

DATE 10/21/2016
 TIME 14:08:57

MUNICIPAL HEALTH BENEFIT FUND
 BENEFITS PAID - BY SERVICE CODE
 SUMMARY

PGM CHA503
 PAGE 1

PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND
 TRUST: 1
 GROUP: 191 CONWAY
 DIVISION: ALL SUPPRESS GROUP SUMMARY N
 EMPLOYEE: ALL ALL DEPENDENTS FLAG Y
 CHECK DATES SELECTED: FROM 1/01/2016 THRU 10/15/2016
 SERVICE CODE: ALL

DISPOSITION DATE FROM ALL
 CLAIMS REC. DATE FROM ALL
 SERVICE FROM DATE ALL

PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND TRUST: 1 MUNICIPAL HEALTH BENEFIT FUND GROUP/DIV:

DIVISION TOTALS

SERVICE CODE:		#	AMOUNT
0015	VISION SERVICES-MEDICAL	2	77.55
0035	CHIROPRACTOR CARE	6	.00
0036	INJECTIONS AND DRUGS	7	.70
0049	CHIROPRACTIC OFFICE VISIT CO-PAY	3	.00
0050	SURGERY - PHYSICIAN FEES	11	711.76
0061	HOSPITAL-EMERGENCY ROOM CHARGES (CO-PAY APPLIES)	3	.00
0062	HOSPITAL - OUTPATIENT EXTRAS	5	.00
0072	PSYCHIATRIC OFFICE VISIT COPAY	1	78.66
0088	DIAG LAB, XRAY AND OTHER TESTS	37	988.21
0097	OFFICE VISIT CO-PAY	31	2770.49
0099	DOCTORS' VISITS	2	.00
0100	PRESCRIPTION DRUG PROGRAM	181	7577.72
0105	WELLNESS BENEFIT	15	997.26
0106	WELL CHILD BENEFIT	2	143.63
TOTAL		306	13345.98

	#	AMOUNT	AVERAGE
COMPUTER CHECK	125	5768.26	46.14
MANUAL CHECK	181	7577.72	41.86
VOID	0	.00	.00
RECOVERY	0	.00	.00
TOTAL	306	13345.98	

	#	AMOUNT
INSURED	147	4553.53
DEPENDENT	159	8792.45
TOTAL	306	13345.98
ZERO CLAIMS	55	

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MUNICIPAL HEALTH BENEFIT FUND
BENEFITS PAID - BY SERVICE CODE
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PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND
TRUST: 1
GROUP: 191
DIVISION: ALL SUPPRESS GROUP SUMMARY
EMPLOYEE: ALL ALL DEPENDENTS FLAG
CHECK DATES SELECTED: FROM 1/01/2016 THRU 10/15/2016
SERVICE CODE: ALL

DISPOSITION DATE FROM ALL
CLAIMS REC. DATE FROM ALL
SERVICE FROM DATE ALL

N
Y

PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND TRUST: 1 MUNICIPAL HEALTH BENEFIT FUND GROUP/DIV:

DIVISION TOTALS

TOTAL	#	AMOUNT	AVERAGE	#	AMOUNT
	0	.00	.00	0	.00
COMPUTER CHECK	0	.00	.00	0	.00
MANUAL CHECK	0	.00	.00	0	.00
VOID	0	.00	.00	0	.00
RECOVERY	0	.00	.00	0	.00
TOTAL	0	.00	.00	0	.00
				ZERO CLAIMS	0

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PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND
 TRUST: 1
 GROUP: 191 --
 DIVISION: ALL SUPPRESS GROUP SUMMARY N
 EMPLOYEE: ALL ALL DEPENDENTS FLAG Y
 CHECK DATES SELECTED: FROM 1/01/2016 THRU 10/15/2016
 SERVICE CODE: ALL

DISPOSITION DATE FROM ALL
 CLAIMS REC. DATE FROM ALL
 SERVICE FROM DATE ALL

PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND TRUST: 1 MUNICIPAL HEALTH BENEFIT FUND GROUP/DIV:

DIVISION TOTALS

SERVICE CODE:		#	AMOUNT
0012	MEDICAL SUPPLIES	1	69.84
0036	INJECTIONS AND DRUGS	4	12.62
0050	SURGERY - PHYSICIAN FEES	6	803.95
0062	HOSPITAL - OUTPATIENT EXTRAS	5	1100.00
0071	PSYCHIATRIC DOCTOR VISITS	3	.00
0072	PSYCHIATRIC OFFICE VISIT COPAY	2	74.00
0087	ANESTHESIA	2	764.80
0088	DIAG LAB, XRAY AND OTHER TESTS	41	161.10
0089	MISCELLANEOUS PSYCHIATRIC CHARGES (TESTS)	4	.00
0097	OFFICE VISIT CO-PAY	22	1458.21
0100	PRESCRIPTION DRUG PROGRAM	32	1280.09
0105	WELLNESS BENEFIT	8	233.21
0106	WELL CHILD BENEFIT	2	237.80
0382	OCCUPATIONAL THERAPY-OUT OF HOSPITAL	4	19.59
0384	OCCUPATIONAL THERAPY VISITS	3	17.19
TOTAL		139	6232.40

	#	AMOUNT	AVERAGE
COMPUTER CHECK	107	4952.31	46.28
MANUAL CHECK	32	1280.09	40.00
VOID	0	.00	.00
RECOVERY	0	.00	.00
TOTAL	139	6232.40	

	#	AMOUNT
INSURED	56	1279.73
DEPENDENT	83	4952.67
TOTAL	139	6232.40
ZERO CLAIMS	63	

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DIVISION TOTALS

SERVICE CODE:		#	AMOUNT
0012	MEDICAL SUPPLIES	2	.00
0035	CHIROPRACTOR CARE	3	.00
0036	INJECTIONS AND DRUGS	5	.38
0038	PHYSICAL THERAPY - OUT OF HOSPITAL	2	.00
0049	CHIROPRACTIC OFFICE VISIT CO-PAY	2	.00
0050	SURGERY - PHYSICIAN FEES	12	11323.75
0061	HOSPITAL-EMERGENCY ROOM CHARGES (CO-PAY APPLIES)	1	.00
0062	HOSPITAL - OUTPATIENT EXTRAS	2	1876.00
0072	PSYCHIATRIC OFFICE VISIT COPAY	1	78.66
0087	ANESTHESIA	1	153.61
0088	DIAG LAB, XRAY AND OTHER TESTS	38	168.66
0097	OFFICE VISIT CO-PAY	20	1765.82
0099	DOCTORS' VISITS	3	.00
0100	PRESCRIPTION DRUG PROGRAM	72	860.07
0105	WELLNESS BENEFIT	10	819.49
0106	WELL CHILD BENEFIT	4	178.93
0338	PHYSICAL THERAPY VISITS	1	.00
TOTAL		179	17225.37

	#	AMOUNT	AVERAGE
COMPUTER CHECK	107	16365.30	152.94
MANUAL CHECK	72	860.07	11.94
VOID	0	.00	.00
RECOVERY	0	.00	.00
TOTAL	179	17225.37	

	#	AMOUNT
INSURED	105	15603.61
DEPENDENT	74	1621.76
TOTAL	179	17225.37
ZERO CLAIMS	62	

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PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND TRUST: 1 MUNICIPAL HEALTH BENEFIT FUND GROUP/DIV:

DIVISION TOTALS

SERVICE CODE:		#	AMOUNT
0015	VISION SERVICES-MEDICAL	2	118.28
0035	CHIROPRACTOR CARE	11	.00
0049	CHIROPRACTIC OFFICE VISIT CO-PAY	5	.00
0088	DIAG LAB, XRAY AND OTHER TESTS	28	11.56
0097	OFFICE VISIT CO-PAY	11	557.77
0100	PRESCRIPTION DRUG PROGRAM	56	1409.94
0105	WELLNESS BENEFIT	2	175.60
	TOTAL	115	2273.15

	#	AMOUNT	AVERAGE
COMPUTER CHECK	59	863.21	14.63
MANUAL CHECK	56	1409.94	25.17
VOID	0	.00	.00
RECOVERY	0	.00	.00
TOTAL	115	2273.15	

	#	AMOUNT
INSURED	41	999.49
DEPENDENT	74	1273.66
TOTAL	115	2273.15
ZERO CLAIMS	45	

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PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND TRUST: 1 MUNICIPAL HEALTH BENEFIT FUND GROUP/DIV:

DIVISION TOTALS

SERVICE CODE:		#	AMOUNT
0036	INJECTIONS AND DRUGS	1	.00
0050	SURGERY - PHYSICIAN FEES	3	.00
0061	HOSPITAL-EMERGENCY ROOM CHARGES (CO-PAY APPLIES)	3	57.10
0062	HOSPITAL - OUTPATIENT EXTRAS	5	819.09
0071	PSYCHIATRIC DOCTOR VISITS	9	469.96
0072	PSYCHIATRIC OFFICE VISIT COPAY	6	303.48
0088	DIAG LAB, XRAY AND OTHER TESTS	32	493.37
0089	MISCELLANEOUS PSYCHIATRIC CHARGES (TESTS)	2	.00
0097	OFFICE VISIT CO-PAY	25	1985.38
0099	DOCTORS' VISITS	3	137.89
0100	PRESCRIPTION DRUG PROGRAM	131	4710.52
0105	WELLNESS BENEFIT	17	1106.79
0106	WELL CHILD BENEFIT	17	1834.60
	TOTAL	254	11918.18

	#	AMOUNT	AVERAGE
COMPUTER CHECK	121	7426.76	61.37
MANUAL CHECK	131	4710.52	35.95
VOID	0	.00	.00
RECOVERY	2	219.10-	109.55-
TOTAL	254	11918.18	

	#	AMOUNT
INSURED	41	1144.68
DEPENDENT	213	10773.50
TOTAL	254	11918.18
ZERO CLAIMS	40	

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PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND TRUST: 1 MUNICIPAL HEALTH BENEFIT FUND GROUP/DIV:

DIVISION TOTALS

SERVICE CODE:		#	AMOUNT
0001	INPATIENT HOSPITAL - DAILY SERVICE CHARGE	1	4572.08
0003	AMBULANCE	3	518.40
0012	MEDICAL SUPPLIES	2	94.60
0015	VISION SERVICES-MEDICAL	1	.00
0029	AMBULANCE ANCILLARY	2	204.98
0033	HOME HEALTH CARE SERVICES	2	.00
0034	CHEMOTHERAPY/RADIATION THERAPY	1	.00
0036	INJECTIONS AND DRUGS	9	1.40
0049	CHIROPRACTIC OFFICE VISIT CO-PAY	2	.00
0050	SURGERY - PHYSICIAN FEES	4	680.31
0061	HOSPITAL-EMERGENCY ROOM CHARGES (CO-PAY APPLIES)	4	176.70
0062	HOSPITAL - OUTPATIENT EXTRAS	14	2674.65
0071	PSYCHIATRIC DOCTOR VISITS	2	206.43
0072	PSYCHIATRIC OFFICE VISIT COPAY	2	157.36
0087	ANESTHESIA	1	246.40
0088	DIAG LAB, XRAY AND OTHER TESTS	44	1464.66
0089	MISCELLANEOUS PSYCHIATRIC CHARGES (TESTS)	1	.00
0097	OFFICE VISIT CO-PAY	42	3388.72
0099	DOCTORS' VISITS	6	570.47
0100	PRESCRIPTION DRUG PROGRAM	365	30510.91
0105	WELLNESS BENEFIT	4	107.11
TOTAL		512	45575.18

	#	AMOUNT	AVERAGE
COMPUTER CHECK	146	15127.96	103.61
MANUAL CHECK	365	30510.91	83.59
VOID	0	.00	.00
RECOVERY	1	63.69-	63.69-
TOTAL	512	45575.18	

	#	AMOUNT
INSURED	287	28041.99
DEPENDENT	225	17533.19
TOTAL	512	45575.18
ZERO CLAIMS	55	

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PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND
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PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND TRUST: 1 MUNICIPAL HEALTH BENEFIT FUND GROUP/DIV:

DIVISION TOTALS

SERVICE CODE:		#	AMOUNT
0088	DIAG LAB, XRAY AND OTHER TESTS	1	.00
0097	OFFICE VISIT CO-PAY	2	132.61
0100	PRESCRIPTION DRUG PROGRAM	38	655.57
TOTAL		41	788.18

	#	AMOUNT	AVERAGE
COMPUTER CHECK	3	132.61	44.20
MANUAL CHECK	38	655.57	17.25
VOID	0	.00	.00
RECOVERY	0	.00	.00
TOTAL	41	788.18	

	#	AMOUNT
INSURED	12	155.92
DEPENDENT	29	632.26
TOTAL	41	788.18
ZERO CLAIMS	1	

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PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND
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 DIVISION: ALL SUPPRESS GROUP SUMMARY N
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DISPOSITION DATE FROM ALL
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 SERVICE FROM DATE ALL

PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND TRUST: 1 MUNICIPAL HEALTH BENEFIT FUND GROUP/DIV:

DIVISION TOTALS

SERVICE CODE:		#	AMOUNT
0001	INPATIENT HOSPITAL - DAILY SERVICE CHARGE	1	6214.06
0012	MEDICAL SUPPLIES	5	143.58
0015	VISION SERVICES-MEDICAL	4	45.84
0035	CHIROPRACTOR CARE	55	1297.27
0036	INJECTIONS AND DRUGS	50	111.93
0038	PHYSICAL THERAPY - OUT OF HOSPITAL	2	.00
0040	DURABLE MEDICAL EQUIPMENT	1	833.00
0049	CHIROPRACTIC OFFICE VISIT CO-PAY	40	879.02
0050	SURGERY - PHYSICIAN FEES	9	3334.61
0061	HOSPITAL-EMERGENCY ROOM CHARGES (CO-PAY APPLIES)	3	133.88
0062	HOSPITAL - OUTPATIENT EXTRAS	25	4228.23
0071	PSYCHIATRIC DOCTOR VISITS	1	.00
0072	PSYCHIATRIC OFFICE VISIT COPAY	3	250.00
0075	SMOKING CESSATION - DOCTOR VISIT	1	.00
0087	ANESTHESIA	1	576.00
0088	DIAG LAB, XRAY AND OTHER TESTS	197	2497.77
0089	MISCELLANEOUS PSYCHIATRIC CHARGES (TESTS)	3	32.10
0097	OFFICE VISIT CO-PAY	87	5762.84
0099	DOCTORS' VISITS	4	255.34
0100	PRESCRIPTION DRUG PROGRAM	227	25208.00
0105	WELLNESS BENEFIT	25	515.68
0106	WELL CHILD BENEFIT	16	1099.06
0114	ROUTINE HEARING AID (LEFT)	1	.00
TOTAL		761	53418.21

	#	AMOUNT	AVERAGE
COMPUTER CHECK	534	28210.21	52.82
MANUAL CHECK	227	25208.00	111.04
VOID	0	.00	.00
RECOVERY	0	.00	.00
TOTAL	761	53418.21	

	#	AMOUNT
INSURED	428	34147.50
DEPENDENT	333	19270.71
TOTAL	761	53418.21
ZERO CLAIMS	217	

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PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND
 TRUST: 1
 GROUP: 191
 DIVISION: ALL SUPPRESS GROUP SUMMARY
 EMPLOYEE: ALL ALL DEPENDENTS FLAG
 CHECK DATES SELECTED: FROM 1/01/2016 THRU 10/15/2016
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N
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PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND TRUST: 1 MUNICIPAL HEALTH BENEFIT FUND GROUP/DIV:

DIVISION TOTALS

SERVICE CODE:		#	AMOUNT
0015	VISION SERVICES-MEDICAL	1	.00
0036	INJECTIONS AND DRUGS	1	.00
0050	SURGERY - PHYSICIAN FEES	2	333.76
0062	HOSPITAL - OUTPATIENT EXTRAS	1	3629.88
0085	ROUTINE VISION BENEFIT	3	.00
0088	DIAG LAB, XRAY AND OTHER TESTS	19	402.51
0097	OFFICE VISIT CO-PAY	17	1578.67
0100	PRESCRIPTION DRUG PROGRAM	10	141.72
	TOTAL	54	6086.54

	#	AMOUNT	AVERAGE
COMPUTER CHECK	44	5944.82	135.10
MANUAL CHECK	10	141.72	14.17
VOID	0	.00	.00
RECOVERY	0	.00	.00
TOTAL	54	6086.54	

	#	AMOUNT
INSURED	45	5891.14
DEPENDENT	9	195.40
TOTAL	54	6086.54
ZERO CLAIMS	22	

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PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND
 TRUST: 1
 GROUP: 191
 DIVISION: ALL SUPPRESS GROUP SUMMARY N
 EMPLOYEE: ALL ALL DEPENDENTS FLAG Y
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DIVISION TOTALS

SERVICE CODE:		#	AMOUNT
0036	INJECTIONS AND DRUGS	1	.00
0071	PSYCHIATRIC DOCTOR VISITS	11	579.96
0088	DIAG LAB, XRAY AND OTHER TESTS	19	187.63
0090	HOSPITAL - PSYCH. ROOM & BOARD	1	3500.00
0097	OFFICE VISIT CO-PAY	7	675.25
0100	PRESCRIPTION DRUG PROGRAM	25	848.73
0105	WELLNESS BENEFIT	9	661.69
0106	WELL CHILD BENEFIT	5	523.12
	TOTAL	78	6976.38

	#	AMOUNT	AVERAGE
COMPUTER CHECK	53	6127.65	115.61
MANUAL CHECK	25	848.73	33.94
VOID	0	.00	.00
RECOVERY	0	.00	.00
TOTAL	78	6976.38	

	#	AMOUNT
INSURED	39	1565.88
DEPENDENT	39	5410.50
TOTAL	78	6976.38
ZERO CLAIMS	19	

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PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND
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SERVICE CODE:		#	AMOUNT
0002	INPATIENT HOSPITAL EXTRAS	3	.00
0003	AMBULANCE	4	507.60
0012	MEDICAL SUPPLIES	9	2479.20
0015	VISION SERVICES-MEDICAL	9	300.62
0029	AMBULANCE ANCILLARY	4	77.33
0036	INJECTIONS AND DRUGS	10	3.19
0038	PHYSICAL THERAPY - OUT OF HOSPITAL	4	34.82
0050	SURGERY - PHYSICIAN FEES	32	5736.28
0061	HOSPITAL-EMERGENCY ROOM CHARGES (CO-PAY APPLIES)	7	1249.58
0062	HOSPITAL - OUTPATIENT EXTRAS	55	12239.86
0071	PSYCHIATRIC DOCTOR VISITS	8	498.07
0072	PSYCHIATRIC OFFICE VISIT COPAY	9	657.33
0086	CHEMICAL DEPD - PHYSICIAN CHARGES	1	.00
0087	ANESTHESIA	4	1536.00
0088	DIAG LAB, XRAY AND OTHER TESTS	281	3943.57
0089	MISCELLANEOUS PSYCHIATRIC CHARGES (TESTS)	1	16.00
0094	ICU/CCU ROOM & BOARD	1	7451.40
0097	OFFICE VISIT CO-PAY	93	6948.40
0099	DOCTORS' VISITS	24	1417.31
0100	PRESCRIPTION DRUG PROGRAM	530	36123.30
0105	WELLNESS BENEFIT	33	3333.92
0106	WELL CHILD BENEFIT	8	471.97
0221	CHEMICAL DEPD - OUTPATIENT CHARGES	1	.00
0338	PHYSICAL THERAPY VISITS	2	512.74
0384	OCCUPATIONAL THERAPY VISITS	4	3022.72
TOTAL		1137	88561.21

	#	AMOUNT	AVERAGE
COMPUTER CHECK	607	52437.91	86.38
MANUAL CHECK	530	36123.30	68.15
VOID	0	.00	.00
RECOVERY	0	.00	.00
TOTAL	1137	88561.21	

	#	AMOUNT
INSURED	599	45676.91
DEPENDENT	538	42884.30
TOTAL	1137	88561.21
ZERO CLAIMS	226	

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SERVICE CODE:		#	AMOUNT
0001	INPATIENT HOSPITAL - DAILY SERVICE CHARGE	10	30815.73
0002	INPATIENT HOSPITAL EXTRAS	8	7975.75
0003	AMBULANCE	4	1149.48
0011	NUTRITIONAL/WEIGHT COUNSELING	1	.00
0012	MEDICAL SUPPLIES	145	5786.52
0015	VISION SERVICES-MEDICAL	18	1605.32
0029	AMBULANCE ANCILLARY	1	39.42
0035	CHIROPRACTOR CARE	154	2602.61
0036	INJECTIONS AND DRUGS	344	2373.18
0038	PHYSICAL THERAPY - OUT OF HOSPITAL	43	1960.92
0040	DURABLE MEDICAL EQUIPMENT	72	2524.26
0049	CHIROPRACTIC OFFICE VISIT CO-PAY	123	1709.20
0050	SURGERY - PHYSICIAN FEES	75	25050.75
0051	PHYSIC-ER COPAY	1	.00
0060	NEWBORN EMERGENCY	1	.00
0061	HOSPITAL-EMERGENCY ROOM CHARGES (CO-PAY APPLIES)	47	4154.44
0062	HOSPITAL - OUTPATIENT EXTRAS	201	70273.90
0071	PSYCHIATRIC DOCTOR VISITS	106	4152.99
0072	PSYCHIATRIC OFFICE VISIT COPAY	82	6010.13
0075	SMOKING CESSATION - DOCTOR VISIT	1	.00
0080	DENTAL BENEFITS	7	.00
0082	NEWBORN CHILDCARE (FIRST YEAR) PHYSICIAN	13	585.48
0083	BARIATRIC SVC. - PHYSICIAN CHARGES	3	.00
0085	ROUTINE VISION BENEFIT	5	.00
0086	CHEMICAL DEPD - PHYSICIAN CHARGES	1	.00
0087	ANESTHESIA	20	10722.73
0088	DIAG LAB, XRAY AND OTHER TESTS	1516	15822.88
0089	MISCELLANEOUS PSYCHIATRIC CHARGES (TESTS)	39	639.96
0090	HOSPITAL - PSYCH. ROOM & BOARD	1	1960.51
0091	HOSPITAL - MISC. PSYCH. CHARGES	1	1057.51
0097	OFFICE VISIT CO-PAY	885	61477.94
0098	NEWBORN CHILD CARE (FIRST YEAR) ROOM & BOARD	3	3085.18
0099	DOCTORS' VISITS	70	3286.95
0100	PRESCRIPTION DRUG PROGRAM	2487	218986.15
0105	WELLNESS BENEFIT	432	17279.71
0106	WELL CHILD BENEFIT	326	22791.65
0182	NEWBORN CHILD CARE - HOSP. MISC. FIRST YEAR	2	609.34
0221	CHEMICAL DEPD - OUTPATIENT CHARGES	1	.00
0282	NEWBORN CHILD CARE - FIRST YEAR	5	345.34
0338	PHYSICAL THERAPY VISITS	49	4841.21
0381	ORGAN TRANSPLANTS - MISC. CHARGES	2	.00
0382	OCCUPATIONAL THERAPY-OUT OF HOSPITAL	62	3049.78

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MUNICIPAL HEALTH BENEFIT FUND
BENEFITS PAID - BY SERVICE CODE
SUMMARY

PGM CHA503
PAGE 14

PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND
TRUST: 1
GROUP: 191
DIVISION: ALL SUPPRESS GROUP SUMMARY
EMPLOYEE: ALL ALL DEPENDENTS FLAG
CHECK DATES SELECTED: FROM 1/01/2016 THRU 10/15/2016
SERVICE CODE: ALL

DISPOSITION DATE FROM ALL
CLAIMS REC. DATE FROM ALL
SERVICE FROM DATE ALL

N
Y

PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND TRUST: 1 MUNICIPAL HEALTH BENEFIT FUND GROUP/DIV:

SERVICE CODE: 0384 OCCUPATIONAL THERAPY VISITS 40 1055.27
TOTAL 7407 535782.19

	#	AMOUNT	AVERAGE
COMPUTER CHECK	4915	317133.42	64.52
MANUAL CHECK	2487	218986.15	88.05
VOID	0	.00	.00
RECOVERY	5	337.38-	67.47-
TOTAL	7407	535782.19	

	#	AMOUNT
INSURED	3317	169470.71
DEPENDENT	4090	366311.48
TOTAL	7407	535782.19
ZERO CLAIMS	2042	

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MUNICIPAL HEALTH BENEFIT FUND
 BENEFITS PAID - BY SERVICE CODE
 SUMMARY

PGM CHA503
 PAGE 15

PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND
 TRUST: 1
 GROUP: 191
 DIVISION: ALL SUPPRESS GROUP SUMMARY N
 EMPLOYEE: ALL ALL DEPENDENTS FLAG Y
 CHECK DATES SELECTED: FROM 1/01/2016 THRU 10/15/2016
 SERVICE CODE: ALL

DISPOSITION DATE FROM ALL
 CLAIMS REC. DATE FROM ALL
 SERVICE FROM DATE ALL

PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND TRUST: 1 MUNICIPAL HEALTH BENEFIT FUND GROUP/DIV:

DIVISION TOTALS

SERVICE CODE:		#	AMOUNT
0001	INPATIENT HOSPITAL - DAILY SERVICE CHARGE	1	4854.93
0006	DIABETIC EDUCATION	1	115.20
0015	VISION SERVICES-MEDICAL	14	1828.62
0035	CHIROPRACTOR CARE	8	.00
0036	INJECTIONS AND DRUGS	18	4.26
0049	CHIROPRACTIC OFFICE VISIT CO-PAY	7	.00
0050	SURGERY - PHYSICIAN FEES	14	6537.94
0061	HOSPITAL-EMERGENCY ROOM CHARGES (CO-PAY APPLIES)	6	682.04
0062	HOSPITAL - OUTPATIENT EXTRAS	16	9894.10
0071	PSYCHIATRIC DOCTOR VISITS	22	699.75
0072	PSYCHIATRIC OFFICE VISIT COPAY	17	1646.53
0075	SMOKING CESSATION - DOCTOR VISIT	1	.00
0082	NEWBORN CHILDCARE (FIRST YEAR) PHYSICIAN	3	223.63
0087	ANESTHESIA	4	1968.00
0088	DIAG LAB, XRAY AND OTHER TESTS	163	1473.28
0089	MISCELLANEOUS PSYCHIATRIC CHARGES (TESTS)	12	.00
0097	OFFICE VISIT CO-PAY	69	5788.17
0098	NEWBORN CHILD CARE (FIRST YEAR) ROOM & BOARD	1	738.50
0099	DOCTORS' VISITS	5	109.21
0100	PRESCRIPTION DRUG PROGRAM	212	6024.84
0105	WELLNESS BENEFIT	22	1003.24
0106	WELL CHILD BENEFIT	61	3208.11
TOTAL		677	46800.35

	#	AMOUNT	AVERAGE
COMPUTER CHECK	465	40775.51	87.68
MANUAL CHECK	212	6024.84	28.41
VOID	0	.00	.00
RECOVERY	0	.00	.00
TOTAL	677	46800.35	

	#	AMOUNT
INSURED	437	36380.61
DEPENDENT	240	10419.74
TOTAL	677	46800.35
ZERO CLAIMS	227	

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MUNICIPAL HEALTH BENEFIT FUND
 BENEFITS PAID - BY SERVICE CODE
 SUMMARY

PGM CHA503
 PAGE 16

PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND
 TRUST: 1
 GROUP: 191
 DIVISION: ALL SUPPRESS GROUP SUMMARY N
 EMPLOYEE: ALL ALL DEPENDENTS FLAG Y
 CHECK DATES SELECTED: FROM 1/01/2016 THRU 10/15/2016
 SERVICE CODE: ALL

DISPOSITION DATE FROM ALL
 CLAIMS REC. DATE FROM ALL
 SERVICE FROM DATE ALL

PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND TRUST: 1 MUNICIPAL HEALTH BENEFIT FUND GROUP/DIV:

DIVISION TOTALS

SERVICE CODE:			#	AMOUNT
0035	CHIROPRACTOR CARE		27	335.82
0036	INJECTIONS AND DRUGS		3	.00
0049	CHIROPRACTIC OFFICE VISIT CO-PAY		16	187.89
0050	SURGERY - PHYSICIAN FEES		6	1658.67
0061	HOSPITAL-EMERGENCY ROOM CHARGES (CO-PAY APPLIES)		1	193.99
0062	HOSPITAL - OUTPATIENT EXTRAS		10	5462.17
0071	PSYCHIATRIC DOCTOR VISITS		4	.00
0072	PSYCHIATRIC OFFICE VISIT COPAY		2	105.58
0087	ANESTHESIA		2	960.00
0088	DIAG LAB, XRAY AND OTHER TESTS		41	327.25
0097	OFFICE VISIT CO-PAY		31	2573.57
0099	DOCTORS' VISITS		1	.00
0100	PRESCRIPTION DRUG PROGRAM		74	2924.40
0105	WELLNESS BENEFIT		35	4687.70
0106	WELL CHILD BENEFIT		6	571.81
	TOTAL		259	19988.85

	#	AMOUNT	AVERAGE
COMPUTER CHECK	185	17064.45	92.24
MANUAL CHECK	74	2924.40	39.51
VOID	0	.00	.00
RECOVERY	0	.00	.00
TOTAL	259	19988.85	

	#	AMOUNT
INSURED	168	9339.53
DEPENDENT	91	10649.32
TOTAL	259	19988.85
ZERO CLAIMS	73	

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MUNICIPAL HEALTH BENEFIT FUND
 BENEFITS PAID - BY SERVICE CODE
 SUMMARY

PGM CHA503
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PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND
 TRUST: 1
 GROUP: 191
 DIVISION: ALL SUPPRESS GROUP SUMMARY N
 EMPLOYEE: ALL ALL DEPENDENTS FLAG Y
 CHECK DATES SELECTED: FROM 1/01/2016 THRU 10/15/2016
 SERVICE CODE: ALL

DISPOSITION DATE FROM ALL
 CLAIMS REC. DATE FROM ALL
 SERVICE FROM DATE ALL

PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND TRUST: 1 MUNICIPAL HEALTH BENEFIT FUND GROUP/DIV:

DIVISION TOTALS

SERVICE CODE:		#	AMOUNT
0001	INPATIENT HOSPITAL - DAILY SERVICE CHARGE	2	14428.95
0003	AMBULANCE	1	.00
0012	MEDICAL SUPPLIES	1	2.38
0015	VISION SERVICES-MEDICAL	6	42.67
0021	CUSTOM MOLD FOOT ORTHOTICS	1	187.03
0035	CHIROPRACTOR CARE	13	72.55
0036	INJECTIONS AND DRUGS	27	469.77
0038	PHYSICAL THERAPY - OUT OF HOSPITAL	1	.00
0040	DURABLE MEDICAL EQUIPMENT	4	558.14
0049	CHIROPRACTIC OFFICE VISIT CO-PAY	9	168.86
0050	SURGERY - PHYSICIAN FEES	14	7403.48
0061	HOSPITAL-EMERGENCY ROOM CHARGES (CO-PAY APPLIES)	5	298.70
0062	HOSPITAL - OUTPATIENT EXTRAS	34	9923.89
0072	PSYCHIATRIC OFFICE VISIT COPAY	3	57.40
0085	ROUTINE VISION BENEFIT	1	.00
0087	ANESTHESIA	4	1708.80
0088	DIAG LAB, XRAY AND OTHER TESTS	199	2080.79
0089	MISCELLANEOUS PSYCHIATRIC CHARGES (TESTS)	2	.00
0097	OFFICE VISIT CO-PAY	83	6491.78
0099	DOCTORS' VISITS	5	56.95
0100	PRESCRIPTION DRUG PROGRAM	656	114001.01
0105	WELLNESS BENEFIT	33	1877.20
0106	WELL CHILD BENEFIT	2	58.30
0338	PHYSICAL THERAPY VISITS	4	1494.40
TOTAL		1110	161383.05

	#	AMOUNT	AVERAGE
COMPUTER CHECK	453	47462.04	104.77
MANUAL CHECK	656	114001.01	173.78
VOID	0	.00	.00
RECOVERY	1	80.00-	80.00-
TOTAL	1110	161383.05	

	#	AMOUNT
INSURED	563	42387.40
DEPENDENT	547	118995.65
TOTAL	1110	161383.05
ZERO CLAIMS	191	

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MUNICIPAL HEALTH BENEFIT FUND
 BENEFITS PAID - BY SERVICE CODE
 SUMMARY

PGM CHA503
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PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND
 TRUST: 1
 GROUP: 191
 DIVISION: ALL SUPPRESS GROUP SUMMARY N
 EMPLOYEE: ALL ALL DEPENDENTS FLAG Y
 CHECK DATES SELECTED: FROM 1/01/2016 THRU 10/15/2016
 SERVICE CODE: ALL

DISPOSITION DATE FROM ALL
 CLAIMS REC. DATE FROM ALL
 SERVICE FROM DATE ALL

PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND TRUST: 1 MUNICIPAL HEALTH BENEFIT FUND GROUP/DIV:

DIVISION TOTALS

SERVICE CODE:		#	AMOUNT
0003	AMBULANCE	1	518.40
0012	MEDICAL SUPPLIES	10	166.89
0021	CUSTOM MOLD FOOT ORTHOTICS	1	.00
0029	AMBULANCE ANCILLARY	3	65.70
0036	INJECTIONS AND DRUGS	5	.33
0040	DURABLE MEDICAL EQUIPMENT	1	103.13
0049	CHIROPRACTIC OFFICE VISIT CO-PAY	1	.00
0050	SURGERY - PHYSICIAN FEES	12	4550.45
0061	HOSPITAL-EMERGENCY ROOM CHARGES (CO-PAY APPLIES)	2	703.60
0062	HOSPITAL - OUTPATIENT EXTRAS	14	4333.61
0071	PSYCHIATRIC DOCTOR VISITS	23	1823.20
0072	PSYCHIATRIC OFFICE VISIT COPAY	5	352.23
0087	ANESTHESIA	3	900.80
0088	DIAG LAB, XRAY AND OTHER TESTS	82	2845.89
0097	OFFICE VISIT CO-PAY	58	4226.40
0099	DOCTORS' VISITS	2	137.89
0100	PRESCRIPTION DRUG PROGRAM	177	9478.58
0105	WELLNESS BENEFIT	13	1033.49
0106	WELL CHILD BENEFIT	16	1133.90
TOTAL		429	32374.49

	#	AMOUNT	AVERAGE
COMPUTER CHECK	252	22895.91	90.85
MANUAL CHECK	177	9478.58	53.55
VOID	0	.00	.00
RECOVERY	0	.00	.00
TOTAL	429	32374.49	

	#	AMOUNT
INSURED	209	16637.67
DEPENDENT	220	15736.82
TOTAL	429	32374.49
ZERO CLAIMS	76	

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MUNICIPAL HEALTH BENEFIT FUND
 BENEFITS PAID - BY SERVICE CODE
 SUMMARY

PGM CHA503
 PAGE 19

PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND
 TRUST: 1
 GROUP: 191
 DIVISION: ALL SUPPRESS GROUP SUMMARY N
 EMPLOYEE: ALL ALL DEPENDENTS FLAG Y
 CHECK DATES SELECTED: FROM 1/01/2016 THRU 10/15/2016
 SERVICE CODE: ALL

DISPOSITION DATE FROM ALL
 CLAIMS REC. DATE FROM ALL
 SERVICE FROM DATE ALL

PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND TRUST: 1 MUNICIPAL HEALTH BENEFIT FUND GROUP/DIV:

DIVISION TOTALS

SERVICE CODE:		#	AMOUNT
0001	INPATIENT HOSPITAL - DAILY SERVICE CHARGE	9	38113.05
0002	INPATIENT HOSPITAL EXTRAS	14	21929.10
0003	AMBULANCE	2	.00
0005	ASSISTANT SURGEON	1	24.80
0006	DIABETIC EDUCATION	5	61.44
0012	MEDICAL SUPPLIES	48	4830.60
0014	SPEECH THERAPY	4	576.00
0015	VISION SERVICES-MEDICAL	31	1154.72
0029	AMBULANCE ANCILLARY	1	.00
0033	HOME HEALTH CARE SERVICES	2	255.50
0035	CHIROPRACTOR CARE	372	8753.51
0036	INJECTIONS AND DRUGS	504	2170.66
0038	PHYSICAL THERAPY - OUT OF HOSPITAL	278	5072.61
0040	DURABLE MEDICAL EQUIPMENT	29	4520.86
0049	CHIROPRACTIC OFFICE VISIT CO-PAY	191	4199.36
0050	SURGERY - PHYSICIAN FEES	117	32268.74
0051	PHYSIC-ER COPAY	4	.00
0060	NEWBORN EMERGENCY	3	1421.82
0061	HOSPITAL-EMERGENCY ROOM CHARGES (CO-PAY APPLIES)	40	2247.67
0062	HOSPITAL - OUTPATIENT EXTRAS	240	71273.72
0071	PSYCHIATRIC DOCTOR VISITS	91	180.75
0072	PSYCHIATRIC OFFICE VISIT COPAY	62	5118.12
0080	DENTAL BENEFITS	2	.00
0082	NEWBORN CHILDCARE (FIRST YEAR) PHYSICIAN	8	239.40
0085	ROUTINE VISION BENEFIT	21	.00
0087	ANESTHESIA	38	14758.92
0088	DIAG LAB, XRAY AND OTHER TESTS	2131	26024.17
0089	MISCELLANEOUS PSYCHIATRIC CHARGES (TESTS)	94	760.34
0097	OFFICE VISIT CO-PAY	1198	80023.13
0098	NEWBORN CHILD CARE (FIRST YEAR) ROOM & BOARD	1	737.84
0099	DOCTORS' VISITS	65	3698.00
0100	PRESCRIPTION DRUG PROGRAM	2740	902885.38
0105	WELLNESS BENEFIT	340	25412.03
0106	WELL CHILD BENEFIT	387	25331.07
0282	NEWBORN CHILD CARE - FIRST YEAR	9	.00
0338	PHYSICAL THERAPY VISITS	166	5729.73
0382	OCCUPATIONAL THERAPY-OUT OF HOSPITAL	42	1203.07
0384	OCCUPATIONAL THERAPY VISITS	33	1811.47
0385	SPEECH THERAPY VISITS	66	1356.02
TOTAL		9389	1294143.60

	#	AMOUNT	AVERAGE
COMPUTER CHECK	6645	391394.54	58.90
MANUAL CHECK	2740	902885.38	329.52
VOID	0	.00	.00
RECOVERY	4	136.32-	34.08-
TOTAL	9389	1294143.60	

	#	AMOUNT
INSURED	4132	196666.15
DEPENDENT	5257	1097477.45
TOTAL	9389	1294143.60
ZERO CLAIMS	2872	

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MUNICIPAL HEALTH BENEFIT FUND
 BENEFITS PAID - BY SERVICE CODE
 SUMMARY

PGM CHA503
 PAGE 20

PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND
 TRUST: 1
 GROUP: 191
 DIVISION: ALL SUPPRESS GROUP SUMMARY N
 EMPLOYEE: ALL ALL DEPENDENTS FLAG Y
 CHECK DATES SELECTED: FROM 1/01/2016 THRU 10/15/2016
 SERVICE CODE: ALL

DISPOSITION DATE FROM ALL
 CLAIMS REC. DATE FROM ALL
 SERVICE FROM DATE ALL

PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND TRUST: 1 MUNICIPAL HEALTH BENEFIT FUND GROUP/DIV:

DIVISION TOTALS

SERVICE CODE:			#	AMOUNT
0012	MEDICAL SUPPLIES		3	.00
0015	VISION SERVICES-MEDICAL		4	1042.52
0035	CHIROPRACTOR CARE		4	83.71
0036	INJECTIONS AND DRUGS		27	102.45
0040	DURABLE MEDICAL EQUIPMENT		1	95.20
0049	CHIROPRACTIC OFFICE VISIT CO-PAY		2	110.33
0050	SURGERY - PHYSICIAN FEES		20	2937.39
0060	NEWBORN EMERGENCY		1	486.75
0061	HOSPITAL-EMERGENCY ROOM CHARGES (CO-PAY APPLIES)		3	559.74
0062	HOSPITAL - OUTPATIENT EXTRAS		23	7470.72
0072	PSYCHIATRIC OFFICE VISIT COPAY		4	291.82
0082	NEWBORN CHILDCARE (FIRST YEAR) PHYSICIAN		1	121.34
0085	ROUTINE VISION BENEFIT		6	.00
0087	ANESTHESIA		2	603.20
0088	DIAG LAB, XRAY AND OTHER TESTS		212	3526.99
0097	OFFICE VISIT CO-PAY		146	11390.54
0099	DOCTORS' VISITS		2	127.67
0100	PRESCRIPTION DRUG PROGRAM		487	15839.70
0105	WELLNESS BENEFIT		70	7295.15
0106	WELL CHILD BENEFIT		49	3576.89
0338	PHYSICAL THERAPY VISITS		1	.00
TOTAL			1068	55662.11

	#	AMOUNT	AVERAGE
COMPUTER CHECK	579	39882.41	68.88
MANUAL CHECK	487	15839.70	32.52
VOID	2	60.00-	30.00-
RECOVERY	0	.00	.00
TOTAL	1068	55662.11	

	#	AMOUNT
INSURED	613	33347.05
DEPENDENT	455	22315.06
TOTAL	1068	55662.11
ZERO CLAIMS	219	

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MUNICIPAL HEALTH BENEFIT FUND
 BENEFITS PAID - BY SERVICE CODE
 SUMMARY

PGM CHA503
 PAGE 21

PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND
 TRUST: 1
 GROUP: 191
 DIVISION: ALL SUPPRESS GROUP SUMMARY N
 EMPLOYEE: ALL ALL DEPENDENTS FLAG Y
 CHECK DATES SELECTED: FROM 1/01/2016 THRU 10/15/2016
 SERVICE CODE: ALL

DISPOSITION DATE FROM ALL
 CLAIMS REC. DATE FROM ALL
 SERVICE FROM DATE ALL

PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND TRUST: 1 MUNICIPAL HEALTH BENEFIT FUND GROUP/DIV:

DIVISION TOTALS

SERVICE CODE:		#	AMOUNT
0001	INPATIENT HOSPITAL - DAILY SERVICE CHARGE	2	8843.32
0002	INPATIENT HOSPITAL EXTRAS	1	.00
0012	MEDICAL SUPPLIES	45	1000.51
0020	DENTAL EXAMS AND CLEANING	1	.00
0035	CHIROPRACTOR CARE	209	3902.61
0036	INJECTIONS AND DRUGS	26	182.37
0038	PHYSICAL THERAPY - OUT OF HOSPITAL	12	129.63
0040	DURABLE MEDICAL EQUIPMENT	13	853.16
0049	CHIROPRACTIC OFFICE VISIT CO-PAY	71	1190.94
0050	SURGERY - PHYSICIAN FEES	39	6430.77
0051	PHYSIC-ER COPAY	1	.00
0060	NEWBORN EMERGENCY	2	.00
0061	HOSPITAL-EMERGENCY ROOM CHARGES (CO-PAY APPLIES)	12	861.60
0062	HOSPITAL - OUTPATIENT EXTRAS	52	16087.64
0071	PSYCHIATRIC DOCTOR VISITS	4	.00
0072	PSYCHIATRIC OFFICE VISIT COPAY	5	418.43
0075	SMOKING CESSATION - DOCTOR VISIT	2	.00
0080	DENTAL BENEFITS	3	.00
0082	NEWBORN CHILDCARE (FIRST YEAR) PHYSICIAN	8	286.36
0087	ANESTHESIA	7	1056.80
0088	DIAG LAB, XRAY AND OTHER TESTS	437	8980.00
0097	OFFICE VISIT CO-PAY	199	15423.07
0098	NEWBORN CHILD CARE (FIRST YEAR) ROOM & BOARD	1	3686.40
0099	DOCTORS' VISITS	29	1529.62
0100	PRESCRIPTION DRUG PROGRAM	541	17123.39
0105	WELLNESS BENEFIT	97	4767.68
0106	WELL CHILD BENEFIT	100	6530.39
0182	NEWBORN CHILD CARE - HOSP. MISC. FIRST YEAR	2	3548.76
0282	NEWBORN CHILD CARE - FIRST YEAR	4	19.52
0338	PHYSICAL THERAPY VISITS	6	38.25
0382	OCCUPATIONAL THERAPY-OUT OF HOSPITAL	23	654.37
0384	OCCUPATIONAL THERAPY VISITS	9	150.16
TOTAL		1963	103695.75

	#	AMOUNT	AVERAGE
COMPUTER CHECK	1422	86572.36	60.88
MANUAL CHECK	541	17123.39	31.65
VOID	0	.00	.00
RECOVERY	0	.00	.00
TOTAL	1963	103695.75	

	#	AMOUNT
INSURED	462	19061.98
DEPENDENT	1501	84633.77
TOTAL	1963	103695.75
ZERO CLAIMS	509	

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MUNICIPAL HEALTH BENEFIT FUND
 BENEFITS PAID - BY SERVICE CODE
 SUMMARY

PGM CHA503
 PAGE 22

PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND
 TRUST: 1
 GROUP: 191
 DIVISION: ALL SUPPRESS GROUP SUMMARY N
 EMPLOYEE: ALL ALL DEPENDENTS FLAG Y
 CHECK DATES SELECTED: FROM 1/01/2016 THRU 10/15/2016
 SERVICE CODE: ALL

DISPOSITION DATE FROM ALL
 CLAIMS REC. DATE FROM ALL
 SERVICE FROM DATE ALL

PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND TRUST: 1 MUNICIPAL HEALTH BENEFIT FUND GROUP/DIV:

DIVISION TOTALS

SERVICE CODE:		#	AMOUNT
0002	INPATIENT HOSPITAL EXTRAS	4	1260.00
0012	MEDICAL SUPPLIES	46	1774.91
0015	VISION SERVICES-MEDICAL	34	6442.11
0021	CUSTOM MOLD FOOT ORTHOTICS	1	168.60
0034	CHEMOTHERAPY/RADIATION THERAPY	11	3052.97
0035	CHIROPRACTOR CARE	216	4676.09
0036	INJECTIONS AND DRUGS	73	12679.93
0038	PHYSICAL THERAPY - OUT OF HOSPITAL	119	2425.70
0040	DURABLE MEDICAL EQUIPMENT	17	1842.35
0049	CHIROPRACTIC OFFICE VISIT CO-PAY	107	2244.06
0050	SURGERY - PHYSICIAN FEES	94	12681.49
0061	HOSPITAL-EMERGENCY ROOM CHARGES (CO-PAY APPLIES)	4	848.00
0062	HOSPITAL - OUTPATIENT EXTRAS	383	163253.36
0071	PSYCHIATRIC DOCTOR VISITS	12	770.38
0072	PSYCHIATRIC OFFICE VISIT COPAY	22	1395.66
0085	ROUTINE VISION BENEFIT	6	.00
0087	ANESTHESIA	12	2404.29
0088	DIAG LAB, XRAY AND OTHER TESTS	987	22255.86
0089	MISCELLANEOUS PSYCHIATRIC CHARGES (TESTS)	6	119.24
0094	ICU/CCU ROOM & BOARD	3	50925.35
0097	OFFICE VISIT CO-PAY	373	23107.81
0099	DOCTORS' VISITS	70	7234.71
0100	PRESCRIPTION DRUG PROGRAM	1481	229989.80
0105	WELLNESS BENEFIT	152	10179.32
0106	WELL CHILD BENEFIT	5	426.44
0338	PHYSICAL THERAPY VISITS	60	2777.15
0382	OCCUPATIONAL THERAPY-OUT OF HOSPITAL	5	.00
0384	OCCUPATIONAL THERAPY VISITS	1	.00
TOTAL		4304	564935.58

	#	AMOUNT	AVERAGE
COMPUTER CHECK	2822	334986.15	118.70
MANUAL CHECK	1481	229989.80	155.29
VOID	0	.00	.00
RECOVERY	1	40.37-	40.37-
TOTAL	4304	564935.58	

	#	AMOUNT
INSURED	3317	518193.29
DEPENDENT	987	46742.29
TOTAL	4304	564935.58
ZERO CLAIMS	835	

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MUNICIPAL HEALTH BENEFIT FUND
 BENEFITS PAID - BY SERVICE CODE
 SUMMARY

PGM CHA503
 PAGE 23

PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND
 TRUST: 1
 GROUP: 191
 DIVISION: ALL SUPPRESS GROUP SUMMARY N
 EMPLOYEE: ALL ALL DEPENDENTS FLAG Y
 CHECK DATES SELECTED: FROM 1/01/2016 THRU 10/15/2016
 SERVICE CODE: ALL

DISPOSITION DATE FROM ALL
 CLAIMS REC. DATE FROM ALL
 SERVICE FROM DATE ALL

PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND TRUST: 1 MUNICIPAL HEALTH BENEFIT FUND GROUP/DIV:

DIVISION TOTALS

SERVICE CODE:		#	AMOUNT
0001	INPATIENT HOSPITAL - DAILY SERVICE CHARGE	2	7475.78
0002	INPATIENT HOSPITAL EXTRAS	5	65583.65
0003	AMBULANCE	2	1520.73
0006	DIABETIC EDUCATION	3	492.80
0012	MEDICAL SUPPLIES	26	1063.23
0015	VISION SERVICES-MEDICAL	14	2122.24
0029	AMBULANCE ANCILLARY	2	64.44
0033	HOME HEALTH CARE SERVICES	1	90.00
0035	CHIROPRACTOR CARE	341	8486.57
0036	INJECTIONS AND DRUGS	61	216.88
0038	PHYSICAL THERAPY - OUT OF HOSPITAL	4	106.56
0040	DURABLE MEDICAL EQUIPMENT	11	498.40
0049	CHIROPRACTIC OFFICE VISIT CO-PAY	129	3874.65
0050	SURGERY - PHYSICIAN FEES	72	23279.37
0061	HOSPITAL-EMERGENCY ROOM CHARGES (CO-PAY APPLIES)	18	1587.03
0062	HOSPITAL - OUTPATIENT EXTRAS	112	27155.00
0071	PSYCHIATRIC DOCTOR VISITS	73	4062.97
0072	PSYCHIATRIC OFFICE VISIT COPAY	14	1009.40
0075	SMOKING CESSATION - DOCTOR VISIT	5	.00
0080	DENTAL BENEFITS	1	.00
0082	NEWBORN CHILDCARE (FIRST YEAR) PHYSICIAN	3	37.21
0083	BARIATRIC SVC. - PHYSICIAN CHARGES	2	.00
0085	ROUTINE VISION BENEFIT	9	.00
0087	ANESTHESIA	14	7456.00
0088	DIAG LAB, XRAY AND OTHER TESTS	731	10619.87
0089	MISCELLANEOUS PSYCHIATRIC CHARGES (TESTS)	8	.00
0094	ICU/CCU ROOM & BOARD	2	9469.37
0097	OFFICE VISIT CO-PAY	447	33913.40
0099	DOCTORS' VISITS	34	3113.81
0100	PRESCRIPTION DRUG PROGRAM	1192	45459.21
0105	WELLNESS BENEFIT	206	8709.41
0106	WELL CHILD BENEFIT	93	6406.78
0282	NEWBORN CHILD CARE - FIRST YEAR	6	757.40
0338	PHYSICAL THERAPY VISITS	6	1238.23
0382	OCCUPATIONAL THERAPY-OUT OF HOSPITAL	1	.00
0384	OCCUPATIONAL THERAPY VISITS	1	.00
TOTAL		3651	275870.39

	#	AMOUNT	AVERAGE
COMPUTER CHECK	2457	230463.87	93.79
MANUAL CHECK	1192	45459.21	38.13
VOID	0	.00	.00
RECOVERY	2	52.69-	26.34-
TOTAL	3651	275870.39	

	#	AMOUNT
INSURED	1896	169904.88
DEPENDENT	1755	105965.51
TOTAL	3651	275870.39
ZERO CLAIMS	874	

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MUNICIPAL HEALTH BENEFIT FUND
BENEFITS PAID - BY SERVICE CODE
SUMMARY

PGM CHA503
PAGE 24

PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND
TRUST: 1
GROUP: 191
DIVISION: ALL SUPPRESS GROUP SUMMARY N
EMPLOYEE: ALL ALL DEPENDENTS FLAG Y
CHECK DATES SELECTED: FROM 1/01/2016 THRU 10/15/2016
SERVICE CODE: ALL

DISPOSITION DATE FROM ALL
CLAIMS REC. DATE FROM ALL
SERVICE FROM DATE ALL

PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND TRUST: 1 MUNICIPAL HEALTH BENEFIT FUND GROUP/DIV:

DIVISION TOTALS

SERVICE CODE:		#	AMOUNT
0062	HOSPITAL - OUTPATIENT EXTRAS	1	1554.80
0088	DIAG LAB, XRAY AND OTHER TESTS	8	187.88
0097	OFFICE VISIT CO-PAY	9	796.76
0100	PRESCRIPTION DRUG PROGRAM	94	3003.26
TOTAL		112	5542.70

	#	AMOUNT	AVERAGE
COMPUTER CHECK	18	2539.44	141.08
MANUAL CHECK	94	3003.26	31.94
VOID	0	.00	.00
RECOVERY	0	.00	.00
TOTAL	112	5542.70	

	#	AMOUNT
INSURED	24	666.53
DEPENDENT	88	4876.17
TOTAL	112	5542.70

ZERO CLAIMS 3

GROUP TOTALS

SERVICE CODE:		#	AMOUNT
0001	INPATIENT HOSPITAL - DAILY SERVICE CHARGE	28	115317.90
0002	INPATIENT HOSPITAL EXTRAS	35	96748.50
0003	AMBULANCE	17	4214.61
0005	ASSISTANT SURGEON	1	24.80
0006	DIABETIC EDUCATION	9	669.44
0011	NUTRITIONAL/WEIGHT COUNSELING	1	.00
0012	MEDICAL SUPPLIES	343	17412.26
0014	SPEECH THERAPY	4	576.00
0015	VISION SERVICES-MEDICAL	140	14780.49
0020	DENTAL EXAMS AND CLEANING	1	.00
0021	CUSTOM MOLD FOOT ORTHOTICS	3	355.63
0029	AMBULANCE ANCILLARY	13	451.87
0033	HOME HEALTH CARE SERVICES	5	345.50
0034	CHEMOTHERAPY/RADIATION THERAPY	12	3052.97
0035	CHIROPRACTOR CARE	1419	30210.74
0036	INJECTIONS AND DRUGS	1176	18330.05
0038	PHYSICAL THERAPY - OUT OF HOSPITAL	465	9730.24
0040	DURABLE MEDICAL EQUIPMENT	149	11828.50
0049	CHIROPRACTIC OFFICE VISIT CO-PAY	708	14564.31
0050	SURGERY - PHYSICIAN FEES	542	145723.47
0051	PHYSIC-ER COPAY	6	.00
0060	NEWBORN EMERGENCY	7	1908.57
0061	HOSPITAL-EMERGENCY ROOM CHARGES (CO-PAY APPLIES)	159	13754.07
0062	HOSPITAL - OUTPATIENT EXTRAS	1198	413250.62
0071	PSYCHIATRIC DOCTOR VISITS	369	13444.46
0072	PSYCHIATRIC OFFICE VISIT COPAY	240	18004.79
0075	SMOKING CESSATION - DOCTOR VISIT	10	.00
0080	DENTAL BENEFITS	13	.00

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MUNICIPAL HEALTH BENEFIT FUND
 BENEFITS PAID - BY SERVICE CODE
 SUMMARY

PGM CHA503
 PAGE 25

PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND
 TRUST: 1
 GROUP: 191
 DIVISION: ALL SUPPRESS GROUP SUMMARY N
 EMPLOYEE: ALL ALL DEPENDENTS FLAG Y
 CHECK DATES SELECTED: FROM 1/01/2016 THRU 10/15/2016
 SERVICE CODE: ALL

DISPOSITION DATE FROM ALL
 CLAIMS REC. DATE FROM ALL
 SERVICE FROM DATE ALL

PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND TRUST: 1 MUNICIPAL HEALTH BENEFIT FUND GROUP/DIV:

SERVICE CODE: 0082	NEWBORN CHILDCARE (FIRST YEAR) PHYSICIAN	36	1493.42
SERVICE CODE: 0083	BARIATRIC SVC. - PHYSICIAN CHARGES	5	.00
SERVICE CODE: 0085	ROUTINE VISION BENEFIT	51	.00
SERVICE CODE: 0086	CHEMICAL DEPD - PHYSICIAN CHARGES	2	.00
SERVICE CODE: 0087	ANESTHESIA	115	45816.35
SERVICE CODE: 0088	DIAG LAB, XRAY AND OTHER TESTS	7244	104463.90
SERVICE CODE: 0089	MISCELLANEOUS PSYCHIATRIC CHARGES (TESTS)	172	1567.64
SERVICE CODE: 0090	HOSPITAL - PSYCH. ROOM & BOARD	2	5460.51
SERVICE CODE: 0091	HOSPITAL - MISC. PSYCH. CHARGES	1	1057.51
SERVICE CODE: 0094	ICU/CCU ROOM & BOARD	6	67846.12
SERVICE CODE: 0097	OFFICE VISIT CO-PAY	3855	272236.73
SERVICE CODE: 0098	NEWBORN CHILD CARE (FIRST YEAR) ROOM & BOARD	6	8247.92
SERVICE CODE: 0099	DOCTORS' VISITS	325	21675.82
SERVICE CODE: 0100	PRESCRIPTION DRUG PROGRAM	11808	1675042.29
SERVICE CODE: 0105	WELLNESS BENEFIT	1523	90195.68
SERVICE CODE: 0106	WELL CHILD BENEFIT	1099	74524.45
SERVICE CODE: 0114	ROUTINE HEARING AID (LEFT)	1	.00
SERVICE CODE: 0182	NEWBORN CHILD CARE - HOSP. MISC. FIRST YEAR	4	4158.10
SERVICE CODE: 0221	CHEMICAL DEPD - OUTPATIENT CHARGES	2	.00
SERVICE CODE: 0282	NEWBORN CHILD CARE - FIRST YEAR	24	1122.26
SERVICE CODE: 0338	PHYSICAL THERAPY VISITS	295	16631.71
SERVICE CODE: 0381	ORGAN TRANSPLANTS - MISC. CHARGES	2	.00
SERVICE CODE: 0382	OCCUPATIONAL THERAPY-OUT OF HOSPITAL	137	4926.81
SERVICE CODE: 0384	OCCUPATIONAL THERAPY VISITS	91	6056.81
SERVICE CODE: 0385	SPEECH THERAPY VISITS	66	1356.02
TOTAL		33945	3348579.84

	#	AMOUNT	AVERAGE
COMPUTER CHECK	22119	1674527.10	75.70
MANUAL CHECK	11808	1675042.29	141.85
VOID	2	60.00-	30.00-
RECOVERY	16	929.55-	58.09-
TOTAL	33945	3348579.84	

	#	AMOUNT
INSURED	16938	1351116.18
DEPENDENT	17007	1997463.66
TOTAL	33945	3348579.84
ZERO CLAIMS	8726	

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MUNICIPAL HEALTH BENEFIT FUND
BENEFITS PAID - BY SERVICE CODE
SUMMARY

PGM CHA503
PAGE 26

PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND
TRUST: 1
GROUP: 191
DIVISION: ALL SUPPRESS GROUP SUMMARY N
EMPLOYEE: ALL ALL DEPENDENTS FLAG Y
CHECK DATES SELECTED: FROM 1/01/2016 THRU 10/15/2016
SERVICE CODE: ALL

DISPOSITION DATE FROM ALL
CLAIMS REC. DATE FROM ALL
SERVICE FROM DATE ALL

PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND TRUST: 1 MUNICIPAL HEALTH BENEFIT FUND

TRUST TOTALS

	#	AMOUNT
SERVICE CODE: 0001 INPATIENT HOSPITAL - DAILY SERVICE CHARGE	28	115317.90
SERVICE CODE: 0002 INPATIENT HOSPITAL EXTRAS	35	96748.50
SERVICE CODE: 0003 AMBULANCE	17	4214.61
SERVICE CODE: 0005 ASSISTANT SURGEON	1	24.80
SERVICE CODE: 0006 DIABETIC EDUCATION	9	669.44
SERVICE CODE: 0011 NUTRITIONAL/WEIGHT COUNSELING	1	.00
SERVICE CODE: 0012 MEDICAL SUPPLIES	343	17412.26
SERVICE CODE: 0014 SPEECH THERAPY	4	576.00
SERVICE CODE: 0015 VISION SERVICES-MEDICAL	140	14780.49
SERVICE CODE: 0020 DENTAL EXAMS AND CLEANING	1	.00
SERVICE CODE: 0021 CUSTOM MOLD FOOT ORTHOTICS	3	355.63
SERVICE CODE: 0029 AMBULANCE ANCILLARY	13	451.87
SERVICE CODE: 0033 HOME HEALTH CARE SERVICES	5	345.50
SERVICE CODE: 0034 CHEMOTHERAPY/RADIATION THERAPY	12	3052.97
SERVICE CODE: 0035 CHIROPRACTOR CARE	1419	30210.74
SERVICE CODE: 0036 INJECTIONS AND DRUGS	1176	18330.05
SERVICE CODE: 0038 PHYSICAL THERAPY - OUT OF HOSPITAL	465	9730.24
SERVICE CODE: 0040 DURABLE MEDICAL EQUIPMENT	149	11828.50
SERVICE CODE: 0049 CHIROPRACTIC OFFICE VISIT CO-PAY	708	14564.31
SERVICE CODE: 0050 SURGERY - PHYSICIAN FEES	542	145723.47
SERVICE CODE: 0051 PHYSC-ER COPAY	6	.00
SERVICE CODE: 0060 NEWBORN EMERGENCY	7	1908.57
SERVICE CODE: 0061 HOSPITAL-EMERGENCY ROOM CHARGES (CO-PAY APPLIES)	159	13754.07
SERVICE CODE: 0062 HOSPITAL - OUTPATIENT EXTRAS	1198	413250.62
SERVICE CODE: 0071 PSYCHIATRIC DOCTOR VISITS	369	13444.46
SERVICE CODE: 0072 PSYCHIATRIC OFFICE VISIT COPAY	240	18004.79
SERVICE CODE: 0075 SMOKING CESSATION - DOCTOR VISIT	10	.00
SERVICE CODE: 0080 DENTAL BENEFITS	13	.00
SERVICE CODE: 0082 NEWBORN CHILDCARE (FIRST YEAR) PHYSICIAN	36	1493.42
SERVICE CODE: 0083 BARIATRIC SVC. - PHYSICIAN CHARGES	5	.00
SERVICE CODE: 0085 ROUTINE VISION BENEFIT	51	.00
SERVICE CODE: 0086 CHEMICAL DEPD - PHYSICIAN CHARGES	2	.00
SERVICE CODE: 0087 ANESTHESIA	115	45816.35
SERVICE CODE: 0088 DIAG LAB, XRAY AND OTHER TESTS	7244	104463.90
SERVICE CODE: 0089 MISCELLANEOUS PSYCHIATRIC CHARGES (TESTS)	172	1567.64
SERVICE CODE: 0090 HOSPITAL - PSYCH. ROOM & BOARD	2	5460.51
SERVICE CODE: 0091 HOSPITAL - MISC. PSYCH. CHARGES	1	1057.51
SERVICE CODE: 0094 ICU/CCU ROOM & BOARD	6	67846.12
SERVICE CODE: 0097 OFFICE VISIT CO-PAY	3855	272236.73
SERVICE CODE: 0098 NEWBORN CHILD CARE (FIRST YEAR) ROOM & BOARD	6	8247.92
SERVICE CODE: 0099 DOCTORS' VISITS	325	21675.82
SERVICE CODE: 0100 PRESCRIPTION DRUG PROGRAM	11808	1675042.29

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MUNICIPAL HEALTH BENEFIT FUND
 BENEFITS PAID - BY SERVICE CODE
 SUMMARY

PGM CHA503
 PAGE 27

PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND
 TRUST: 1
 GROUP: 191
 DIVISION: ALL SUPPRESS GROUP SUMMARY N
 EMPLOYEE: ALL ALL DEPENDENTS FLAG Y
 CHECK DATES SELECTED: FROM 1/01/2016 THRU 10/15/2016
 SERVICE CODE: ALL

DISPOSITION DATE FROM ALL
 CLAIMS REC. DATE FROM ALL
 SERVICE FROM DATE ALL

PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND TRUST: 1 MUNICIPAL HEALTH BENEFIT FUND

SERVICE CODE: 0105	WELLNESS BENEFIT	1523	90195.68
SERVICE CODE: 0106	WELL CHILD BENEFIT	1099	74524.45
SERVICE CODE: 0114	ROUTINE HEARING AID (LEFT)	1	.00
SERVICE CODE: 0182	NEWBORN CHILD CARE - HOSP. MISC. FIRST YEAR	4	4158.10
SERVICE CODE: 0221	CHEMICAL DEPD - OUTPATIENT CHARGES	2	.00
SERVICE CODE: 0282	NEWBORN CHILD CARE - FIRST YEAR	24	1122.26
SERVICE CODE: 0338	PHYSICAL THERAPY VISITS	295	16631.71
SERVICE CODE: 0381	ORGAN TRANSPLANTS - MISC. CHARGES	2	.00
SERVICE CODE: 0382	OCCUPATIONAL THERAPY-OUT OF HOSPITAL	137	4926.81
SERVICE CODE: 0384	OCCUPATIONAL THERAPY VISITS	91	6056.81
SERVICE CODE: 0385	SPEECH THERAPY VISITS	66	1356.02
TOTAL		33945	3348579.84

	#	AMOUNT	AVERAGE
COMPUTER CHECK	22119	1674527.10	75.70
MANUAL CHECK	11808	1675042.29	141.85
VOID	2	60.00-	30.00-
RECOVERY	16	929.55-	58.09-
TOTAL	33945	3348579.84	

	#	AMOUNT
INSURED	16938	1351116.18
DEPENDENT	17007	1997463.66
TOTAL	33945	3348579.84
ZERO CLAIMS	8726	

PAYER TOTALS

SERVICE CODE:		#	AMOUNT
0001	INPATIENT HOSPITAL - DAILY SERVICE CHARGE	28	115317.90
0002	INPATIENT HOSPITAL EXTRAS	35	96748.50
0003	AMBULANCE	17	4214.61
0005	ASSISTANT SURGEON	1	24.80
0006	DIABETIC EDUCATION	9	669.44
0011	NUTRITIONAL/WEIGHT COUNSELING	1	.00
0012	MEDICAL SUPPLIES	343	17412.26
0014	SPEECH THERAPY	4	576.00
0015	VISION SERVICES-MEDICAL	140	14780.49
0020	DENTAL EXAMS AND CLEANING	1	.00
0021	CUSTOM MOLD FOOT ORTHOTICS	3	355.63
0029	AMBULANCE ANCILLARY	13	451.87
0033	HOME HEALTH CARE SERVICES	5	345.50
0034	CHEMOTHERAPY/RADIATION THERAPY	12	3052.97
0035	CHIROPRACTOR CARE	1419	30210.74
0036	INJECTIONS AND DRUGS	1176	18330.05
0038	PHYSICAL THERAPY - OUT OF HOSPITAL	465	9730.24
0040	DURABLE MEDICAL EQUIPMENT	149	11828.50
0049	CHIROPRACTIC OFFICE VISIT CO-PAY	708	14564.31
0050	SURGERY - PHYSICIAN FEES	542	145723.47
0051	PHYSIC-ER COPAY	6	.00
0060	NEWBORN EMERGENCY	7	1908.57
0061	HOSPITAL-EMERGENCY ROOM CHARGES (CO-PAY APPLIES)	159	13754.07

DATE 10/21/2016
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MUNICIPAL HEALTH BENEFIT FUND
 BENEFITS PAID - BY SERVICE CODE
 SUMMARY

PGM CHA503
 PAGE 28

PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND
 TRUST: 1
 GROUP: 191
 DIVISION: ALL SUPPRESS GROUP SUMMARY N
 EMPLOYEE: ALL ALL DEPENDENTS FLAG Y
 CHECK DATES SELECTED: FROM 1/01/2016 THRU 10/15/2016
 SERVICE CODE: ALL

DISPOSITION DATE FROM ALL
 CLAIMS REC. DATE FROM ALL
 SERVICE FROM DATE ALL

PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND

SERVICE CODE: 0062	HOSPITAL - OUTPATIENT EXTRAS	1198	413250.62
SERVICE CODE: 0071	PSYCHIATRIC DOCTOR VISITS	369	13444.46
SERVICE CODE: 0072	PSYCHIATRIC OFFICE VISIT COPAY	240	18004.79
SERVICE CODE: 0075	SMOKING CESSATION - DOCTOR VISIT	10	.00
SERVICE CODE: 0080	DENTAL BENEFITS	13	.00
SERVICE CODE: 0082	NEWBORN CHILDCARE (FIRST YEAR) PHYSICIAN	36	1493.42
SERVICE CODE: 0083	BARIATRIC SVC. - PHYSICIAN CHARGES	5	.00
SERVICE CODE: 0085	ROUTINE VISION BENEFIT	51	.00
SERVICE CODE: 0086	CHEMICAL DEPD - PHYSICIAN CHARGES	2	.00
SERVICE CODE: 0087	ANESTHESIA	115	45816.35
SERVICE CODE: 0088	DIAG LAB, XRAY AND OTHER TESTS	7244	104463.90
SERVICE CODE: 0089	MISCELLANEOUS PSYCHIATRIC CHARGES (TESTS)	172	1567.64
SERVICE CODE: 0090	HOSPITAL - PSYCH. ROOM & BOARD	2	5460.51
SERVICE CODE: 0091	HOSPITAL - MISC. PSYCH. CHARGES	1	1057.51
SERVICE CODE: 0094	ICU/CCU ROOM & BOARD	6	67846.12
SERVICE CODE: 0097	OFFICE VISIT CO-PAY	3855	272236.73
SERVICE CODE: 0098	NEWBORN CHILD CARE (FIRST YEAR) ROOM & BOARD	6	8247.92
SERVICE CODE: 0099	DOCTORS' VISITS	325	21675.82
SERVICE CODE: 0100	PRESCRIPTION DRUG PROGRAM	11808	1675042.29
SERVICE CODE: 0105	WELLNESS BENEFIT	1523	90195.68
SERVICE CODE: 0106	WELL CHILD BENEFIT	1099	74524.45
SERVICE CODE: 0114	ROUTINE HEARING AID (LEFT)	1	.00
SERVICE CODE: 0182	NEWBORN CHILD CARE - HOSP. MISC. FIRST YEAR	4	4158.10
SERVICE CODE: 0221	CHEMICAL DEPD - OUTPATIENT CHARGES	2	.00
SERVICE CODE: 0282	NEWBORN CHILD CARE - FIRST YEAR	24	1122.26
SERVICE CODE: 0338	PHYSICAL THERAPY VISITS	295	16631.71
SERVICE CODE: 0381	ORGAN TRANSPLANTS - MISC. CHARGES	2	.00
SERVICE CODE: 0382	OCCUPATIONAL THERAPY-OUT OF HOSPITAL	137	4926.81
SERVICE CODE: 0384	OCCUPATIONAL THERAPY VISITS	91	6056.81
SERVICE CODE: 0385	SPEECH THERAPY VISITS	66	1356.02
TOTAL		33945	3348579.84

	#	AMOUNT	AVERAGE
COMPUTER CHECK	22119	1674527.10	75.70
MANUAL CHECK	11808	1675042.29	141.85
VOID	2	60.00-	30.00-
RECOVERY	16	929.55-	58.09-
TOTAL	33945	3348579.84	

	#	AMOUNT
INSURED	16938	1351116.18
DEPENDENT	17007	1997463.66
TOTAL	33945	3348579.84
ZERO CLAIMS	8726	