

DATE 9/18/2017
TIME 12:35:20

MUNICIPAL HEALTH BENEFIT FUND
BENEFITS PAID - BY SERVICE CODE
SUMMARY

PGM CHA503

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 7/01/2015 THRU 6/30/2016
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	39	216188.53
SERVICE CODE: 0002 INPATIENT HOSPITAL EXTRAS	69	200332.59
SERVICE CODE: 0003 AMBULANCE	36	5726.38
SERVICE CODE: 0006 DIABETIC EDUCATION	19	558.89
SERVICE CODE: 0007 MEDICAL CARE	18	2956.48
SERVICE CODE: 0008 ACUTE INPATIENT REHABILITATION	1	6084.00
SERVICE CODE: 0011 NUTRITIONAL/WEIGHT COUNSELING	1	.00
SERVICE CODE: 0012 MEDICAL SUPPLIES	464	35859.72
SERVICE CODE: 0014 SPEECH THERAPY	4	576.00
SERVICE CODE: 0015 VISION SERVICES-MEDICAL	178	10936.16
SERVICE CODE: 0020 DENTAL EXAMS AND CLEANING	9	170.00
SERVICE CODE: 0021 CUSTOM MOLD FOOT ORTHOTICS	5	347.22
SERVICE CODE: 0024 OUTPATIENT SURGERY CENTER	1	616.00
SERVICE CODE: 0029 AMBULANCE ANCILLARY	11	346.75
SERVICE CODE: 0033 HOME HEALTH CARE SERVICES	16	2656.80
SERVICE CODE: 0034 CHEMOTHERAPY/RADIATION THERAPY	183	53288.21
SERVICE CODE: 0035 CHIROPRACTOR CARE	1664	32741.42
SERVICE CODE: 0036 INJECTIONS AND DRUGS	1339	24313.01
SERVICE CODE: 0038 PHYSICAL THERAPY - OUT OF HOSPITAL	521	11785.25
SERVICE CODE: 0040 DURABLE MEDICAL EQUIPMENT	195	29923.65
SERVICE CODE: 0047 HOSPICE CARE	6	6610.00
SERVICE CODE: 0049 CHIROPRACTIC OFFICE VISIT CO-PAY	891	17849.39
SERVICE CODE: 0050 SURGERY - PHYSICIAN FEES	737	186253.98
SERVICE CODE: 0051 PHYSIC-ER COPAY	5	.00
SERVICE CODE: 0060 NEWBORN EMERGENCY	3	.00
SERVICE CODE: 0061 HOSPITAL-EMERGENCY ROOM CHARGES (CO-PAY APPLIES)	238	38178.67
SERVICE CODE: 0062 HOSPITAL - OUTPATIENT EXTRAS	1645	406915.17
SERVICE CODE: 0071 PSYCHIATRIC DOCTOR VISITS	380	10242.86
SERVICE CODE: 0072 PSYCHIATRIC OFFICE VISIT COPAY	322	22439.94
SERVICE CODE: 0075 SMOKING CESSATION - DOCTOR VISIT	4	13.14
SERVICE CODE: 0080 DENTAL BENEFITS	55	485.40
SERVICE CODE: 0082 NEWBORN CHILDCARE (FIRST YEAR) PHYSICIAN	67	10408.38
SERVICE CODE: 0083 BARIATRIC SVC. - PHYSICIAN CHARGES	19	3255.83
SERVICE CODE: 0085 ROUTINE VISION BENEFIT	76	32.76
SERVICE CODE: 0086 CHEMICAL DEPD - PHYSICIAN CHARGES	9	.00
SERVICE CODE: 0087 ANESTHESIA	169	68293.34
SERVICE CODE: 0088 DIAG LAB, XRAY AND OTHER TESTS	10823	148097.62
SERVICE CODE: 0089 MISCELLANEOUS PSYCHIATRIC CHARGES (TESTS)	261	1916.80
SERVICE CODE: 0090 HOSPITAL - PSYCH. ROOM & BOARD	1	1960.51
SERVICE CODE: 0091 HOSPITAL - MISC. PSYCH. CHARGES	2	1057.51
SERVICE CODE: 0094 ICU/CCU ROOM & BOARD	4	24851.50
SERVICE CODE: 0095 CHEMICAL DEPD IN-PATIENT ROOM AND BOARD	2	1869.47

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

SERVICE CODE: 0096	BARIATRIC PROG. IN-PATIENT ROOM AND BOARD	2	10909.49
SERVICE CODE: 0097	OFFICE VISIT CO-PAY	4978	341978.81
SERVICE CODE: 0098	NEWBORN CHILD CARE (FIRST YEAR) ROOM & BOARD	12	44568.87
SERVICE CODE: 0099	DOCTORS' VISITS	556	32857.60
SERVICE CODE: 0100	PRESCRIPTION DRUG PROGRAM	15517	2125456.86
SERVICE CODE: 0105	WELLNESS BENEFIT	2319	121504.46
SERVICE CODE: 0106	WELL CHILD BENEFIT	1444	91096.64
SERVICE CODE: 0113	ROUTINE HEARING AID (RIGHT)	2	2800.00
SERVICE CODE: 0114	ROUTINE HEARING AID (LEFT)	3	1400.00
SERVICE CODE: 0121	CHEMICAL DEPD - MISC. HOSPITAL CHARGES	2	.00
SERVICE CODE: 0182	NEWBORN CHILD CARE - HOSP. MISC. FIRST YEAR	8	5182.04
SERVICE CODE: 0219	BARIATRIC PROG - OUTPATIENT CHARGES	33	1259.06
SERVICE CODE: 0221	CHEMICAL DEPD - OUTPATIENT CHARGES	9	.00
SERVICE CODE: 0282	NEWBORN CHILD CARE - FIRST YEAR	76	4893.34
SERVICE CODE: 0338	PHYSICAL THERAPY VISITS	403	28934.87
SERVICE CODE: 0381	ORGAN TRANSPLANTS - MISC. CHARGES	2	.00
SERVICE CODE: 0382	OCCUPATIONAL THERAPY-OUT OF HOSPITAL	132	5621.22
SERVICE CODE: 0384	OCCUPATIONAL THERAPY VISITS	85	4222.33
SERVICE CODE: 0385	SPEECH THERAPY VISITS	78	1794.32
TOTAL		46153	4410619.24

	#	AMOUNT	AVERAGE		#	AMOUNT
COMPUTER CHECK	30592	2291623.74	74.90	INSURED	23459	1842320.57
MANUAL CHECK	15517	2125456.86	136.97	DEPENDENT	22694	2568298.67
VOID	13	574.68-	44.20-	TOTAL	46153	4410619.24
RECOVERY	31	5886.68-	189.89-			
TOTAL	46153	4410619.24		ZERO CLAIMS	11621	

PAYER TOTALS

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TOTAL 46153 4410619.24

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