid ABD (Aged, Blind or Disabled)  
 Status: Processed as Primary

10/16/2017-10/16/2017	64450	\$220.00	\$55.15	\$55.15			
10/16/2017-10/16/2017	64450(51)	\$220.00	\$27.58	\$27.58	\$164.85	OA-45	N381
10/16/2017-10/16/2017	76942	\$400.00	\$57.76	\$57.76	\$192.42	OA-59	N19
10/16/2017-10/16/2017	J3301	\$120.00	\$15.79	\$15.79	\$342.24	OA-45	N381
10/16/2017-10/16/2017	G0397	\$130.00	\$50.06	\$50.06	\$104.21	OA-45	N381
10/16/2017-10/16/2017	80307	\$180.00	\$47.29	\$47.29	\$79.94	OA-45	N381
10/16/2017-10/16/2017	80320	\$20.00	\$15.48	\$15.48	\$132.71	OA-45	N381
SUBTOTAL	7	\$1,290.00	\$269.11	\$269.11	\$4.52	OA-45	N381
					\$1,020.89		

CLAIM ADJUSTMENTS \$0.00

CLAIM TOTAL \$269.11

Insured: 10308860400 [REDACTED] Patient: [REDACTED]  
 Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
 Claim/Patient Account Number: DENAN000 Payer Claim Number: 1729702C6100  
 Product Name: Medicaid ABD (Aged, Blind or Disabled)  
 Status: Processed as Primary

10/19/2017-10/19/2017	64418(50)	\$275.00	\$126.32	\$126.32			
10/19/2017-10/19/2017	76942	\$400.00	\$57.76	\$57.76	\$148.68	OA-59	N19
10/19/2017-10/19/2017	J3301	\$120.00	\$15.79	\$15.79	\$342.24	OA-45	N381
10/19/2017-10/19/2017	G0397	\$130.00	\$50.06	\$50.06	\$104.21	OA-45	N381
10/19/2017-10/19/2017	80307	\$180.00	\$47.29	\$47.29	\$79.94	OA-45	N381
10/19/2017-10/19/2017	80320	\$20.00	\$15.48	\$15.48	\$132.71	OA-45	N381
SUBTOTAL	6	\$1,125.00	\$312.70	\$312.70	\$4.52	OA-45	N381
					\$812.30		

CLAIM ADJUSTMENTS \$0.00

CLAIM TOTAL \$312.70

Insured: 10328109100 [REDACTED] Patient: [REDACTED]  
 Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
 Claim/Patient Account Number: DEVKE000 Payer Claim Number: 17297033FN00  
 Product Name: Medicaid ABD (Aged, Blind or Disabled)  
 Status: Processed as Primary

10/16/2017-10/16/2017	64418(50)	\$275.00	\$126.32	\$126.32			
10/16/2017-10/16/2017	76942	\$400.00	\$57.76	\$57.76	\$148.68	OA-59	N19
10/16/2017-10/16/2017	J3301	\$120.00	\$15.79	\$15.79	\$342.24	OA-45	N381
10/16/2017-10/16/2017	G0397	\$130.00	\$50.06	\$50.06	\$104.21	OA-45	N381
10/16/2017-10/16/2017	80307	\$180.00	\$47.29	\$47.29	\$79.94	OA-45	N381
10/16/2017-10/16/2017	80320	\$20.00	\$15.48	\$15.48	\$132.71	OA-45	N381
SUBTOTAL	6	\$1,125.00	\$312.70	\$312.70	\$4.52	OA-45	N381
					\$812.30		

CLAIM ADJUSTMENTS \$0.00

CLAIM TOTAL \$312.70

Insured: 10425449900 [REDACTED] Patient: [REDACTED]  
 Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
 Claim/Patient Account Number: FINRO000 Payer Claim Number: 1729702YNB00  
 Product Name: Medicaid ABD (Aged, Blind or Disabled)  
 Status: Processed as Primary

10/16/2017-10/16/2017	64450	\$220.00	\$55.15	\$55.15			
10/16/2017-10/16/2017	64450(51)	\$220.00	\$27.58	\$27.58	\$164.85	OA-45	N381
10/16/2017-10/16/2017	76942	\$400.00	\$57.76	\$57.76	\$192.42	OA-59	N19
10/16/2017-10/16/2017	J3301	\$120.00	\$15.79	\$15.79	\$342.24	OA-45	N381
10/16/2017-10/16/2017	G0397	\$130.00	\$50.06	\$50.06	\$104.21	OA-45	N381
10/16/2017-10/16/2017	80307	\$180.00	\$47.29	\$47.29	\$79.94	OA-45	N381
10/16/2017-10/16/2017	80320	\$20.00	\$15.48	\$15.48	\$132.71	OA-45	N381
SUBTOTAL	7	\$1,290.00	\$269.11	\$269.11	\$4.52	OA-45	N381
					\$1,020.89		

CLAIM ADJUSTMENTS \$0.00

CLAIM TOTAL \$269.11

Insured: 10380053100 [REDACTED] Patient: [REDACTED]  
 Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
 Claim/Patient Account Number: FRYDI000 Payer Claim Number: 1732003LZ00  
 Product Name: Medicaid ABD (Aged, Blind or Disabled)  
 Status: Processed as Primary

9/7/2017-9/7/2017	99203	\$205.00	\$0.00	\$0.00	\$205.00	OA-18	M86
9/7/2017-9/7/2017	95924	\$160.00	\$0.00	\$0.00	\$160.00	OA-18	M86
9/7/2017-9/7/2017	93040(59)	\$27.70	\$0.00	\$0.00	\$27.70	OA-18	M86
9/7/2017-9/7/2017	95923	\$370.00	\$0.00	\$0.00	\$370.00	OA-18	M86
9/7/2017-9/7/2017	95912	\$400.00	\$0.00	\$0.00	\$400.00	OA-18	M86
9/7/2017-9/7/2017	95885	\$100.00	\$0.00	\$0.00	\$100.00	OA-18	M86
9/7/2017-9/7/2017	80307	\$180.00	\$0.00	\$0.00	\$180.00	OA-18	M86
9/7/2017-9/7/2017	80320	\$20.00	\$0.00	\$0.00	\$20.00	OA-18	M86
SUBTOTAL	8	\$1,462.70	\$0.00	\$0.00	\$1,462.70	OA-18	M86

CLAIM ADJUSTMENTS \$0.00

CLAIM TOTAL \$0.00

Insured: 10380053100 [REDACTED] Patient: [REDACTED]  
 Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
 Claim/Patient Account Number: FRYDI000 Payer Claim Number: 17320046SV00  
 Product Name: Medicaid ABD (Aged, Blind or Disabled)  
 Status: Processed as Primary

9/7/2017-9/7/2017	G0397(59)	\$130.00	\$0.00	\$0.00	\$130.00	OA-182	M51
SUBTOTAL	1	\$130.00	\$0.00	\$0.00	\$130.00		

CLAIM ADJUSTMENTS \$0.00

CLAIM TOTAL \$0.00

Insured: 10306541800 HALL, SHERRY L Patient: [REDACTED]  
 Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
 Claim/Patient Account Number: HALSH001 Payer Claim Number: 17297031EX00  
 Product Name: Medicaid ABD (Aged, Blind or Disabled)  
 Status: Processed as Primary

10/17/2017-10/17/2017	64450	\$220.00	\$55.15	\$55.15			
10/17/2017-10/17/2017	64450(51)	\$220.00	\$27.58	\$27.58	\$164.85	OA-45	N381
10/17/2017-10/17/2017	76942	\$400.00	\$57.76	\$57.76	\$192.42	OA-59	N19
10/17/2017-10/17/2017	J3301	\$120.00	\$15.79	\$15.79	\$342.24	OA-45	N381
					\$104.21	OA-45	N381



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10/17/2017-10/17/2017	G0397	\$130.00	\$50.06	\$50.06	\$79.94	OA-45	N381
10/17/2017-10/17/2017	80307	\$180.00	\$47.29	\$47.29	\$132.71	OA-45	N381
10/17/2017-10/17/2017	80320	\$20.00	\$15.48	\$15.48	\$4.52	OA-45	N381
SUBTOTAL		7	\$1,290.00	\$269.11	\$269.11	\$1,020.89	

CLAIM ADJUSTMENTS \$0.00  
 CLAIM TOTAL \$269.11

Insured: 10541455100 [REDACTED] Patient: HAMPTON, DEANNETTE  
 Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
 Claim/Patient Account Number: HAMJE001 Payer Claim Number: 1729702E8F00  
 Product Name: Medicaid ABD (Aged, Blind or Disabled)  
 Status: Processed as Primary

10/19/2017-10/19/2017	64450	\$220.00	\$55.15	\$55.15	\$164.85	OA-45	N381
10/19/2017-10/19/2017	64450(51)	\$220.00	\$27.58	\$27.58	\$192.42	OA-59	N19
10/19/2017-10/19/2017	76942	\$400.00	\$57.76	\$57.76	\$342.24	OA-45	N381
10/19/2017-10/19/2017	J3301	\$120.00	\$15.79	\$15.79	\$104.21	OA-45	N381
10/19/2017-10/19/2017	G0397	\$130.00	\$50.06	\$50.06	\$79.94	OA-45	N381
SUBTOTAL		5	\$1,090.00	\$206.34	\$206.34	\$883.66	

CLAIM ADJUSTMENTS \$0.00  
 CLAIM TOTAL \$206.34

Insured: 10306419300 [REDACTED] Patient: HENSON, [REDACTED]  
 Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
 Claim/Patient Account Number: HAMSH000 Payer Claim Number: 1729302FF200  
 Product Name: Medicaid ABD (Aged, Blind or Disabled)  
 Status: Processed as Primary

10/10/2017-10/10/2017	64418(50)	\$275.00	\$126.32	\$126.32	\$148.68	OA-59	N19
10/10/2017-10/10/2017	76942	\$400.00	\$57.76	\$57.76	\$342.24	OA-45	N381
10/10/2017-10/10/2017	J3301	\$120.00	\$15.79	\$15.79	\$104.21	OA-45	N381
10/10/2017-10/10/2017	G0397	\$130.00	\$50.06	\$50.06	\$79.94	OA-45	N381
SUBTOTAL		4	\$925.00	\$249.93	\$249.93	\$675.07	

CLAIM ADJUSTMENTS \$0.00  
 CLAIM TOTAL \$249.93

Insured: 10415068500 [REDACTED] Patient: HARMON, [REDACTED]  
 Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
 Claim/Patient Account Number: HARMA003 Payer Claim Number: 17297036ME00  
 Product Name: Medicaid ABD (Aged, Blind or Disabled)  
 Status: Processed as Primary

10/16/2017-10/16/2017	64450	\$220.00	\$55.15	\$55.15	\$164.85	OA-45	N381
10/16/2017-10/16/2017	64450(51)	\$220.00	\$27.58	\$27.58	\$192.42	OA-59	N19
10/16/2017-10/16/2017	76942	\$400.00	\$57.76	\$57.76	\$342.24	OA-45	N381
10/16/2017-10/16/2017	J3301	\$120.00	\$15.79	\$15.79	\$104.21	OA-45	N381
10/16/2017-10/16/2017	G0397	\$130.00	\$50.06	\$50.06	\$79.94	OA-45	N381
10/16/2017-10/16/2017	80307	\$180.00	\$47.29	\$47.29	\$132.71	OA-45	N381
10/16/2017-10/16/2017	80320	\$20.00	\$15.48	\$15.48	\$4.52	OA-45	N381
SUBTOTAL		7	\$1,290.00	\$269.11	\$269.11	\$1,020.89	

CLAIM ADJUSTMENTS \$0.00  
 CLAIM TOTAL \$269.11

Insured: 10206205200 [REDACTED] Patient: HARMON, [REDACTED]  
 Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
 Claim/Patient Account Number: HARJO001 Payer Claim Number: 172970302B00  
 Product Name: Medicaid ABD (Aged, Blind or Disabled)  
 Status: Processed as Primary

10/19/2017-10/19/2017	64450	\$220.00	\$55.15	\$55.15	\$164.85	OA-45	N381
10/19/2017-10/19/2017	64450(51)	\$220.00	\$27.58	\$27.58	\$192.42	OA-59	N19
10/19/2017-10/19/2017	76942	\$400.00	\$57.76	\$57.76	\$342.24	OA-45	N381
10/19/2017-10/19/2017	J3301	\$120.00	\$15.79	\$15.79	\$104.21	OA-45	N381
10/19/2017-10/19/2017	G0397	\$130.00	\$50.06	\$50.06	\$79.94	OA-45	N381
10/19/2017-10/19/2017	80307	\$180.00	\$47.29	\$47.29	\$132.71	OA-45	N381
10/19/2017-10/19/2017	80320	\$20.00	\$15.48	\$15.48	\$4.52	OA-45	N381
SUBTOTAL		7	\$1,290.00	\$269.11	\$269.11	\$1,020.89	

CLAIM ADJUSTMENTS \$0.00  
 CLAIM TOTAL \$269.11

Insured: 10378478200 [REDACTED] Patient: HARMON, [REDACTED]  
 Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
 Claim/Patient Account Number: HOLJO001 Payer Claim Number: 172970355C00  
 Product Name: Medicaid ABD (Aged, Blind or Disabled)  
 Status: Processed as Primary

10/17/2017-10/17/2017	64418(50)	\$275.00	\$126.32	\$126.32	\$148.68	OA-59	N19
10/17/2017-10/17/2017	76942	\$400.00	\$57.76	\$57.76	\$342.24	OA-45	N381
10/17/2017-10/17/2017	J3301	\$120.00	\$15.79	\$15.79	\$104.21	OA-45	N381
10/17/2017-10/17/2017	G0397	\$130.00	\$50.06	\$50.06	\$79.94	OA-45	N381
SUBTOTAL		4	\$925.00	\$249.93	\$249.93	\$675.07	

CLAIM ADJUSTMENTS \$0.00  
 CLAIM TOTAL \$249.93

Insured: 10304565700 [REDACTED] Patient: HURN, [REDACTED]  
 Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
 Claim/Patient Account Number: HURNI000 Payer Claim Number: 17293026X800  
 Product Name: Medicaid ABD (Aged, Blind or Disabled)  
 Status: Processed as Primary

10/10/2017-10/10/2017	64450	\$220.00	\$55.15	\$55.15	\$164.85	OA-45	N381
10/10/2017-10/10/2017	64450(51)	\$220.00	\$27.58	\$27.58	\$192.42	OA-59	N19
10/10/2017-10/10/2017	76942	\$400.00	\$57.76	\$57.76	\$342.24	OA-45	N381
10/10/2017-10/10/2017	J3301	\$120.00	\$15.79	\$15.79	\$104.21	OA-45	N381
10/10/2017-10/10/2017	80307	\$180.00	\$47.29	\$47.29	\$132.71	OA-45	N381
10/10/2017-10/10/2017	80320	\$20.00	\$15.48	\$15.48	\$4.52	OA-45	N381
10/10/2017-10/10/2017	G0397	\$130.00	\$50.06	\$50.06	\$79.94	OA-45	N381
SUBTOTAL		7	\$1,290.00	\$269.11	\$269.11	\$1,020.89	

CLAIM ADJUSTMENTS \$0.00  
 CLAIM TOTAL \$269.11

Insured: 10306368300 [REDACTED] Patient: JACOBSON, [REDACTED]  
 Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
 Claim/Patient Account Number: JACDI001 Payer Claim Number: 17297031PT00  
 Product Name: Medicaid ABD (Aged, Blind or Disabled)  
 Status: Processed as Primary

10/16/2017-10/16/2017	64450	\$220.00	\$55.15	\$55.15	\$164.85	OA-45	N381
10/16/2017-10/16/2017	64450(51)	\$220.00	\$27.58	\$27.58	\$192.42	OA-59	N19
10/16/2017-10/16/2017	76942	\$400.00	\$57.76	\$57.76	\$342.24	OA-45	N381
10/16/2017-10/16/2017	J3301	\$120.00	\$15.79	\$15.79	\$104.21	OA-45	N381
10/16/2017-10/16/2017	G0397	\$130.00	\$50.06	\$50.06	\$79.94	OA-45	N381
10/16/2017-10/16/2017	80307	\$180.00	\$47.29	\$47.29	\$132.71	OA-45	N381
10/16/2017-10/16/2017	80320	\$20.00	\$15.48	\$15.48	\$4.52	OA-45	N381
SUBTOTAL		7	\$1,290.00	\$269.11	\$269.11	\$1,020.89	



CLAIM ADJUSTMENTS									
									\$0.00
CLAIM TOTAL									\$269.11
Insured: 10394300800 [REDACTED] Patient: [REDACTED], LARRY E									
Service Provider: 1619178308 (XX) MARGOLIN, LEON J									
Claim/Patient Account Number: JEFLA000 Payer Claim Number: 1729302BSM00									
Product Name: Medicaid ABD (Aged, Blind or Disabled)									
Status: Processed as Primary									
10/10/2017-10/10/2017	64450	\$220.00	\$55.15	\$55.15					
10/10/2017-10/10/2017	64450(51)	\$220.00	\$27.58	\$27.58	\$164.85	OA-45		N381	
10/10/2017-10/10/2017	76942	\$400.00	\$57.76	\$57.76	\$192.42	OA-59		N19	
10/10/2017-10/10/2017	J3301	\$120.00	\$15.79	\$15.79	\$342.24	OA-45		N381	
10/10/2017-10/10/2017	G0397	\$130.00	\$50.06	\$50.06	\$104.21	OA-45		N381	
	SUBTOTAL	5	\$1,090.00	\$206.34	\$206.34	\$79.94	OA-45	N381	
CLAIM ADJUSTMENTS									
									\$0.00
CLAIM TOTAL									\$206.34
Insured: 10304928500 [REDACTED] Patient: [REDACTED]									
Service Provider: 1619178308 (XX) MARGOLIN, LEON J									
Claim/Patient Account Number: JOHAN001 Payer Claim Number: 17297033C700									
Product Name: Medicaid ABD (Aged, Blind or Disabled)									
Status: Processed as Primary									
10/16/2017-10/16/2017	64418(50)	\$275.00	\$126.32	\$126.32					
10/16/2017-10/16/2017	76942	\$400.00	\$57.76	\$57.76	\$148.68	OA-59		N19	
10/16/2017-10/16/2017	J3301	\$120.00	\$15.79	\$15.79	\$342.24	OA-45		N381	
10/16/2017-10/16/2017	G0397	\$130.00	\$50.06	\$50.06	\$104.21	OA-45		N381	
10/16/2017-10/16/2017	80307	\$180.00	\$47.29	\$47.29	\$79.94	OA-45		N381	
10/16/2017-10/16/2017	80320	\$20.00	\$15.48	\$15.48	\$132.71	OA-45		N381	
	SUBTOTAL	6	\$1,125.00	\$312.70	\$312.70	\$4.52	OA-45	N381	
CLAIM ADJUSTMENTS									
									\$0.00
CLAIM TOTAL									\$312.70
Insured: 10326705580 [REDACTED] Patient: [REDACTED], LARRY E									
Service Provider: 1619178308 (XX) MARGOLIN, LEON J									
Claim/Patient Account Number: LOWLA000 Payer Claim Number: 17297034WA00									
Product Name: Medicaid ABD (Aged, Blind or Disabled)									
Status: Processed as Primary									
10/17/2017-10/17/2017	64418(50)	\$275.00	\$126.32	\$126.32					
10/17/2017-10/17/2017	76942	\$400.00	\$57.76	\$57.76	\$148.68	OA-59		N19	
10/17/2017-10/17/2017	J3301	\$120.00	\$15.79	\$15.79	\$342.24	OA-45		N381	
10/17/2017-10/17/2017	G0397	\$130.00	\$50.06	\$50.06	\$104.21	OA-45		N381	
	SUBTOTAL	4	\$925.00	\$249.93	\$249.93	\$79.94	OA-45	N381	
CLAIM ADJUSTMENTS									
									\$0.00
CLAIM TOTAL									\$249.93
Insured: 10306405800 [REDACTED] Patient: [REDACTED]									
Service Provider: 1619178308 (XX) MARGOLIN, LEON J									
Claim/Patient Account Number: LUSKI000 Payer Claim Number: 172970337E00									
Product Name: Medicaid ABD (Aged, Blind or Disabled)									
Status: Processed as Primary									
10/19/2017-10/19/2017	64450	\$220.00	\$55.15	\$55.15					
10/19/2017-10/19/2017	64450(51)	\$220.00	\$27.58	\$27.58	\$164.85	OA-45		N381	
10/19/2017-10/19/2017	76942	\$400.00	\$57.76	\$57.76	\$192.42	OA-59		N19	
10/19/2017-10/19/2017	J3301	\$120.00	\$15.79	\$15.79	\$342.24	OA-45		N381	
10/19/2017-10/19/2017	G0397	\$130.00	\$50.06	\$50.06	\$104.21	OA-45		N381	
	SUBTOTAL	5	\$1,090.00	\$206.34	\$206.34	\$79.94	OA-45	N381	
CLAIM ADJUSTMENTS									
									\$0.00
CLAIM TOTAL									\$206.34
Insured: 10304477000 [REDACTED] Patient: [REDACTED], LINDA									
Service Provider: 1619178308 (XX) MARGOLIN, LEON J									
Claim/Patient Account Number: MARLI002 Payer Claim Number: 1732002F6K00									
Product Name: Medicaid ABD (Aged, Blind or Disabled)									
Status: Processed as Primary									
11/9/2017-11/9/2017	64418(50)	\$275.00	\$126.32	\$126.32					
11/9/2017-11/9/2017	76942	\$400.00	\$57.76	\$57.76	\$148.68	OA-59		N19	
11/9/2017-11/9/2017	G0397	\$130.00	\$50.06	\$50.06	\$342.24	OA-45		N381	
	SUBTOTAL	3	\$805.00	\$234.14	\$234.14	\$79.94	OA-45	N381	
CLAIM ADJUSTMENTS									
									\$0.00
CLAIM TOTAL									\$234.14
Insured: 10349131300 [REDACTED] Patient: [REDACTED]									
Service Provider: 1619178308 (XX) MARGOLIN, LEON J									
Claim/Patient Account Number: MCWGA000 Payer Claim Number: 1729302J1L00									
Product Name: Medicaid ABD (Aged, Blind or Disabled)									
Status: Processed as Primary									
10/10/2017-10/10/2017	64450	\$220.00	\$55.15	\$55.15					
10/10/2017-10/10/2017	64450(51)	\$220.00	\$27.58	\$27.58	\$164.85	OA-45		N381	
10/10/2017-10/10/2017	76942	\$400.00	\$57.76	\$57.76	\$192.42	OA-59		N19	
10/10/2017-10/10/2017	J3301	\$120.00	\$15.79	\$15.79	\$342.24	OA-45		N381	
10/10/2017-10/10/2017	G0397	\$130.00	\$50.06	\$50.06	\$104.21	OA-45		N381	
	SUBTOTAL	5	\$1,090.00	\$206.34	\$206.34	\$79.94	OA-45	N381	
CLAIM ADJUSTMENTS									
									\$0.00
CLAIM TOTAL									\$206.34
Insured: 10298700300 [REDACTED] Patient: [REDACTED], KATHY									
Service Provider: 1619178308 (XX) MARGOLIN, LEON J									
Claim/Patient Account Number: MYEKA000 Payer Claim Number: 17317021UU00									
Product Name: Medicaid ABD (Aged, Blind or Disabled)									
Status: Processed as Primary									
11/6/2017-11/6/2017	99203	\$205.00	\$60.65	\$60.65					
11/6/2017-11/6/2017	95924	\$160.00	\$81.99	\$81.99	\$144.35	OA-45		N381	
11/6/2017-11/6/2017	93040(59)	\$27.70	\$11.53	\$11.53	\$78.01	OA-45		N381	
11/6/2017-11/6/2017	95923	\$370.00	\$48.99	\$48.99	\$16.17	OA-45		N381	
11/6/2017-11/6/2017	95912	\$400.00	\$145.29	\$145.29	\$321.01	OA-45		N381	
11/6/2017-11/6/2017	95886	\$120.00	\$30.39	\$30.39	\$254.71	OA-45		N381	
	SUBTOTAL	6	\$1,282.70	\$378.84	\$378.84	\$89.61	OA-45	N381	
CLAIM ADJUSTMENTS									
									\$0.00
CLAIM TOTAL									\$378.84
Insured: 10336467900 [REDACTED] Patient: [REDACTED]									
Service Provider: 1619178308 (XX) MARGOLIN, LEON J									
Claim/Patient Account Number: PECSA000 Payer Claim Number: 17275034DB00									
Product Name: Medicaid ABD (Aged, Blind or Disabled)									
Status: Processed as Primary									
9/25/2017-9/25/2017	64450	\$440.00	\$110.29	\$110.29					
					\$329.71	OA-45		N381	



9/25/2017-9/25/2017	76942	\$400.00	\$57.76	\$57.76	\$342.24	OA-45	N381
9/25/2017-9/25/2017	J3301	\$120.00	\$15.79	\$15.79	\$104.21	OA-45	N381
9/25/2017-9/25/2017	G0397	\$130.00	\$50.06	\$50.06	\$79.94	OA-45	N381
SUBTOTAL		\$1,090.00	\$233.90	\$233.90	\$856.10		

CLAIM ADJUSTMENTS \$0.00  
 CLAIM TOTAL \$233.90

Insured: 10336467900 [REDACTED] Patient: [REDACTED]  
 Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
 Claim/Patient Account Number: PECSA000 Payer Claim Number: 17318022PE00  
 Product Name: Medicaid ABD (Aged, Blind or Disabled)

Status: Processed as Primary							
11/7/2017-11/7/2017	64450	\$440.00	\$110.29	\$110.29	\$329.71	OA-45	N381
11/7/2017-11/7/2017	76942	\$400.00	\$57.76	\$57.76	\$342.24	OA-45	N381
11/7/2017-11/7/2017	G0397	\$130.00	\$50.06	\$50.06	\$79.94	OA-45	N381
11/7/2017-11/7/2017	80307	\$180.00	\$47.29	\$47.29	\$132.71	OA-45	N381
11/7/2017-11/7/2017	80320	\$20.00	\$15.48	\$15.48	\$4.52	OA-45	N381
SUBTOTAL		\$1,170.00	\$280.88	\$280.88	\$889.12		

CLAIM ADJUSTMENTS \$0.00  
 CLAIM TOTAL \$280.88

Insured: 10315105200 [REDACTED] Patient: Powell, D.L., [REDACTED]  
 Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
 Claim/Patient Account Number: POWTY000 Payer Claim Number: 1729302HUA00  
 Product Name: Medicaid ABD (Aged, Blind or Disabled)

Status: Processed as Primary							
10/11/2017-10/11/2017	64450	\$220.00	\$55.15	\$55.15	\$164.85	OA-45	N381
10/11/2017-10/11/2017	64450(51)	\$220.00	\$27.58	\$27.58	\$192.42	OA-59	N19
10/11/2017-10/11/2017	76942	\$400.00	\$57.76	\$57.76	\$342.24	OA-45	N381
10/11/2017-10/11/2017	J3301	\$120.00	\$15.79	\$15.79	\$104.21	OA-45	N381
10/11/2017-10/11/2017	G0397	\$130.00	\$50.06	\$50.06	\$79.94	OA-45	N381
SUBTOTAL		\$1,090.00	\$206.34	\$206.34	\$883.66		

CLAIM ADJUSTMENTS \$0.00  
 CLAIM TOTAL \$206.34

Insured: 10209474400 [REDACTED] Patient: [REDACTED]  
 Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
 Claim/Patient Account Number: PRERE000 Payer Claim Number: 17297030L900  
 Product Name: Medicaid ABD (Aged, Blind or Disabled)

Status: Processed as Primary							
10/17/2017-10/17/2017	64450	\$220.00	\$55.15	\$55.15	\$164.85	OA-45	N381
10/17/2017-10/17/2017	64450(51)	\$220.00	\$27.58	\$27.58	\$192.42	OA-59	N19
10/17/2017-10/17/2017	76942	\$400.00	\$57.76	\$57.76	\$342.24	OA-45	N381
10/17/2017-10/17/2017	J3301	\$120.00	\$15.79	\$15.79	\$104.21	OA-45	N381
10/17/2017-10/17/2017	G0397	\$130.00	\$50.06	\$50.06	\$79.94	OA-45	N381
10/17/2017-10/17/2017	80307	\$180.00	\$47.29	\$47.29	\$132.71	OA-45	N381
10/17/2017-10/17/2017	80320	\$20.00	\$15.48	\$15.48	\$4.52	OA-45	N381
SUBTOTAL		\$1,290.00	\$269.11	\$269.11	\$1,020.89		

CLAIM ADJUSTMENTS \$0.00  
 CLAIM TOTAL \$269.11

Insured: 10306424500 [REDACTED] Patient: [REDACTED]  
 Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
 Claim/Patient Account Number: REYLE000 Payer Claim Number: 172970355J00  
 Product Name: Medicaid ABD (Aged, Blind or Disabled)

Status: Processed as Primary							
10/16/2017-10/16/2017	64418(LT)	\$275.00	\$84.21	\$84.21	\$190.79	OA-45	N381
10/16/2017-10/16/2017	76942	\$400.00	\$57.76	\$57.76	\$342.24	OA-45	N381
10/16/2017-10/16/2017	J3301	\$60.00	\$7.90	\$7.90	\$52.10	OA-45	N381
10/16/2017-10/16/2017	G0397	\$130.00	\$50.06	\$50.06	\$79.94	OA-45	N381
SUBTOTAL		\$865.00	\$199.93	\$199.93	\$665.07		

CLAIM ADJUSTMENTS \$0.00  
 CLAIM TOTAL \$199.93

Insured: 10212397600 [REDACTED] Patient: [REDACTED]  
 Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
 Claim/Patient Account Number: SMISH000 Payer Claim Number: 17293022JZ00  
 Product Name: Medicaid ABD (Aged, Blind or Disabled)

Status: Processed as Primary							
10/10/2017-10/10/2017	64418(50)	\$275.00	\$126.32	\$126.32	\$148.68	OA-59	N19
10/10/2017-10/10/2017	76942	\$400.00	\$57.76	\$57.76	\$342.24	OA-45	N381
10/10/2017-10/10/2017	J3301	\$120.00	\$15.79	\$15.79	\$104.21	OA-45	N381
10/10/2017-10/10/2017	G0397	\$130.00	\$50.06	\$50.06	\$79.94	OA-45	N381
SUBTOTAL		\$925.00	\$249.93	\$249.93	\$675.07		

CLAIM ADJUSTMENTS \$0.00  
 CLAIM TOTAL \$249.93

Insured: 10212397600 [REDACTED] Patient: SMITH, SHEPPI L  
 Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
 Claim/Patient Account Number: SMISH000 Payer Claim Number: 17320041Q400  
 Product Name: Medicaid ABD (Aged, Blind or Disabled)

Status: Processed as Primary							
11/10/2017-11/10/2017	99213	\$150.00	\$45.79	\$45.79	\$104.21	OA-45	N381
11/10/2017-11/10/2017	80305	\$180.00	\$8.87	\$8.87	\$171.13	OA-45	N381
11/10/2017-11/10/2017	80320	\$20.00	\$15.48	\$15.48	\$4.52	OA-45	N381
SUBTOTAL		\$350.00	\$70.14	\$70.14	\$279.86		

CLAIM ADJUSTMENTS \$0.00  
 CLAIM TOTAL \$70.14

Insured: 10421925900 [REDACTED] Patient: SMITH, STEPHANIE  
 Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
 Claim/Patient Account Number: SMIST000 Payer Claim Number: 1729302Y6100  
 Product Name: Medicaid ABD (Aged, Blind or Disabled)

Status: Processed as Primary							
10/10/2017-10/10/2017	64450	\$220.00	\$55.15	\$55.15	\$164.85	OA-45	N381
10/10/2017-10/10/2017	64450(51)	\$220.00	\$27.58	\$27.58	\$192.42	OA-59	N19
10/10/2017-10/10/2017	76942	\$400.00	\$57.76	\$57.76	\$342.24	OA-45	N381
10/10/2017-10/10/2017	J3301	\$120.00	\$15.79	\$15.79	\$104.21	OA-45	N381
10/10/2017-10/10/2017	G0397	\$130.00	\$50.06	\$50.06	\$79.94	OA-45	N381
SUBTOTAL		\$1,090.00	\$206.34	\$206.34	\$883.66		

CLAIM ADJUSTMENTS \$0.00  
 CLAIM TOTAL \$206.34

Insured: 10369761600 STANLEY, LOLA Patient: STANLEY, LOLA  
 Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
 Claim/Patient Account Number: STALO000 Payer Claim Number: 1729302Q9C00



Product Name: Medicaid ABD (Aged, Blind or Disabled)

Status: Processed as Primary

10/10/2017-10/10/2017	64418(50)	\$275.00	\$126.32	\$126.32	\$148.68	OA-59	N19
10/10/2017-10/10/2017	76942	\$400.00	\$57.76	\$57.76	\$342.24	OA-45	N381
10/10/2017-10/10/2017	J3301	\$120.00	\$15.79	\$15.79	\$104.21	OA-45	N381
10/10/2017-10/10/2017	G0397	\$130.00	\$50.06	\$50.06	\$79.94	OA-45	N381
10/10/2017-10/10/2017	80307	\$180.00	\$47.29	\$47.29	\$132.71	OA-45	N381
10/10/2017-10/10/2017	80320	\$20.00	\$15.48	\$15.48	\$4.52	OA-45	N381
SUBTOTAL	6	\$1,125.00	\$312.70	\$312.70	\$812.30		

CLAIM ADJUSTMENTS \$0.00

CLAIM TOTAL \$312.70

Insured: 10369761600 [REDACTED] Patient: STANLEY, BOB  
 Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
 Claim/Patient Account Number: STAL0000 Payer Claim Number: 173180227400  
 Product Name: Medicaid ABD (Aged, Blind or Disabled)

Status: Processed as Primary

11/7/2017-11/7/2017	64418(50)	\$275.00	\$126.32	\$126.32	\$148.68	OA-59	N19
11/7/2017-11/7/2017	76942	\$400.00	\$57.76	\$57.76	\$342.24	OA-45	N381
11/7/2017-11/7/2017	G0397	\$130.00	\$50.06	\$50.06	\$79.94	OA-45	N381
11/7/2017-11/7/2017	80307	\$180.00	\$47.29	\$47.29	\$132.71	OA-45	N381
11/7/2017-11/7/2017	80320	\$20.00	\$15.48	\$15.48	\$4.52	OA-45	N381
SUBTOTAL	5	\$1,005.00	\$296.91	\$296.91	\$708.09		

CLAIM ADJUSTMENTS \$0.00

CLAIM TOTAL \$296.91

Insured: 10376514000 [REDACTED] Patient: [REDACTED]  
 Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
 Claim/Patient Account Number: STER0004 Payer Claim Number: 172930328200  
 Product Name: Medicaid ABD (Aged, Blind or Disabled)

Status: Processed as Primary

10/10/2017-10/10/2017	64450	\$220.00	\$55.15	\$55.15	\$164.85	OA-45	N381
10/10/2017-10/10/2017	64450(51)	\$220.00	\$27.58	\$27.58	\$192.42	OA-59	N19
10/10/2017-10/10/2017	76942	\$400.00	\$57.76	\$57.76	\$342.24	OA-45	N381
10/10/2017-10/10/2017	J3301	\$120.00	\$15.79	\$15.79	\$104.21	OA-45	N381
10/10/2017-10/10/2017	G0397	\$130.00	\$50.06	\$50.06	\$79.94	OA-45	N381
10/10/2017-10/10/2017	80307	\$180.00	\$47.29	\$47.29	\$132.71	OA-45	N381
10/10/2017-10/10/2017	80320	\$20.00	\$15.48	\$15.48	\$4.52	OA-45	N381
SUBTOTAL	7	\$1,290.00	\$269.11	\$269.11	\$1,020.89		

CLAIM ADJUSTMENTS \$0.00

CLAIM TOTAL \$269.11

Insured: 10306433800 [REDACTED] Patient: [REDACTED]  
 Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
 Claim/Patient Account Number: STUAN000 Payer Claim Number: 1729302PFU00  
 Product Name: Medicaid ABD (Aged, Blind or Disabled)

Status: Processed as Primary

10/10/2017-10/10/2017	64418(RT)	\$275.00	\$84.21	\$84.21	\$190.79	OA-45	N381
10/10/2017-10/10/2017	76942	\$400.00	\$57.76	\$57.76	\$342.24	OA-45	N381
10/10/2017-10/10/2017	J3301	\$60.00	\$7.90	\$7.90	\$52.10	OA-45	N381
10/10/2017-10/10/2017	G0397	\$130.00	\$50.06	\$50.06	\$79.94	OA-45	N381
SUBTOTAL	4	\$865.00	\$199.93	\$199.93	\$665.07		

CLAIM ADJUSTMENTS \$0.00

CLAIM TOTAL \$199.93

Insured: 10306433800 [REDACTED] Patient: [REDACTED]  
 Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
 Claim/Patient Account Number: STUAN000 Payer Claim Number: 172970335K00  
 Product Name: Medicaid ABD (Aged, Blind or Disabled)

Status: Processed as Primary

10/19/2017-10/19/2017	64450	\$220.00	\$55.15	\$55.15	\$164.85	OA-45	N381
10/19/2017-10/19/2017	64450(51)	\$220.00	\$27.58	\$27.58	\$192.42	OA-59	N19
10/19/2017-10/19/2017	76942	\$400.00	\$57.76	\$57.76	\$342.24	OA-45	N381
10/19/2017-10/19/2017	J3301	\$120.00	\$15.79	\$15.79	\$104.21	OA-45	N381
10/19/2017-10/19/2017	G0397	\$130.00	\$50.06	\$50.06	\$79.94	OA-45	N381
10/19/2017-10/19/2017	80307	\$180.00	\$47.29	\$47.29	\$132.71	OA-45	N381
10/19/2017-10/19/2017	80320	\$20.00	\$15.48	\$15.48	\$4.52	OA-45	N381
SUBTOTAL	6	\$1,270.00	\$253.63	\$253.63	\$1,016.37		

CLAIM ADJUSTMENTS \$0.00

CLAIM TOTAL \$253.63

Insured: 10304396700 [REDACTED] Patient: [REDACTED]  
 Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
 Claim/Patient Account Number: SWAME000 Payer Claim Number: 172970304700  
 Product Name: Medicaid ABD (Aged, Blind or Disabled)

Status: Processed as Primary

10/16/2017-10/16/2017	64450	\$220.00	\$55.15	\$55.15	\$164.85	OA-45	N381
10/16/2017-10/16/2017	76942	\$400.00	\$57.76	\$57.76	\$342.24	OA-45	N381
10/16/2017-10/16/2017	J3301	\$60.00	\$7.90	\$7.90	\$52.10	OA-45	N381
10/16/2017-10/16/2017	G0397	\$130.00	\$50.06	\$50.06	\$79.94	OA-45	N381
10/16/2017-10/16/2017	80307	\$180.00	\$47.29	\$47.29	\$132.71	OA-45	N381
10/16/2017-10/16/2017	80320	\$20.00	\$15.48	\$15.48	\$4.52	OA-45	N381
SUBTOTAL	6	\$1,010.00	\$233.64	\$233.64	\$776.36		

CLAIM ADJUSTMENTS \$0.00

CLAIM TOTAL \$233.64

Insured: 10808439600 [REDACTED] Patient: [REDACTED]  
 Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
 Claim/Patient Account Number: TUCCH000 Payer Claim Number: 17297021FA00  
 Product Name: Medicaid ABD (Aged, Blind or Disabled)

Status: Processed as Primary

10/16/2017-10/16/2017	64450	\$220.00	\$55.15	\$55.15	\$164.85	OA-45	N381
10/16/2017-10/16/2017	76942	\$400.00	\$57.76	\$57.76	\$342.24	OA-45	N381
10/16/2017-10/16/2017	J3301	\$60.00	\$7.90	\$7.90	\$52.10	OA-45	N381
10/16/2017-10/16/2017	G0397	\$130.00	\$50.06	\$50.06	\$79.94	OA-45	N381
SUBTOTAL	4	\$810.00	\$170.87	\$170.87	\$639.13		

CLAIM ADJUSTMENTS \$0.00

CLAIM TOTAL \$170.87

Insured: 10616229600 [REDACTED] Patient: [REDACTED]  
 Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
 Claim/Patient Account Number: WHITE000 Payer Claim Number: 17297031B800  
 Product Name: Medicaid ABD (Aged, Blind or Disabled)

Status: Processed as Primary

10/16/2017-10/16/2017	64450	\$220.00	\$55.15	\$55.15	\$164.85	OA-45	N381
10/16/2017-10/16/2017	64450(51)	\$220.00	\$27.58	\$27.58	\$192.42	OA-59	N19
10/16/2017-10/16/2017	76942	\$400.00	\$57.76	\$57.76	\$342.24	OA-45	N381
10/16/2017-10/16/2017	J3301	\$120.00	\$15.79	\$15.79	\$104.21	OA-45	N381
10/16/2017-10/16/2017	G0397	\$130.00	\$50.06	\$50.06	\$79.94	OA-45	N381



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10/16/2017-10/16/2017	80307	\$180.00	\$47.29	\$47.29			
10/16/2017-10/16/2017	80320	\$20.00	\$15.48	\$15.48	\$132.71	OA-45	N381
	SUBTOTAL	7	\$1,290.00	\$269.11	\$269.11	\$4.52	OA-45 N381
CLAIM ADJUSTMENTS					\$0.00		
CLAIM TOTAL					\$269.11		
Insured: 10306395400 WOODSHO, BONNIE S Patient: WILSON, BONNIE S Service Provider: 1619178308 (XX) MARGOLIN, LEON J Claim/Patient Account Number: WILBO000 Payer Claim Number: 1731202QFW00 Product Name: Medicaid ABD (Aged, Blind or Disabled) Status: Processed as Primary							
2/10/2017-2/10/2017	64450	\$440.00	\$110.29	\$110.29	\$329.71	OA-45	N381
2/10/2017-2/10/2017	76942	\$400.00	\$57.76	\$57.76	\$342.24	OA-45	N381
2/10/2017-2/10/2017	J3301	\$120.00	\$15.04	\$15.04	\$104.96	OA-45	N381
2/10/2017-2/10/2017	G0397	\$130.00	\$50.06	\$50.06	\$79.94	OA-45	N381
	SUBTOTAL	4	\$1,090.00	\$233.15	\$233.15	\$856.85	
CLAIM ADJUSTMENTS					\$0.00		
CLAIM TOTAL					\$233.15		
Insured: 10208216300 WOODSHO, BONNIE S Patient: WILSON, BONNIE S Service Provider: 1619178308 (XX) MARGOLIN, LEON J Claim/Patient Account Number: WOOSH001 Payer Claim Number: 17297032UW00 Product Name: Medicaid ABD (Aged, Blind or Disabled) Status: Processed as Primary							
10/17/2017-10/17/2017	64450	\$220.00	\$55.15	\$55.15	\$164.85	OA-45	N381
10/17/2017-10/17/2017	64450(51)	\$220.00	\$27.58	\$27.58	\$192.42	OA-59	N19
10/17/2017-10/17/2017	76942	\$400.00	\$57.76	\$57.76	\$342.24	OA-45	N381
10/17/2017-10/17/2017	J3301	\$120.00	\$15.79	\$15.79	\$104.21	OA-45	N381
10/17/2017-10/17/2017	G0397	\$130.00	\$50.06	\$50.06	\$79.94	OA-45	N381
	SUBTOTAL	5	\$1,090.00	\$206.34	\$206.34	\$883.66	
CLAIM ADJUSTMENTS					\$0.00		
CLAIM TOTAL					\$206.34		
Insured: 10443269100 WOODSHO, BONNIE S Patient: YOUNG, [REDACTED] Service Provider: 1619178308 (XX) MARGOLIN, LEON J Claim/Patient Account Number: YOULA000 Payer Claim Number: 17297031J400 Product Name: Medicaid ABD (Aged, Blind or Disabled) Status: Processed as Primary							
10/16/2017-10/16/2017	64450	\$220.00	\$55.15	\$55.15	\$164.85	OA-45	N381
10/16/2017-10/16/2017	64450(51)	\$220.00	\$27.58	\$27.58	\$192.42	OA-59	N19
10/16/2017-10/16/2017	76942	\$400.00	\$57.76	\$57.76	\$342.24	OA-45	N381
10/16/2017-10/16/2017	J3301	\$120.00	\$15.79	\$15.79	\$104.21	OA-45	N381
10/16/2017-10/16/2017	G0397	\$130.00	\$50.06	\$50.06	\$79.94	OA-45	N381
10/16/2017-10/16/2017	80307	\$180.00	\$47.29	\$47.29	\$132.71	OA-45	N381
10/16/2017-10/16/2017	80320	\$20.00	\$15.48	\$15.48	\$4.52	OA-45	N381
	SUBTOTAL	7	\$1,290.00	\$269.11	\$269.11	\$1,020.89	
CLAIM ADJUSTMENTS					\$0.00		
CLAIM TOTAL					\$269.11		
Insured: 10454045000 ADKINS, CATHERINE J Patient: ADKINS, CATHERINE J Service Provider: 1619178308 (XX) MARGOLIN, LEON J Claim/Patient Account Number: ADKCA001 Payer Claim Number: 17297031TZ00 Product Name: Medicaid CFC (Covered Families and Children) Status: Processed as Primary							
10/19/2017-10/19/2017	64450	\$220.00	\$55.15	\$55.15	\$164.85	OA-45	N381
10/19/2017-10/19/2017	64450(51)	\$220.00	\$27.58	\$27.58	\$192.42	OA-59	N19
10/19/2017-10/19/2017	76942	\$400.00	\$57.76	\$57.76	\$342.24	OA-45	N381
10/19/2017-10/19/2017	J3301	\$120.00	\$15.79	\$15.79	\$104.21	OA-45	N381
10/19/2017-10/19/2017	G0397	\$130.00	\$50.06	\$50.06	\$79.94	OA-45	N381
10/19/2017-10/19/2017	80307	\$180.00	\$47.29	\$47.29	\$132.71	OA-45	N381
10/19/2017-10/19/2017	80320	\$20.00	\$15.48	\$15.48	\$4.52	OA-45	N381
	SUBTOTAL	6	\$1,270.00	\$253.63	\$253.63	\$1,016.37	
CLAIM ADJUSTMENTS					\$0.00		
CLAIM TOTAL					\$253.63		
Insured: 10454045000 ADKINS, CATHERINE J Patient: ADKINS, CATHERINE J Service Provider: 1619178308 (XX) MARGOLIN, LEON J Claim/Patient Account Number: ADKCA001 Payer Claim Number: 1732003S1500 Product Name: Medicaid CFC (Covered Families and Children) Status: Processed as Primary							
11/9/2017-11/9/2017	64450	\$440.00	\$110.29	\$110.29	\$329.71	OA-45	N381
11/9/2017-11/9/2017	76942	\$400.00	\$57.76	\$57.76	\$342.24	OA-45	N381
11/9/2017-11/9/2017	G0397	\$130.00	\$50.06	\$50.06	\$79.94	OA-45	N381
11/9/2017-11/9/2017	80307	\$180.00	\$47.29	\$47.29	\$132.71	OA-45	N381
11/9/2017-11/9/2017	80320	\$20.00	\$15.48	\$15.48	\$4.52	OA-45	N381
	SUBTOTAL	5	\$1,170.00	\$280.88	\$280.88	\$889.12	
CLAIM ADJUSTMENTS					\$0.00		
CLAIM TOTAL					\$280.88		
Insured: 10276838600 ADKINS, JODY M Patient: [REDACTED] Service Provider: 1619178308 (XX) MARGOLIN, LEON J Claim/Patient Account Number: ADKJO000 Payer Claim Number: 17297038HR00 Product Name: Medicaid CFC (Covered Families and Children) Status: Processed as Primary							
10/19/2017-10/19/2017	64450	\$220.00	\$55.15	\$55.15	\$164.85	OA-45	N381
10/19/2017-10/19/2017	64450(51)	\$220.00	\$27.58	\$27.58	\$192.42	OA-59	N19
10/19/2017-10/19/2017	76942	\$400.00	\$57.76	\$57.76	\$342.24	OA-45	N381
10/19/2017-10/19/2017	J3301	\$120.00	\$15.79	\$15.79	\$104.21	OA-45	N381
10/19/2017-10/19/2017	G0397	\$130.00	\$50.06	\$50.06	\$79.94	OA-45	N381
10/19/2017-10/19/2017	80307	\$180.00	\$0.00	\$0.00	\$180.00	OA-45	N381
	SUBTOTAL	6	\$1,270.00	\$206.34	\$206.34	\$1,063.66	
CLAIM ADJUSTMENTS					\$0.00		
CLAIM TOTAL					\$206.34		
Insured: 10218230400 BARVE, VERNIE I Patient: BARVE, VERNIE I Service Provider: 1619178308 (XX) MARGOLIN, LEON J Claim/Patient Account Number: BARVE001 Payer Claim Number: 1732002DRD00 Product Name: Medicaid CFC (Covered Families and Children) Status: Processed as Primary							
11/9/2017-11/9/2017	99213	\$150.00	\$45.79	\$45.79	\$104.21	OA-45	N381
11/9/2017-11/9/2017	80307	\$180.00	\$47.29	\$47.29	\$132.71	OA-45	N381
11/9/2017-11/9/2017	80320	\$20.00	\$15.48	\$15.48	\$4.52	OA-45	N381
	SUBTOTAL	3	\$350.00	\$108.56	\$108.56	\$241.44	
CLAIM ADJUSTMENTS					\$0.00		
CLAIM TOTAL					\$108.56		
Insured: 10461359600 BOLIN, CHRISTOPHER M Patient: BOLIN, CHRISTOPHER M							



Service Provider: 1780087643 (XX) LIU, JING  
 Claim/Patient Account Number: BOLCH000 Payer Claim Number: 1729302CPM00  
 Product Name: Medicaid CFC (Covered Families and Children)  
 Status: Processed as Primary  
 10/13/2017-10/13/2017 64450 \$220.00 \$0.00 \$220.00 OA-4 M51  
 10/13/2017-10/13/2017 64450(51) \$220.00 \$0.00 \$220.00 OA-4 M51  
 10/13/2017-10/13/2017 76942 \$400.00 \$0.00 \$400.00 OA-4 M51  
 10/13/2017-10/13/2017 J3301 \$120.00 \$0.00 \$120.00 OA-4 M51  
 10/13/2017-10/13/2017 G0397 \$130.00 \$0.00 \$130.00 OA-4 M51  
 SUBTOTAL 5 \$1,090.00 \$0.00 \$1,090.00

CLAIM ADJUSTMENTS \$0.00  
 CLAIM TOTAL \$0.00

Insured: 10292231800 [REDACTED] Patient: [REDACTED]  
 Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
 Claim/Patient Account Number: CAMM0000 Payer Claim Number: 17297036M300  
 Product Name: Medicaid CFC (Covered Families and Children)  
 Status: Processed as Primary  
 10/19/2017-10/19/2017 64450 \$220.00 \$55.15 \$55.15 \$164.85 OA-45 N381  
 10/19/2017-10/19/2017 64450(51) \$220.00 \$27.58 \$27.58 \$192.42 OA-59 N19  
 10/19/2017-10/19/2017 76942 \$400.00 \$57.76 \$57.76 \$342.24 OA-45 N381  
 10/19/2017-10/19/2017 J3301 \$120.00 \$15.79 \$15.79 \$104.21 OA-45 N381  
 10/19/2017-10/19/2017 G0397 \$130.00 \$50.06 \$50.06 \$79.94 OA-45 N381  
 10/19/2017-10/19/2017 80307 \$180.00 \$47.29 \$47.29 \$132.71 OA-45 N381  
 10/19/2017-10/19/2017 80320 \$20.00 \$15.48 \$15.48 \$4.52 OA-45 N381  
 SUBTOTAL 7 \$1,290.00 \$269.11 \$269.11 \$1,020.89

CLAIM ADJUSTMENTS \$0.00  
 CLAIM TOTAL \$269.11

Insured: 10541570600 [REDACTED] Patient: [REDACTED]  
 Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
 Claim/Patient Account Number: CARB1001 Payer Claim Number: 17293031DB00  
 Product Name: Medicaid CFC (Covered Families and Children)  
 Status: Processed as Primary  
 10/10/2017-10/10/2017 64418(50) \$275.00 \$126.32 \$126.32 \$148.68 OA-59 N19  
 10/10/2017-10/10/2017 76942 \$400.00 \$57.76 \$57.76 \$342.24 OA-45 N381  
 10/10/2017-10/10/2017 J3301 \$120.00 \$15.79 \$15.79 \$104.21 OA-45 N381  
 10/10/2017-10/10/2017 G0397 \$130.00 \$50.06 \$50.06 \$79.94 OA-45 N381  
 SUBTOTAL 4 \$925.00 \$249.93 \$249.93 \$675.07

CLAIM ADJUSTMENTS \$0.00  
 CLAIM TOTAL \$249.93

Insured: 10233643400 [REDACTED] Patient: [REDACTED]  
 Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
 Claim/Patient Account Number: DANCH002 Payer Claim Number: 1729302Y6900  
 Product Name: Medicaid CFC (Covered Families and Children)  
 Status: Processed as Primary  
 10/10/2017-10/10/2017 64450 \$220.00 \$55.15 \$55.15 \$164.85 OA-45 N381  
 10/10/2017-10/10/2017 64450(51) \$220.00 \$27.58 \$27.58 \$192.42 OA-59 N19  
 10/10/2017-10/10/2017 76942 \$400.00 \$57.76 \$57.76 \$342.24 OA-45 N381  
 10/10/2017-10/10/2017 J3301 \$120.00 \$15.79 \$15.79 \$104.21 OA-45 N381  
 10/10/2017-10/10/2017 G0397 \$130.00 \$50.06 \$50.06 \$79.94 OA-45 N381  
 SUBTOTAL 5 \$1,090.00 \$206.34 \$206.34 \$883.66

CLAIM ADJUSTMENTS \$0.00  
 CLAIM TOTAL \$206.34

Insured: 10241404600 [REDACTED] Patient: DANIELS, MARGA  
 Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
 Claim/Patient Account Number: DANMA000 Payer Claim Number: 172970311W00  
 Product Name: Medicaid CFC (Covered Families and Children)  
 Status: Processed as Primary  
 10/19/2017-10/19/2017 64450 \$220.00 \$55.15 \$55.15 \$164.85 OA-45 N381  
 10/19/2017-10/19/2017 64450(51) \$220.00 \$27.58 \$27.58 \$192.42 OA-59 N19  
 10/19/2017-10/19/2017 76942 \$400.00 \$57.76 \$57.76 \$342.24 OA-45 N381  
 10/19/2017-10/19/2017 J3301 \$120.00 \$15.79 \$15.79 \$104.21 OA-45 N381  
 10/19/2017-10/19/2017 G0397 \$130.00 \$50.06 \$50.06 \$79.94 OA-45 N381  
 10/19/2017-10/19/2017 80307 \$180.00 \$47.29 \$47.29 \$132.71 OA-45 N381  
 10/19/2017-10/19/2017 80320 \$20.00 \$15.48 \$15.48 \$4.52 OA-45 N381  
 SUBTOTAL 7 \$1,290.00 \$269.11 \$269.11 \$1,020.89

CLAIM ADJUSTMENTS \$0.00  
 CLAIM TOTAL \$269.11

Insured: 10915442000 [REDACTED] Patient: [REDACTED]  
 Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
 Claim/Patient Account Number: DANLI000 Payer Claim Number: 1731702J6C00  
 Product Name: Medicaid CFC (Covered Families and Children)  
 Status: Processed as Primary  
 11/6/2017-11/6/2017 99203 \$205.00 \$60.65 \$60.65 \$144.35 OA-45 N381  
 11/6/2017-11/6/2017 95924 \$160.00 \$81.99 \$81.99 \$78.01 OA-45 N381  
 11/6/2017-11/6/2017 93040(59) \$27.70 \$11.53 \$11.53 \$16.17 OA-45 N381  
 11/6/2017-11/6/2017 95923 \$370.00 \$48.99 \$48.99 \$321.01 OA-45 N381  
 11/6/2017-11/6/2017 95912 \$400.00 \$145.29 \$145.29 \$254.71 OA-45 N381  
 11/6/2017-11/6/2017 95885 \$100.00 \$19.16 \$19.16 \$80.84 OA-45 N381  
 11/6/2017-11/6/2017 80307 \$180.00 \$47.29 \$47.29 \$132.71 OA-45 N381  
 11/6/2017-11/6/2017 80320 \$20.00 \$15.48 \$15.48 \$4.52 OA-45 N381  
 SUBTOTAL 8 \$1,462.70 \$430.38 \$430.38 \$1,032.32

CLAIM ADJUSTMENTS \$0.00  
 CLAIM TOTAL \$430.38

Insured: 10309177500 [REDACTED] Patient: [REDACTED]  
 Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
 Claim/Patient Account Number: DELTE000 Payer Claim Number: 1729703BTM00  
 Product Name: Medicaid CFC (Covered Families and Children)  
 Status: Processed as Primary  
 10/16/2017-10/16/2017 64450 \$220.00 \$55.15 \$55.15 \$164.85 OA-45 N381  
 10/16/2017-10/16/2017 64450(51) \$220.00 \$27.58 \$27.58 \$192.42 OA-59 N19  
 10/16/2017-10/16/2017 76942 \$400.00 \$57.76 \$57.76 \$342.24 OA-45 N381  
 10/16/2017-10/16/2017 J3301 \$120.00 \$15.79 \$15.79 \$104.21 OA-45 N381  
 10/16/2017-10/16/2017 G0397 \$130.00 \$50.06 \$50.06 \$79.94 OA-45 N381  
 SUBTOTAL 5 \$1,090.00 \$206.34 \$206.34 \$883.66

CLAIM ADJUSTMENTS \$0.00  
 CLAIM TOTAL \$206.34

Insured: 10441293900 [REDACTED] Patient: [REDACTED]  
 Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
 Claim/Patient Account Number: FERTA001 Payer Claim Number: 1729302MUW00  
 Product Name: Medicaid CFC (Covered Families and Children)  
 Status: Processed as Primary



10/10/2017-10/10/2017	64450	\$220.00	\$55.15	\$55.15	\$164.85	OA-45	N381
10/10/2017-10/10/2017	64450(51)	\$220.00	\$27.58	\$27.58	\$192.42	OA-59	N19
10/10/2017-10/10/2017	76942	\$400.00	\$57.76	\$57.76	\$342.24	OA-45	N381
10/10/2017-10/10/2017	J3301	\$120.00	\$15.79	\$15.79	\$104.21	OA-45	N381
10/10/2017-10/10/2017	80307	\$180.00	\$47.29	\$47.29	\$132.71	OA-45	N381
10/10/2017-10/10/2017	80320	\$20.00	\$15.48	\$15.48	\$4.52	OA-45	N381
10/10/2017-10/10/2017	G0397	\$130.00	\$50.06	\$50.06	\$79.94	OA-45	N381
SUBTOTAL	7	\$1,290.00	\$269.11	\$269.11	\$1,020.89		

CLAIM ADJUSTMENTS \$0.00

CLAIM TOTAL \$269.11

Insured: 10330585100 [REDACTED] Patient: [REDACTED]  
 Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
 Claim/Patient Account Number: FOSSA000 Payer Claim Number: 1732003KLM00  
 Product Name: Medicaid CFC (Covered Families and Children)  
 Status: Processed as Primary

11/9/2017-11/9/2017	99203	\$205.00	\$60.65	\$60.65	\$144.35	OA-45	N381
11/9/2017-11/9/2017	95924	\$160.00	\$81.99	\$81.99	\$78.01	OA-45	N381
11/9/2017-11/9/2017	93040(59)	\$27.70	\$11.53	\$11.53	\$16.17	OA-45	N381
11/9/2017-11/9/2017	95923	\$370.00	\$48.99	\$48.99	\$321.01	OA-45	N381
11/9/2017-11/9/2017	95912	\$400.00	\$145.29	\$145.29	\$254.71	OA-45	N381
11/9/2017-11/9/2017	95885	\$100.00	\$19.16	\$19.16	\$80.84	OA-45	N381
11/9/2017-11/9/2017	80307	\$180.00	\$47.29	\$47.29	\$132.71	OA-45	N381
11/9/2017-11/9/2017	80320	\$20.00	\$15.48	\$15.48	\$4.52	OA-45	N381
SUBTOTAL	8	\$1,462.70	\$430.38	\$430.38	\$1,032.32		

CLAIM ADJUSTMENTS \$0.00

CLAIM TOTAL \$430.38

Insured: 10527560800 [REDACTED] Patient: GIBSON, TERESA  
 Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
 Claim/Patient Account Number: GIBTE000 Payer Claim Number: 17293032C100  
 Product Name: Medicaid CFC (Covered Families and Children)  
 Status: Processed as Primary

10/10/2017-10/10/2017	64450	\$220.00	\$55.15	\$55.15	\$164.85	OA-45	N381
10/10/2017-10/10/2017	64450(51)	\$220.00	\$27.58	\$27.58	\$192.42	OA-59	N19
10/10/2017-10/10/2017	76942	\$400.00	\$57.76	\$57.76	\$342.24	OA-45	N381
10/10/2017-10/10/2017	J3301	\$120.00	\$15.79	\$15.79	\$104.21	OA-45	N381
10/10/2017-10/10/2017	80307	\$180.00	\$47.29	\$47.29	\$132.71	OA-45	N381
10/10/2017-10/10/2017	80320	\$20.00	\$15.48	\$15.48	\$4.52	OA-45	N381
10/10/2017-10/10/2017	G0397	\$130.00	\$50.06	\$50.06	\$79.94	OA-45	N381
SUBTOTAL	7	\$1,290.00	\$269.11	\$269.11	\$1,020.89		

CLAIM ADJUSTMENTS \$0.00

CLAIM TOTAL \$269.11

Insured: 10235058500 [REDACTED] Patient: [REDACTED]  
 Service Provider: 1780087643 (XX) LIU, JING  
 Claim/Patient Account Number: GLELI000 Payer Claim Number: 1729302ANK00  
 Product Name: Medicaid CFC (Covered Families and Children)  
 Status: Processed as Primary

10/13/2017-10/13/2017	64418(50)	\$275.00	\$0.00	\$0.00	\$275.00	OA-4	M51
10/13/2017-10/13/2017	76942	\$400.00	\$0.00	\$0.00	\$400.00	OA-4	M51
10/13/2017-10/13/2017	J3301	\$120.00	\$0.00	\$0.00	\$120.00	OA-4	M51
10/13/2017-10/13/2017	G0397	\$130.00	\$0.00	\$0.00	\$130.00	OA-4	M51
10/13/2017-10/13/2017	80305	\$180.00	\$8.45	\$8.45	\$171.55	OA-45	N381
10/13/2017-10/13/2017	80320	\$20.00	\$14.74	\$14.74	\$5.26	OA-45	N381
SUBTOTAL	6	\$1,125.00	\$23.19	\$23.19	\$1,101.81		

CLAIM ADJUSTMENTS \$0.00

CLAIM TOTAL \$23.19

Insured: 10564684400 [REDACTED] Patient: [REDACTED]  
 Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
 Claim/Patient Account Number: JACAN001 Payer Claim Number: 17318024Z900  
 Product Name: Medicaid CFC (Covered Families and Children)  
 Status: Processed as Primary

11/7/2017-11/7/2017	99203	\$205.00	\$60.65	\$60.65	\$144.35	OA-45	N381
11/7/2017-11/7/2017	95924	\$160.00	\$81.99	\$81.99	\$78.01	OA-45	N381
11/7/2017-11/7/2017	95923	\$370.00	\$48.99	\$48.99	\$321.01	OA-45	N381
11/7/2017-11/7/2017	95912	\$400.00	\$145.29	\$145.29	\$254.71	OA-45	N381
11/7/2017-11/7/2017	80307	\$180.00	\$47.29	\$47.29	\$132.71	OA-45	N381
11/7/2017-11/7/2017	80320	\$20.00	\$15.48	\$15.48	\$4.52	OA-45	N381
SUBTOTAL	6	\$1,335.00	\$399.69	\$399.69	\$935.31		

CLAIM ADJUSTMENTS \$0.00

CLAIM TOTAL \$399.69

Insured: 10205876000 [REDACTED] Patient: JOHNSON, NOLANDA Y  
 Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
 Claim/Patient Account Number: JOHNO000 Payer Claim Number: 1729702C6A00  
 Product Name: Medicaid CFC (Covered Families and Children)  
 Status: Processed as Primary

10/17/2017-10/17/2017	64418(50)	\$275.00	\$126.32	\$126.32	\$148.68	OA-59	N19
10/17/2017-10/17/2017	76942	\$400.00	\$57.76	\$57.76	\$342.24	OA-45	N381
10/17/2017-10/17/2017	J3301	\$120.00	\$15.79	\$15.79	\$104.21	OA-45	N381
10/17/2017-10/17/2017	G0397	\$130.00	\$50.06	\$50.06	\$79.94	OA-45	N381
10/17/2017-10/17/2017	80305(QW)	\$180.00	\$8.87	\$8.87	\$171.13	OA-45	N381
10/17/2017-10/17/2017	80320	\$20.00	\$15.48	\$15.48	\$4.52	OA-45	N381
SUBTOTAL	6	\$1,125.00	\$274.28	\$274.28	\$850.72		

CLAIM ADJUSTMENTS \$0.00

CLAIM TOTAL \$274.28

Insured: 10440264600 [REDACTED] Patient: [REDACTED]  
 Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
 Claim/Patient Account Number: LEEJU000 Payer Claim Number: 1732002D6200  
 Product Name: Medicaid CFC (Covered Families and Children)  
 Status: Processed as Primary

11/10/2017-11/10/2017	64418(50)	\$275.00	\$126.32	\$126.32	\$148.68	OA-59	N19
11/10/2017-11/10/2017	76942	\$400.00	\$57.76	\$57.76	\$342.24	OA-45	N381
11/10/2017-11/10/2017	G0397	\$130.00	\$50.06	\$50.06	\$79.94	OA-45	N381
11/10/2017-11/10/2017	80305	\$180.00	\$8.87	\$8.87	\$171.13	OA-45	N381
11/10/2017-11/10/2017	80320	\$20.00	\$15.48	\$15.48	\$4.52	OA-45	N381
SUBTOTAL	5	\$1,005.00	\$258.49	\$258.49	\$746.51		

CLAIM ADJUSTMENTS \$0.00

CLAIM TOTAL \$258.49

Insured: 10287387200 LEWIS, DEEANNA B Patient: LEWIS, DEEANNA B  
 Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
 Claim/Patient Account Number: LEWDE001 Payer Claim Number: 17297032JT00  
 Product Name: Medicaid CFC (Covered Families and Children)  
 Status: Processed as Primary



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10/17/2017-10/17/2017	64418(50)	\$275.00	\$126.32	\$126.32	\$148.68	OA-59	N19
10/17/2017-10/17/2017	76942	\$400.00	\$57.76	\$57.76	\$342.24	OA-45	N381
10/17/2017-10/17/2017	J3301	\$120.00	\$15.79	\$15.79	\$104.21	OA-45	N381
10/17/2017-10/17/2017	G0397	\$130.00	\$50.06	\$50.06	\$79.94	OA-45	N381
	SUBTOTAL	4	\$925.00	\$249.93	\$249.93	\$675.07	
CLAIM ADJUSTMENTS					\$0.00		
CLAIM TOTAL					\$249.93		
Insured: 10262653200 [REDACTED] Patient: MARTINEZ, ANGELA L Service Provider: 1619178308 (XX) MARGOLIN, LEON J Claim/Patient Account Number: MARAN001 Payer Claim Number: 1729302FEX00 Product Name: Medicaid CFC (Covered Families and Children) Status: Processed as Primary							
10/10/2017-10/10/2017	64418(LT)	\$275.00	\$84.21	\$84.21	\$190.79	OA-45	N381
10/10/2017-10/10/2017	76942	\$400.00	\$57.76	\$57.76	\$342.24	OA-45	N381
10/10/2017-10/10/2017	J3301	\$60.00	\$7.90	\$7.90	\$52.10	OA-45	N381
10/10/2017-10/10/2017	G0397	\$130.00	\$50.06	\$50.06	\$79.94	OA-45	N381
	SUBTOTAL	4	\$865.00	\$199.93	\$199.93	\$665.07	
CLAIM ADJUSTMENTS					\$0.00		
CLAIM TOTAL					\$199.93		
Insured: 10206099800 [REDACTED] Patient: MAXWELL, AMBER Service Provider: 1619178308 (XX) MARGOLIN, LEON J Claim/Patient Account Number: MAXAM000 Payer Claim Number: 172970314Q00 Product Name: Medicaid CFC (Covered Families and Children) Status: Processed as Primary							
10/19/2017-10/19/2017	64450	\$220.00	\$55.15	\$55.15	\$164.85	OA-45	N381
10/19/2017-10/19/2017	64450(51)	\$220.00	\$27.58	\$27.58	\$192.42	OA-59	N19
10/19/2017-10/19/2017	76942	\$400.00	\$57.76	\$57.76	\$342.24	OA-45	N381
10/19/2017-10/19/2017	J3301	\$120.00	\$15.79	\$15.79	\$104.21	OA-45	N381
10/19/2017-10/19/2017	G0397	\$130.00	\$50.06	\$50.06	\$79.94	OA-45	N381
10/19/2017-10/19/2017	80307	\$180.00	\$47.29	\$47.29	\$132.71	OA-45	N381
10/19/2017-10/19/2017	80320	\$20.00	\$15.48	\$15.48	\$4.52	OA-45	N381
	SUBTOTAL	7	\$1,290.00	\$269.11	\$269.11	\$1,020.89	
CLAIM ADJUSTMENTS					\$0.00		
CLAIM TOTAL					\$269.11		
Insured: 10325338500 [REDACTED] Patient: MURPHY, CORNIE S Service Provider: 1619178308 (XX) MARGOLIN, LEON J Claim/Patient Account Number: MERC000 Payer Claim Number: 17297033R100 Product Name: Medicaid CFC (Covered Families and Children) Status: Processed as Primary							
10/17/2017-10/17/2017	64418(50)	\$275.00	\$126.32	\$126.32	\$148.68	OA-59	N19
10/17/2017-10/17/2017	76942	\$400.00	\$57.76	\$57.76	\$342.24	OA-45	N381
10/17/2017-10/17/2017	J3301	\$120.00	\$15.79	\$15.79	\$104.21	OA-45	N381
10/17/2017-10/17/2017	G0397	\$130.00	\$50.06	\$50.06	\$79.94	OA-45	N381
10/17/2017-10/17/2017	80320	\$20.00	\$15.48	\$15.48	\$4.52	OA-45	N381
	SUBTOTAL	5	\$945.00	\$265.41	\$265.41	\$679.59	
CLAIM ADJUSTMENTS					\$0.00		
CLAIM TOTAL					\$265.41		
Insured: 10205849300 [REDACTED] Patient: MULLINS, LORETTA J Service Provider: 1619178308 (XX) MARGOLIN, LEON J Claim/Patient Account Number: MULL000 Payer Claim Number: 17297038HC00 Product Name: Medicaid CFC (Covered Families and Children) Status: Processed as Primary							
10/19/2017-10/19/2017	64450	\$220.00	\$55.15	\$55.15	\$164.85	OA-45	N381
10/19/2017-10/19/2017	64450(51)	\$220.00	\$27.58	\$27.58	\$192.42	OA-59	N19
10/19/2017-10/19/2017	76942	\$400.00	\$57.76	\$57.76	\$342.24	OA-45	N381
10/19/2017-10/19/2017	J3301	\$120.00	\$15.79	\$15.79	\$104.21	OA-45	N381
10/19/2017-10/19/2017	G0397	\$130.00	\$50.06	\$50.06	\$79.94	OA-45	N381
10/19/2017-10/19/2017	80307	\$180.00	\$47.29	\$47.29	\$132.71	OA-45	N381
10/19/2017-10/19/2017	80320	\$20.00	\$15.48	\$15.48	\$4.52	OA-45	N381
	SUBTOTAL	6	\$1,270.00	\$253.63	\$253.63	\$1,016.37	
CLAIM ADJUSTMENTS					\$0.00		
CLAIM TOTAL					\$253.63		
Insured: 10629172900 [REDACTED] Patient: QUEAL, [REDACTED] Service Provider: 1619178308 (XX) MARGOLIN, LEON J Claim/Patient Account Number: QUEAL000 Payer Claim Number: 17297032Y400 Product Name: Medicaid CFC (Covered Families and Children) Status: Processed as Primary							
10/19/2017-10/19/2017	64450	\$220.00	\$0.00	\$0.00	\$220.00	OA-27	N30
10/19/2017-10/19/2017	64450(51)	\$220.00	\$0.00	\$0.00	\$220.00	OA-27	N30
10/19/2017-10/19/2017	76942	\$400.00	\$0.00	\$0.00	\$400.00	OA-27	N30
10/19/2017-10/19/2017	J3301	\$120.00	\$0.00	\$0.00	\$120.00	OA-27	N30
10/19/2017-10/19/2017	G0397	\$130.00	\$0.00	\$0.00	\$130.00	OA-27	N30
	SUBTOTAL	5	\$1,090.00	\$0.00	\$0.00	\$1,090.00	
CLAIM ADJUSTMENTS					\$0.00		
CLAIM TOTAL					\$0.00		
Insured: 10213609400 [REDACTED] Patient: RHOBR, [REDACTED] Service Provider: 1619178308 (XX) MARGOLIN, LEON J Claim/Patient Account Number: RHOBR000 Payer Claim Number: 1729703AY600 Product Name: Medicaid CFC (Covered Families and Children) Status: Processed as Primary							
10/16/2017-10/16/2017	64450	\$220.00	\$55.15	\$55.15	\$164.85	OA-45	N381
10/16/2017-10/16/2017	64450(51)	\$220.00	\$27.58	\$27.58	\$192.42	OA-59	N19
10/16/2017-10/16/2017	76942	\$400.00	\$57.76	\$57.76	\$342.24	OA-45	N381
10/16/2017-10/16/2017	J3301	\$120.00	\$15.79	\$15.79	\$104.21	OA-45	N381
10/16/2017-10/16/2017	G0397	\$130.00	\$50.06	\$50.06	\$79.94	OA-45	N381
	SUBTOTAL	5	\$1,090.00	\$206.34	\$206.34	\$883.66	
CLAIM ADJUSTMENTS					\$0.00		
CLAIM TOTAL					\$206.34		
Insured: 10211569600 [REDACTED] Patient: RIGRO, ROBERTA W Service Provider: 1619178308 (XX) MARGOLIN, LEON J Claim/Patient Account Number: RIGRO000 Payer Claim Number: 1729702Z8M00 Product Name: Medicaid CFC (Covered Families and Children) Status: Processed as Primary							
10/17/2017-10/17/2017	64450	\$220.00	\$55.15	\$55.15	\$164.85	OA-45	N381
10/17/2017-10/17/2017	64450(51)	\$220.00	\$27.58	\$27.58	\$192.42	OA-59	N19
10/17/2017-10/17/2017	76942	\$400.00	\$57.76	\$57.76	\$342.24	OA-45	N381
10/17/2017-10/17/2017	J3301	\$120.00	\$15.79	\$15.79	\$104.21	OA-45	N381
10/17/2017-10/17/2017	G0397	\$130.00	\$50.06	\$50.06	\$79.94	OA-45	N381
10/17/2017-10/17/2017	80307	\$180.00	\$47.29	\$47.29	\$132.71	OA-45	N381
10/17/2017-10/17/2017	80320	\$20.00	\$15.48	\$15.48	\$4.52	OA-45	N381
	SUBTOTAL	7	\$1,290.00	\$269.11	\$269.11	\$1,020.89	



CLAIM ADJUSTMENTS							\$0.00		
CLAIM TOTAL							\$269.11		
Insured: 10732170600 ROBBINS, JOSEPH W Patient: ROBBINS, JOSEPH W									
Service Provider: 1619178308 (XX) MARGOLIN, LEON J									
Claim/Patient Account Number: ROB0002 Payer Claim Number: 173200309P00									
Product Name: Medicaid CFC (Covered Families and Children)									
Status: Processed as Primary									
11/9/2017-11/9/2017	93203	\$205.00	\$60.65	\$60.65		\$144.35	OA-45	N381	
11/9/2017-11/9/2017	95924	\$160.00	\$81.99	\$81.99		\$78.01	OA-45	N381	
11/9/2017-11/9/2017	93040(59)	\$27.70	\$11.53	\$11.53		\$16.17	OA-45	N381	
11/9/2017-11/9/2017	95923	\$370.00	\$48.99	\$48.99		\$321.01	OA-45	N381	
SUBTOTAL		4	\$762.70	\$203.16	\$203.16	\$559.54			
CLAIM ADJUSTMENTS							\$0.00		
CLAIM TOTAL							\$203.16		
Insured: 10455754200 SAMFEE, FELIXA P Patient: SAMFEE, FELIXA P									
Service Provider: 1619178308 (XX) MARGOLIN, LEON J									
Claim/Patient Account Number: SAMFE000 Payer Claim Number: 172970314E00									
Product Name: Medicaid CFC (Covered Families and Children)									
Status: Processed as Primary									
10/19/2017-10/19/2017	64450	\$220.00	\$55.15	\$55.15		\$164.85	OA-45	N381	
10/19/2017-10/19/2017	64450(51)	\$220.00	\$27.58	\$27.58		\$192.42	OA-59	N19	
10/19/2017-10/19/2017	76942	\$400.00	\$57.76	\$57.76		\$342.24	OA-45	N381	
10/19/2017-10/19/2017	J3301	\$120.00	\$15.79	\$15.79		\$104.21	OA-45	N381	
10/19/2017-10/19/2017	G0397	\$130.00	\$50.06	\$50.06		\$79.94	OA-45	N381	
10/19/2017-10/19/2017	80307	\$180.00	\$47.29	\$47.29		\$132.71	OA-45	N381	
10/19/2017-10/19/2017	80320	\$20.00	\$15.48	\$15.48		\$4.52	OA-45	N381	
SUBTOTAL		7	\$1,290.00	\$269.11	\$269.11	\$1,020.89			
CLAIM ADJUSTMENTS							\$0.00		
CLAIM TOTAL							\$269.11		
Insured: 10267467100 SCHRECK, REBECCA Patient: SCHRECK, REBECCA									
Service Provider: 1619178308 (XX) MARGOLIN, LEON J									
Claim/Patient Account Number: SCHKE000 Payer Claim Number: 172970302300									
Product Name: Medicaid CFC (Covered Families and Children)									
Status: Processed as Primary									
10/17/2017-10/17/2017	64450	\$220.00	\$55.15	\$55.15		\$164.85	OA-45	N381	
10/17/2017-10/17/2017	64450(51)	\$220.00	\$27.58	\$27.58		\$192.42	OA-59	N19	
10/17/2017-10/17/2017	76942	\$400.00	\$57.76	\$57.76		\$342.24	OA-45	N381	
10/17/2017-10/17/2017	J3301	\$120.00	\$15.79	\$15.79		\$104.21	OA-45	N381	
10/17/2017-10/17/2017	G0397	\$130.00	\$50.06	\$50.06		\$79.94	OA-45	N381	
10/17/2017-10/17/2017	80307	\$180.00	\$47.29	\$47.29		\$132.71	OA-45	N381	
10/17/2017-10/17/2017	80320	\$20.00	\$15.48	\$15.48		\$4.52	OA-45	N381	
SUBTOTAL		7	\$1,290.00	\$269.11	\$269.11	\$1,020.89			
CLAIM ADJUSTMENTS							\$0.00		
CLAIM TOTAL							\$269.11		
Insured: 10245919700 SKAJE, JENNIFER L Patient: SKAJE, JENNIFER L									
Service Provider: 1619178308 (XX) MARGOLIN, LEON J									
Claim/Patient Account Number: SKAJE000 Payer Claim Number: 1729702Y5U00									
Product Name: Medicaid CFC (Covered Families and Children)									
Status: Processed as Primary									
10/17/2017-10/17/2017	64450	\$220.00	\$55.15	\$55.15		\$164.85	OA-45	N381	
10/17/2017-10/17/2017	64450(51)	\$220.00	\$27.58	\$27.58		\$192.42	OA-59	N19	
10/17/2017-10/17/2017	76942	\$400.00	\$57.76	\$57.76		\$342.24	OA-45	N381	
10/17/2017-10/17/2017	J3301	\$120.00	\$15.79	\$15.79		\$104.21	OA-45	N381	
10/17/2017-10/17/2017	G0397	\$130.00	\$50.06	\$50.06		\$79.94	OA-45	N381	
10/17/2017-10/17/2017	80307	\$180.00	\$47.29	\$47.29		\$132.71	OA-45	N381	
10/17/2017-10/17/2017	80320	\$20.00	\$15.48	\$15.48		\$4.52	OA-45	N381	
SUBTOTAL		5	\$1,090.00	\$206.34	\$206.34	\$883.66			
CLAIM ADJUSTMENTS							\$0.00		
CLAIM TOTAL							\$206.34		
Insured: 10498413800 SLOCUM, ROBERT E Patient: SLOCUM, ROBERT E									
Service Provider: 1619178308 (XX) MARGOLIN, LEON J									
Claim/Patient Account Number: SLORO001 Payer Claim Number: 17293031X400									
Product Name: Medicaid CFC (Covered Families and Children)									
Status: Processed as Primary									
10/11/2017-10/11/2017	64450	\$220.00	\$55.15	\$55.15		\$164.85	OA-45	N381	
10/11/2017-10/11/2017	64450(51)	\$220.00	\$27.58	\$27.58		\$192.42	OA-59	N19	
10/11/2017-10/11/2017	76942	\$400.00	\$57.76	\$57.76		\$342.24	OA-45	N381	
10/11/2017-10/11/2017	J3301	\$120.00	\$15.79	\$15.79		\$104.21	OA-45	N381	
10/11/2017-10/11/2017	G0397	\$130.00	\$50.06	\$50.06		\$79.94	OA-45	N381	
10/11/2017-10/11/2017	80305	\$180.00	\$8.87	\$8.87		\$171.13	OA-45	N381	
10/11/2017-10/11/2017	80320	\$20.00	\$15.48	\$15.48		\$4.52	OA-45	N381	
SUBTOTAL		7	\$1,290.00	\$230.69	\$230.69	\$1,059.31			
CLAIM ADJUSTMENTS							\$0.00		
CLAIM TOTAL							\$230.69		
Insured: 10229215200 STALAM, BIRNOR Patient: STALAM, BIRNOR									
Service Provider: 1619178308 (XX) MARGOLIN, LEON J									
Claim/Patient Account Number: STALA002 Payer Claim Number: 17317033EP00									
Product Name: Medicaid CFC (Covered Families and Children)									
Status: Processed as Primary									
11/6/2017-11/6/2017	99213	\$150.00	\$45.79	\$45.79		\$104.21	OA-45	N381	
11/6/2017-11/6/2017	80307	\$180.00	\$47.29	\$47.29		\$132.71	OA-45	N381	
11/6/2017-11/6/2017	80320	\$20.00	\$15.48	\$15.48		\$4.52	OA-45	N381	
SUBTOTAL		3	\$350.00	\$108.56	\$108.56	\$241.44			
CLAIM ADJUSTMENTS							\$0.00		
CLAIM TOTAL							\$108.56		
Insured: 10580547500 SWETNAM, BILLY D Patient: SWETNAM, BILLY D									
Service Provider: 1619178308 (XX) MARGOLIN, LEON J									
Claim/Patient Account Number: SWEBI000 Payer Claim Number: 172970317H00									
Product Name: Medicaid CFC (Covered Families and Children)									
Status: Processed as Primary									
10/19/2017-10/19/2017	64450	\$220.00	\$55.15	\$55.15		\$164.85	OA-45	N381	
10/19/2017-10/19/2017	64450(51)	\$220.00	\$27.58	\$27.58		\$192.42	OA-59	N19	
10/19/2017-10/19/2017	76942	\$400.00	\$57.76	\$57.76		\$342.24	OA-45	N381	
10/19/2017-10/19/2017	J3301	\$120.00	\$15.79	\$15.79		\$104.21	OA-45	N381	
10/19/2017-10/19/2017	G0397	\$130.00	\$50.06	\$50.06		\$79.94	OA-45	N381	
10/19/2017-10/19/2017	80307	\$180.00	\$47.29	\$47.29		\$132.71	OA-45	N381	
10/19/2017-10/19/2017	80320	\$20.00	\$15.48	\$15.48		\$4.52	OA-45	N381	
SUBTOTAL		7	\$1,290.00	\$269.11	\$269.11	\$1,020.89			
CLAIM ADJUSTMENTS							\$0.00		
CLAIM TOTAL							\$269.11		
Insured: 10316983700 SWANSON, SWANSON Patient: SWANSON, SWANSON									



Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
Claim/Patient Account Number: SYRSH000 Payer Claim Number: 17297031E000  
Product Name: Medicaid CFC (Covered Families and Children)

Table with columns for dates, codes (e.g., 64450, 76942, J3301), amounts, and codes (e.g., OA-45, N381, N19). Includes a SUBTOTAL row.

CLAIM ADJUSTMENTS \$0.00  
CLAIM TOTAL \$269.11

Insured: 10360912600 [REDACTED] Patient: TACKLETT, [REDACTED]  
Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
Claim/Patient Account Number: TAGJ0000 Payer Claim Number: 1729302M2900  
Product Name: Medicaid CFC (Covered Families and Children)

Table with columns for dates, codes, amounts, and codes. Includes a SUBTOTAL row.

CLAIM ADJUSTMENTS \$0.00  
CLAIM TOTAL \$269.11

Insured: 10292249000 [REDACTED] Patient: [REDACTED]  
Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
Claim/Patient Account Number: TANGE000 Payer Claim Number: 1729302GFU00  
Product Name: Medicaid CFC (Covered Families and Children)

Table with columns for dates, codes, amounts, and codes. Includes a SUBTOTAL row.

CLAIM ADJUSTMENTS \$0.00  
CLAIM TOTAL \$195.22

Insured: 10444114500 [REDACTED] Patient: TECTOR, [REDACTED]  
Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
Claim/Patient Account Number: TECTR000 Payer Claim Number: 17307036TQ00  
Product Name: Medicaid CFC (Covered Families and Children)

Table with columns for dates, codes, amounts, and codes. Includes a SUBTOTAL row.

CLAIM ADJUSTMENTS \$0.00  
CLAIM TOTAL \$203.78

Insured: 10397921200 VANPOPELEN, CANDIS M Patient: VANPOPELEN, CANDIS M  
Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
Claim/Patient Account Number: VANCA000 Payer Claim Number: 1729702Z6H00  
Product Name: Medicaid CFC (Covered Families and Children)

Table with columns for dates, codes, amounts, and codes. Includes a SUBTOTAL row.

CLAIM ADJUSTMENTS \$0.00  
CLAIM TOTAL \$269.11

Insured: 10422829800 [REDACTED] Patient: [REDACTED]  
Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
Claim/Patient Account Number: WHIAN000 Payer Claim Number: 17297036K000  
Product Name: Medicaid CFC (Covered Families and Children)

Table with columns for dates, codes, amounts, and codes. Includes a SUBTOTAL row.

CLAIM ADJUSTMENTS \$0.00  
CLAIM TOTAL \$230.69

Insured: 10297865600 [REDACTED] Patient: [REDACTED]  
Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
Claim/Patient Account Number: WILMI007 Payer Claim Number: 17293033LB00  
Product Name: Medicaid CFC (Covered Families and Children)

Table with columns for dates, codes, amounts, and codes. Includes a SUBTOTAL row.

CLAIM ADJUSTMENTS \$0.00  
CLAIM TOTAL \$312.70



TOTAL	486	\$96,323.50	\$20,385.39	\$20,374.71	\$75,948.79
PROVIDER ADJUSTMENTS				\$20,374.71	
PAYMENT TOTAL				\$0.00	

ADJUSTMENT REASON CODES:

- 0A: Other adjustments
- 45: Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.
- 59: Processed based on multiple or concurrent procedure rules. (For example multiple surgery or diagnostic imaging, concurrent anesthesia.)
- 22: This care may be covered by another payer per coordination of benefits.
- 18: Exact duplicate claim/service.
- 182: Procedure modifier was invalid on the date of service.
- 4: The procedure code is inconsistent with the modifier used or a required modifier is missing.
- 27: Expenses incurred after coverage terminated.
- 23: The impact of prior payer(s) adjudication including payments and/or adjustments.

REMARK CODES:

- N381: Consult our contractual agreement for restrictions/billing/payment information related to these charges.
- N19: Procedure code incidental to primary procedure.
- N4: Missing/incomplete/invalid prior insurance carrier EOB.
- M86: Service denied because payment already made for same/similar procedure within set time frame.
- M51: Missing/incomplete/invalid procedure code(s).
- N30: Patient ineligible for this service.
- N23: Alert: Patient liability may be affected due to coordination of benefits with other carriers and/or maximum benefit provisions.

Provider Level Adjustments

Provider ID : CS1617500183  
 Fiscal Period Date : 12/31/2017

Adj. Reason	Adj. Amount	Reference Number
Overpayment Recovery	\$20,374.71	1711031444081600



Claim/Patient Account Number: GIEGA000 Payer Claim Number: 1616602ZHM00  
Product Name: Medicaid CFC (Covered Families and Children)  
Status: Processed as Primary

6/6/2016-6/6/2016	20553	\$125.00		\$0.00	\$125.00	OA-197,OA-45	M62N381
6/6/2016-6/6/2016	76942	\$400.00	\$57.76	\$57.76	\$342.24	OA-45	N381
6/6/2016-6/6/2016	G0397	\$130.00	\$50.06	\$50.06	\$79.94	OA-45	N381
SUBTOTAL	3	\$655.00	\$107.82	\$107.82	\$547.18		

CLAIM ADJUSTMENTS \$0.00  
CLAIM TOTAL \$107.82

Insured: 103274470 [REDACTED]  
Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
Claim/Patient Account Number: HANST000 Payer Claim Number: 16167021WX00  
Product Name: Medicaid CFC (Covered Families and Children)  
Status: Processed as Primary

6/7/2016-6/7/2016	20553	\$125.00		\$0.00	\$125.00	OA-197,OA-45	M62N381
6/7/2016-6/7/2016	76942	\$400.00	\$57.76	\$57.76	\$342.24	OA-45	N381
6/7/2016-6/7/2016	94760	\$15.00		\$0.00	\$15.00	OA-97	M15
6/7/2016-6/7/2016	G0397	\$130.00	\$50.06	\$50.06	\$79.94	OA-45	N381
SUBTOTAL	4	\$670.00	\$107.82	\$107.82	\$562.18		

CLAIM ADJUSTMENTS \$0.00  
CLAIM TOTAL \$107.82

Insured: 103715098 [REDACTED]  
Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
Claim/Patient Account Number: HARDE001 Payer Claim Number: 16167022CC00  
Product Name: Medicaid CFC (Covered Families and Children)  
Status: Processed as Primary

6/9/2016-6/9/2016	20553	\$125.00		\$0.00	\$125.00	OA-197,OA-45	M62N381
6/9/2016-6/9/2016	76942	\$400.00	\$57.76	\$57.76	\$342.24	OA-45	N381
6/9/2016-6/9/2016	G0397	\$130.00	\$50.06	\$50.06	\$79.94	OA-45	N381
SUBTOTAL	3	\$655.00	\$107.82	\$107.82	\$547.18		

CLAIM ADJUSTMENTS \$0.00  
CLAIM TOTAL \$107.82

Insured: 105138654 [REDACTED]  
Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
Claim/Patient Account Number: HEIKE000 Payer Claim Number: 16167024C300  
Product Name: Medicaid CFC (Covered Families and Children)  
Status: Processed as Primary

6/7/2016-6/7/2016	64418(50)	\$275.00	\$126.32	\$126.32	\$148.68	OA-59	N19
6/7/2016-6/7/2016	76942	\$400.00	\$57.76	\$57.76	\$342.24	OA-45	N381
6/7/2016-6/7/2016	J3301	\$120.00	\$14.95	\$14.95	\$105.05	OA-45	N381
6/7/2016-6/7/2016	94760	\$15.00		\$0.00	\$15.00	OA-97	M15
6/7/2016-6/7/2016	G0397	\$130.00	\$50.06	\$50.06	\$79.94	OA-45	N381
SUBTOTAL	5	\$940.00	\$249.09	\$249.09	\$690.91		

CLAIM ADJUSTMENTS \$0.00  
CLAIM TOTAL \$249.09

Insured: 103599799 [REDACTED]  
Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
Claim/Patient Account Number: HERLU000 Payer Claim Number: 1616703LRJ00  
Product Name: Medicaid CFC (Covered Families and Children)  
Status: Processed as Primary

1/7/2016-1/7/2016	64418	\$275.00	\$84.21	\$84.21	\$190.79	OA-45	N381
1/7/2016-1/7/2016	76942	\$400.00	\$57.76	\$57.76	\$342.24	OA-45	N381
1/7/2016-1/7/2016	G0397	\$130.00	\$50.06	\$50.06	\$79.94	OA-45	N381
1/7/2016-1/7/2016	94760	\$15.00		\$0.00	\$15.00	OA-97	M15
1/7/2016-1/7/2016	G0477(QW)	\$90.00	\$9.27	\$9.27	\$80.73	OA-45	N381
SUBTOTAL	5	\$910.00	\$201.30	\$201.30	\$708.70		

CLAIM ADJUSTMENTS \$0.00  
CLAIM TOTAL \$201.30

Insured: 102578841 [REDACTED]  
Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
Claim/Patient Account Number: HICRE000 Payer Claim Number: 161660386V00  
Product Name: Medicaid CFC (Covered Families and Children)  
Status: Processed as Primary

6/6/2016-6/6/2016	99213	\$150.00	\$45.79	\$45.79	\$104.21	OA-45	N381
SUBTOTAL	1	\$150.00	\$45.79	\$45.79	\$104.21		

CLAIM ADJUSTMENTS \$0.00  
CLAIM TOTAL \$45.79

Insured: 102057391 [REDACTED]  
Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
Claim/Patient Account Number: JACRA000 Payer Claim Number: 161670255200  
Product Name: Medicaid CFC (Covered Families and Children)  
Status: Processed as Primary

6/7/2016-6/7/2016	20553	\$125.00		\$0.00	\$125.00	OA-197,OA-45	M62N381
6/7/2016-6/7/2016	76942	\$400.00	\$57.76	\$57.76	\$342.24	OA-45	N381
6/7/2016-6/7/2016	G0397	\$130.00	\$50.06	\$50.06	\$79.94	OA-45	N381
SUBTOTAL	3	\$655.00	\$107.82	\$107.82	\$547.18		

CLAIM ADJUSTMENTS \$0.00  
CLAIM TOTAL \$107.82

Insured: 105422558 [REDACTED]  
Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
Claim/Patient Account Number: KANKA000 Payer Claim Number: 16167021P900  
Product Name: Medicaid CFC (Covered Families and Children)  
Status: Processed as Primary

6/7/2016-6/7/2016	20553	\$125.00		\$0.00	\$125.00	OA-197,OA-45	M62N381
6/7/2016-6/7/2016	76942	\$400.00	\$57.76	\$57.76	\$342.24	OA-45	N381
6/7/2016-6/7/2016	G0397	\$130.00	\$50.06	\$50.06	\$79.94	OA-45	N381
6/7/2016-6/7/2016	G0477(QW)	\$90.00	\$9.27	\$9.27	\$80.73	OA-45	N381
6/7/2016-6/7/2016	80320	\$20.00	\$15.48	\$15.48	\$4.52	OA-45	N381
SUBTOTAL	5	\$765.00	\$132.57	\$132.57	\$632.43		

CLAIM ADJUSTMENTS \$0.00  
CLAIM TOTAL \$132.57

Insured: 102674605 [REDACTED]  
Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
Claim/Patient Account Number: KENGE000 Payer Claim Number: 16167034S000  
Product Name: Medicaid CFC (Covered Families and Children)  
Status: Processed as Primary

6/7/2016-6/7/2016	64418(50)	\$275.00		\$0.00	\$275.00	PR-27	N30
6/7/2016-6/7/2016	76942	\$400.00		\$0.00	\$400.00	PR-27	N30
6/7/2016-6/7/2016	G0397	\$130.00		\$0.00	\$130.00	PR-27	N30
SUBTOTAL	3	\$805.00		\$0.00	\$805.00		

CLAIM ADJUSTMENTS \$0.00  
CLAIM TOTAL \$0.00

Insured: 104402646 [REDACTED]  
Service Provider: 1619178308 (XX) MARGOLIN, LEON J  
Claim/Patient Account Number: LEEJU000 Payer Claim Number: 1616703HUX00  
Product Name: Medicaid CFC (Covered Families and Children)  
Status: Processed as Primary



6/7/2016-6/7/2016	64418(50)	\$275.00	\$126.32	\$126.32	\$148.68	QA-59	N19
6/7/2016-6/7/2016	76942	\$400.00	\$57.76	\$57.76	\$342.24	QA-45	N381
6/7/2016-6/7/2016	J3301	\$120.00	\$14.95	\$14.95	\$105.05	QA-45	N381
6/7/2016-6/7/2016	G0397	\$130.00	\$50.06	\$50.06	\$79.94	QA-45	N381
6/7/2016-6/7/2016	G0477(QW)	\$90.00	\$9.27	\$9.27	\$80.73	QA-45	N381
6/7/2016-6/7/2016	80320	\$20.00	\$15.48	\$15.48	\$4.52	QA-45	N381
SUBTOTAL	6	\$1,035.00	\$273.84	\$273.84	\$761.16		
CLAIM ADJUSTMENTS					\$0.00		
CLAIM TOTAL					\$273.84		
Insured: 102873872 ██████████							
Service Provider: 1619178308 (XX) MARGOLIN, LEON J							
Claim/Patient Account Number: LEWDE001 Payer Claim Number: 1616702XR200							
Product Name: Medicaid CFC (Covered Families and Children)							
Status: Processed as Primary							
6/7/2016-6/7/2016	95924	\$160.00	\$81.99	\$81.99	\$78.01	QA-45	N381
6/7/2016-6/7/2016	95923	\$370.00	\$48.99	\$48.99	\$321.01	QA-45	N381
6/7/2016-6/7/2016	95912	\$400.00	\$145.29	\$145.29	\$254.71	QA-45	N381
6/7/2016-6/7/2016	G0477(QW)	\$90.00	\$9.27	\$9.27	\$80.73	QA-45	N381
6/7/2016-6/7/2016	80320	\$20.00	\$15.48	\$15.48	\$4.52	QA-45	N381
SUBTOTAL	5	\$1,040.00	\$301.02	\$301.02	\$738.98		
CLAIM ADJUSTMENTS					\$0.00		
CLAIM TOTAL					\$301.02		
Insured: 102616091 ██████████							
Service Provider: 1619178308 (XX) MARGOLIN, LEON J							
Claim/Patient Account Number: LEWVA000 Payer Claim Number: 1616703AG500							
Product Name: Medicaid CFC (Covered Families and Children)							
Status: Processed as Primary							
1/7/2016-1/7/2016	99213	\$150.00	\$45.79	\$45.79	\$104.21	QA-45	N381
1/7/2016-1/7/2016	G0477(QW)	\$90.00	\$9.27	\$9.27	\$80.73	QA-45	N381
SUBTOTAL	2	\$240.00	\$55.06	\$55.06	\$184.94		
CLAIM ADJUSTMENTS					\$0.00		
CLAIM TOTAL					\$55.06		
Insured: 102452564 ██████████							
Service Provider: 1619178308 (XX) MARGOLIN, LEON J							
Claim/Patient Account Number: LNM1000 Payer Claim Number: 16166038E000							
Product Name: Medicaid CFC (Covered Families and Children)							
Status: Processed as Primary							
6/6/2016-6/6/2016	64418(50)	\$275.00	\$126.32	\$126.32	\$148.68	QA-59	N19
6/6/2016-6/6/2016	76942	\$400.00	\$57.76	\$57.76	\$342.24	QA-45	N381
6/6/2016-6/6/2016	J3301	\$120.00	\$14.95	\$14.95	\$105.05	QA-45	N381
6/6/2016-6/6/2016	G0397	\$130.00	\$50.06	\$50.06	\$79.94	QA-45	N381
6/6/2016-6/6/2016	G0477(QW)	\$90.00	\$9.27	\$9.27	\$80.73	QA-45	N381
6/6/2016-6/6/2016	80320	\$20.00	\$15.48	\$15.48	\$4.52	QA-45	N381
SUBTOTAL	6	\$1,035.00	\$273.84	\$273.84	\$761.16		
CLAIM ADJUSTMENTS					\$0.00		
CLAIM TOTAL					\$273.84		
Insured: 102615991 ██████████							
Service Provider: 1619178308 (XX) MARGOLIN, LEON J							
Claim/Patient Account Number: LONLI000 Payer Claim Number: 1616702LP700							
Product Name: Medicaid CFC (Covered Families and Children)							
Status: Processed as Primary							
1/7/2016-1/7/2016	99213	\$150.00	\$45.79	\$45.79	\$104.21	QA-45	N381
1/7/2016-1/7/2016	G0477(QW)	\$90.00	\$9.27	\$9.27	\$80.73	QA-45	N381
SUBTOTAL	2	\$240.00	\$55.06	\$55.06	\$184.94		
CLAIM ADJUSTMENTS					\$0.00		
CLAIM TOTAL					\$55.06		
Insured: 102615991 ██████████							
Service Provider: 1619178308 (XX) MARGOLIN, LEON J							
Claim/Patient Account Number: LONLI000 Payer Claim Number: 161670316Y00							
Product Name: Medicaid CFC (Covered Families and Children)							
Status: Processed as Primary							
6/9/2016-6/9/2016	20553	\$125.00	\$0.00	\$0.00	\$125.00	QA-197,QA-45	M62N381
6/9/2016-6/9/2016	76942	\$400.00	\$57.76	\$57.76	\$342.24	QA-45	N381
6/9/2016-6/9/2016	94650	\$15.00	\$0.00	\$0.00	\$15.00	QA-97	M15
6/9/2016-6/9/2016	G0477(QW)	\$90.00	\$9.27	\$9.27	\$80.73	QA-45	N381
6/9/2016-6/9/2016	80320	\$20.00	\$15.48	\$15.48	\$4.52	QA-45	N381
SUBTOTAL	5	\$650.00	\$82.51	\$82.51	\$567.49		
CLAIM ADJUSTMENTS					\$0.00		
CLAIM TOTAL					\$82.51		
Insured: 105557701 ██████████							
Service Provider: 1619178308 (XX) MARGOLIN, LEON J							
Claim/Patient Account Number: MARTE001 Payer Claim Number: 16167024C400							
Product Name: Medicaid CFC (Covered Families and Children)							
Status: Processed as Primary							
6/7/2016-6/7/2016	95924	\$160.00	\$81.99	\$81.99	\$78.01	QA-45	N381
6/7/2016-6/7/2016	95923	\$370.00	\$48.99	\$48.99	\$321.01	QA-45	N381
6/7/2016-6/7/2016	95912	\$400.00	\$145.29	\$145.29	\$254.71	QA-45	N381
6/7/2016-6/7/2016	95885	\$100.00	\$19.16	\$19.16	\$80.84	QA-45	N381
6/7/2016-6/7/2016	76000	\$150.00	\$45.94	\$45.94	\$104.06	QA-45	N381
6/7/2016-6/7/2016	G0397	\$130.00	\$50.06	\$50.06	\$79.94	QA-45	N381
6/7/2016-6/7/2016	G0477(QW)	\$90.00	\$9.27	\$9.27	\$80.73	QA-45	N381
6/7/2016-6/7/2016	80320	\$20.00	\$15.48	\$15.48	\$4.52	QA-45	N381
SUBTOTAL	8	\$1,420.00	\$416.18	\$416.18	\$1,003.82		
CLAIM ADJUSTMENTS					\$0.00		
CLAIM TOTAL					\$416.18		
Insured: 102139651 ██████████							
Service Provider: 1619178308 (XX) MARGOLIN, LEON J							
Claim/Patient Account Number: MCCA001 Payer Claim Number: 1616603H4800							
Product Name: Medicaid CFC (Covered Families and Children)							
Status: Processed as Primary							
6/3/2016-6/3/2016	20553	\$125.00	\$0.00	\$0.00	\$125.00	QA-197,QA-45	M62N381
6/3/2016-6/3/2016	76942	\$400.00	\$57.76	\$57.76	\$342.24	QA-45	N381
6/3/2016-6/3/2016	G0397	\$130.00	\$50.06	\$50.06	\$79.94	QA-45	N381
SUBTOTAL	3	\$655.00	\$107.82	\$107.82	\$547.18		
CLAIM ADJUSTMENTS					\$0.00		
CLAIM TOTAL					\$107.82		
Insured: 102229975 ██████████							
Service Provider: 1619178308 (XX) MARGOLIN, LEON J							
Claim/Patient Account Number: MITTY000 Payer Claim Number: 16167026E700							
Product Name: Medicaid CFC (Covered Families and Children)							
Status: Processed as Primary							
6/7/2016-6/7/2016	64418(50)	\$275.00	\$126.32	\$126.32	\$148.68	QA-59	N19
6/7/2016-6/7/2016	76942	\$400.00	\$57.76	\$57.76	\$342.24	QA-45	N381
6/7/2016-6/7/2016	J3301	\$120.00	\$14.95	\$14.95	\$105.05	QA-45	N381
6/7/2016-6/7/2016	G0397	\$130.00	\$50.06	\$50.06	\$79.94	QA-45	N381
6/7/2016-6/7/2016	G0477(QW)	\$90.00	\$9.27	\$9.27	\$80.73	QA-45	N381
6/7/2016-6/7/2016	80320	\$20.00	\$15.48	\$15.48	\$4.52	QA-45	N381
SUBTOTAL	6	\$1,035.00	\$273.84	\$273.84	\$761.16		
CLAIM ADJUSTMENTS					\$0.00		



CLAIM TOTAL						\$273.84		
Insured: 102058483 [REDACTED], LORETTA L								
Service Provider: 1619178308 (XX) MARGOLIN, LEON J								
Claim/Patient Account Number: MJL0000 Payer Claim Number: 16167026V300								
Product Name: Medicaid CFC (Covered Families and Children)								
Status: Processed as Primary								
6/7/2016-6/7/2016	64418(50)	\$275.00	\$126.32	\$126.32	\$148.68	OA-59	N19	
6/7/2016-6/7/2016	76942	\$400.00	\$57.76	\$57.76	\$342.24	OA-45	N381	
6/7/2016-6/7/2016	94760	\$15.00	\$0.00	\$0.00	\$15.00	OA-97	M15	
6/7/2016-6/7/2016	G0397	\$130.00	\$50.06	\$50.06	\$79.94	OA-45	N381	
	SUBTOTAL	4	\$820.00	\$234.14	\$234.14			\$585.86
CLAIM ADJUSTMENTS						\$0.00		
CLAIM TOTAL						\$234.14		

CLAIM TOTAL						\$0.00		
Insured: 10393368 [REDACTED], LEON J								
Service Provider: 1619178308 (XX) MARGOLIN, LEON J								
Claim/Patient Account Number: PAICL000 Payer Claim Number: 16166026S800								
Product Name: Medicaid CFC (Covered Families and Children)								
Status: Processed as Primary								
6/6/2016-6/6/2016	64418(50)	\$275.00	\$126.32	\$126.32	\$148.68	OA-59	N19	
6/6/2016-6/6/2016	76942	\$400.00	\$57.76	\$57.76	\$342.24	OA-45	N381	
6/6/2016-6/6/2016	J3301	\$120.00	\$14.95	\$14.95	\$105.05	OA-45	N381	
6/6/2016-6/6/2016	G0397	\$130.00	\$50.06	\$50.06	\$79.94	OA-45	N381	
6/6/2016-6/6/2016	G0477(QW)	\$90.00	\$9.27	\$9.27	\$80.73	OA-45	N381	
6/6/2016-6/6/2016	80320	\$20.00	\$15.48	\$15.48	\$4.52	OA-45	N381	
	SUBTOTAL	6	\$1,035.00	\$273.84	\$273.84			\$761.16
CLAIM ADJUSTMENTS						\$0.00		
CLAIM TOTAL						\$273.84		

CLAIM TOTAL						\$0.00		
Insured: 104281473 [REDACTED], LEON J								
Service Provider: 1619178308 (XX) MARGOLIN, LEON J								
Claim/Patient Account Number: PEALA000 Payer Claim Number: 1616702UQD00								
Product Name: Medicaid CFC (Covered Families and Children)								
Status: Processed as Primary								
6/7/2016-6/7/2016	95924	\$160.00	\$81.99	\$81.99	\$78.01	OA-45	N381	
6/7/2016-6/7/2016	G0446(59)	\$35.50	\$0.00	\$0.00	\$35.50	OA-182	M51	
6/7/2016-6/7/2016	93040(59)	\$27.70	\$11.53	\$11.53	\$16.17	OA-45	N381	
6/7/2016-6/7/2016	95923	\$370.00	\$48.99	\$48.99	\$321.01	OA-45	N381	
6/7/2016-6/7/2016	95912	\$400.00	\$145.29	\$145.29	\$254.71	OA-45	N381	
6/7/2016-6/7/2016	G0477(QW)	\$90.00	\$9.27	\$9.27	\$80.73	OA-45	N381	
6/7/2016-6/7/2016	80320	\$20.00	\$15.48	\$15.48	\$4.52	OA-45	N381	
	SUBTOTAL	7	\$1,103.20	\$312.55	\$312.55			\$790.65
CLAIM ADJUSTMENTS						\$0.00		
CLAIM TOTAL						\$312.55		

CLAIM TOTAL						\$0.00		
Insured: 105546072 [REDACTED], LEON J								
Service Provider: 1619178308 (XX) MARGOLIN, LEON J								
Claim/Patient Account Number: PEAE000 Payer Claim Number: 16166038MM00								
Product Name: Medicaid CFC (Covered Families and Children)								
Status: Processed as Primary								
6/6/2016-6/6/2016	64418	\$275.00	\$84.21	\$84.21	\$190.79	OA-45	N381	
6/6/2016-6/6/2016	76942	\$400.00	\$57.76	\$57.76	\$342.24	OA-45	N381	
6/6/2016-6/6/2016	J3301	\$60.00	\$7.48	\$7.48	\$52.52	OA-45	N381	
6/6/2016-6/6/2016	G0397	\$130.00	\$50.06	\$50.06	\$79.94	OA-45	N381	
6/6/2016-6/6/2016	G0477(QW)	\$90.00	\$9.27	\$9.27	\$80.73	OA-45	N381	
6/6/2016-6/6/2016	80320	\$20.00	\$15.48	\$15.48	\$4.52	OA-45	N381	
	SUBTOTAL	6	\$975.00	\$224.26	\$224.26			\$750.74
CLAIM ADJUSTMENTS						\$0.00		
CLAIM TOTAL						\$224.26		

CLAIM TOTAL						\$0.00		
Insured: 102089338 [REDACTED], LEON J								
Service Provider: 1619178308 (XX) MARGOLIN, LEON J								
Claim/Patient Account Number: PETTE000 Payer Claim Number: 16167035JT00								
Product Name: Medicaid CFC (Covered Families and Children)								
Status: Processed as Primary								
6/7/2016-6/7/2016	20553	\$125.00	\$0.00	\$0.00	\$125.00	OA-197,OA-45	M62N381	
6/7/2016-6/7/2016	76942	\$400.00	\$57.76	\$57.76	\$342.24	OA-45	N381	
6/7/2016-6/7/2016	94760	\$15.00	\$0.00	\$0.00	\$15.00	OA-97	M15	
	SUBTOTAL	3	\$540.00	\$57.76	\$57.76			\$482.24
CLAIM ADJUSTMENTS						\$0.00		
CLAIM TOTAL						\$57.76		

CLAIM TOTAL						\$0.00		
Insured: 104619220 [REDACTED], GLORIA D								
Service Provider: 1619178308 (XX) MARGOLIN, LEON J								
Claim/Patient Account Number: FOIGL000 Payer Claim Number: 16167026G300								
Product Name: Medicaid CFC (Covered Families and Children)								
Status: Processed as Primary								
6/7/2016-6/7/2016	64418(50)	\$275.00	\$126.32	\$126.32	\$148.68	OA-59	N19	
6/7/2016-6/7/2016	76942	\$400.00	\$57.76	\$57.76	\$342.24	OA-45	N381	
6/7/2016-6/7/2016	J3301	\$120.00	\$14.95	\$14.95	\$105.05	OA-45	N381	
6/7/2016-6/7/2016	G0397	\$130.00	\$50.06	\$50.06	\$79.94	OA-45	N381	
6/7/2016-6/7/2016	G0477(QW)	\$90.00	\$9.27	\$9.27	\$80.73	OA-45	N381	
6/7/2016-6/7/2016	80320	\$20.00	\$15.48	\$15.48	\$4.52	OA-45	N381	
	SUBTOTAL	6	\$1,035.00	\$273.84	\$273.84			\$761.16
CLAIM ADJUSTMENTS						\$0.00		
CLAIM TOTAL						\$273.84		

CLAIM TOTAL						\$0.00		
Insured: 104534101 [REDACTED], CELINA M								
Service Provider: 1619178308 (XX) MARGOLIN, LEON J								
Claim/Patient Account Number: RENCE000 Payer Claim Number: 16167021RA00								
Product Name: Medicaid CFC (Covered Families and Children)								
Status: Processed as Primary								
6/9/2016-6/9/2016	20553	\$125.00	\$0.00	\$0.00	\$125.00	OA-197,OA-45	M62N381	
6/9/2016-6/9/2016	76942	\$400.00	\$57.76	\$57.76	\$342.24	OA-45	N381	
6/9/2016-6/9/2016	G0397	\$130.00	\$50.06	\$50.06	\$79.94	OA-45	N381	
6/9/2016-6/9/2016	G0477(QW)	\$90.00	\$9.27	\$9.27	\$80.73	OA-45	N381	
6/9/2016-6/9/2016	80320	\$20.00	\$15.48	\$15.48	\$4.52	OA-45	N381	
	SUBTOTAL	5	\$765.00	\$132.57	\$132.57			\$632.43
CLAIM ADJUSTMENTS						\$0.00		
CLAIM TOTAL						\$132.57		

CLAIM TOTAL						\$0.00		
Insured: 102136094 [REDACTED], LEON J								
Service Provider: 1619178308 (XX) MARGOLIN, LEON J								
Claim/Patient Account Number: RHOBR000 Payer Claim Number: 16166022P700								
Product Name: Medicaid CFC (Covered Families and Children)								
Status: Processed as Primary								
6/6/2016-6/6/2016	99213	\$150.00	\$45.79	\$45.79	\$104.21	OA-45	N381	
6/6/2016-6/6/2016	G0477(QW)	\$90.00	\$9.27	\$9.27	\$80.73	OA-45	N381	
6/6/2016-6/6/2016	80320	\$20.00	\$15.48	\$15.48	\$4.52	OA-45	N381	
	SUBTOTAL	3	\$260.00	\$70.54	\$70.54			\$189.46
CLAIM ADJUSTMENTS						\$0.00		
CLAIM TOTAL						\$70.54		

CLAIM TOTAL						\$0.00		
Insured: 102115696 [REDACTED], ROBERTA W								
Service Provider: 1619178308 (XX) MARGOLIN, LEON J								
Claim/Patient Account Number: RIGRO000 Payer Claim Number: 16166038X100								



Overpayment Recovery	\$46.76	15309026LP00
Overpayment Recovery	\$46.76	1531602SUU00
Overpayment Recovery	\$46.76	1532302JF100

Provider ID : 900595881050  
Fiscal Period Date : 12/31/2016

Adj. Reason	Adj. Amount	Reference Number
Overpayment Recovery	\$27.11	1534204WFJ00