DISPOSITION DATE FROM ALL CLAIMS REC. DATE FROM ALL SERVICE FROM DATE ALL PGM CHA503 PAGE 1

 PAYER:
 1
 MUNICIPAL HEALTH BENEFIT FUND

 TRUST:
 1
 CONWAY

 DIVISION:
 ALL
 SUPPRESS GROUP SUMMARY
 N

 EMPLOYEE:
 ALL
 ALL ALL DEPENDENTS FLAG
 Y

 CHECK DATES SELECTED:
 FROM
 1/01/2016
 THRU
 10/15/2016

SERVICE CODE: ALL

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

DIV	ISION	ATOT I	LS

			#	AMOUNT
SERVICE CODE:	0015	VISION SERVICES-MEDICAL	2	77.55
SERVICE CODE:	0035	CHIROPRACTOR CARE	6	.00
SERVICE CODE:	0036	INJECTIONS AND DRUGS	7	.70
SERVICE CODE:	0049	CHIROPRACTIC OFFICE VISIT CO-PAY	3	.00
SERVICE CODE:	0050	SURGERY - PHYSICIAN FEES	11	711.76
SERVICE CODE:	0061	HOSPITAL-EMERGENCY ROOM CHARGES (CO-PAY APPLIES)	3	.00
SERVICE CODE:	0062	HOSPITAL - OUTPATIENT EXTRAS	5	.00
SERVICE CODE:	0072	PSYCHIATRIC OFFICE VISIT COPAY	1	78.66
SERVICE CODE:	8800	DIAG LAB, XRAY AND OTHER TESTS	37	988.21
SERVICE CODE:	0097	OFFICE VISIT CO-PAY	31	2770.49
SERVICE CODE:	0099	DOCTORS' VISITS	2	.00
SERVICE CODE:	0100	PRESCRIPTION DRUG PROGRAM	181	7577.72
SERVICE CODE:	0105	WELLNESS BENEFIT	15	997.26
SERVICE CODE:	0106	WELL CHILD BENEFIT	2	143.63
TOTAL			306	13345.98

	#	AMOUNT	AVERAGE		#	AMOUNT
COMPUTER CHECK	125	5768.26	46.14	INSURED	147	4553.53
MANUAL CHECK	181	7577.72	41.86	DEPENDENT	159	8792.45
VOID	0	.00	.00	TOTAL	306	13345.98
RECOVERY	0	.00	.00			
TOTAL	306	13345.98		7FRO CLAIMS	55	

DATE 10/21/2016 MUNICIPAL HEALTH BENEFIT FUND TIME 14:08:57 BENEFITS PAID - BY SERVICE CODE SUMMARY PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND DISPOSITION DATE FROM ALL TRUST: CLAIMS REC. DATE FROM ALL 191 SERVICE FROM DATE ALL GROUP: ALL SUPPRESS GROUP SUMMARY DIVISION: ALL ALL DEPENDENTS FLAG EMPLOYEE: CHECK DATES SELECTED: FROM 1/01/2016 THRU 10/15/2016 SERVICE CODE: ALL PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND TRUST: 1 MUNICIPAL HEALTH BENEFIT FUND GROUP/DIV: DIVISION TOTALS AMOUNT TOTAL 0 .00 AMOUNT AVERAGE AMOUNT COMPUTER CHECK 0 .00 .00 INSURED .00 0

.00

.00

.00

DEPENDENT

ZERO CLAIMS

TOTAL

0

0

0

.00

.00

MANUAL CHECK

VOID

RECOVERY

TOTAL

0

0

0

0

.00

.00

.00

.00

PGM CHA503

PAGE 2

# MUNICIPAL HEALTH BENEFIT FUND BENEFITS PAID - BY SERVICE CODE

SUMMARY

PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND CLAIMS REC. DATE FROM ALL SERVICE FROM DATE ALL DIVISION: ALL SUPPRESS GROUP SUMMARY N CHECK DATES SELECTED: FROM 1/01/2016 THRU 10/15/2016

SERVICE CODE: ALL

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

DI	VI	S	ION	TO	TA	LS

		#	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
		139	6232.40
	0036 0050 0062 0071 0072 0087 0088 0089 0097 0100 0105 0106 0382	O036 INJECTIONS AND DRUGS O050 SURGERY - PHYSICIAN FEES O062 HOSPITAL - OUTPATIENT EXTRAS O071 PSYCHIATRIC DOCTOR VISITS O072 PSYCHIATRIC OFFICE VISIT COPAY O087 ANESTHESIA O088 DIAG LAB, XRAY AND OTHER TESTS O089 MISCELLANEOUS PSYCHIATRIC CHARGES (TESTS) O097 OFFICE VISIT CO-PAY O100 PRESCRIPTION DRUG PROGRAM O105 WELLNESS BENEFIT O106 WELL CHILD BENEFIT O382 OCCUPATIONAL THERAPY-OUT OF HOSPITAL	0036   INJECTIONS AND DRUGS   4

	#	AMOUNT	AVERAGE		#	AMOUNT
COMPUTER CHECK	107	4952.31	46.28	INSURED	56	1279.73
MANUAL CHECK	32	1280.09	40.00	DEPENDENT	83	4952.67
VOID	0	.00	.00	TOTAL	139	6232.40
RECOVERY	0	.00	.00			
TOTAL	139	6232.40		ZERO CLAIMS	63	

MUNICIPAL HEALTH BENEFIT FUND BENEFITS PAID - BY SERVICE CODE

SUMMARY

PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND DISPOSITION DATE FROM ALL GROUP: 191 CLAIMS REC. DATE FROM ALL SUPPRESS GROUP SUMMARY NEMPLOYEE: ALL ALL DEPENDENTS FLAG Y

CHECK DATES SELECTED: FROM 1/01/2016 THRU 10/15/2016 SERVICE CODE: ALL

JENTICE COULT MEE

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

#### DIVISION TOTALS

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

	#	AMOUNT	AVERAGE		#	AMOUNT
COMPUTER CHECK	107	16365.30	152.94	INSURED	105	15603.61
MANUAL CHECK	72	860.07	11.94	DEPENDENT	74	1621.76
VOID	0	.00	.00	TOTAL	179	17225.37
RECOVERY	0	.00	.00			
TOTAL	179	17225.37		ZERO CLAIMS	62	

PGM CHA503

PAGE 4

# MUNICIPAL HEALTH BENEFIT FUND BENEFITS PAID - BY SERVICE CODE

SUMMARY

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

EMPLOYEE: ALL ALL DEPENDENTS FLAG
CHECK DATES SELECTED: FROM 1/01/2016 THRU 10/15/2016

SERVICE CODE: ALL

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

Y

DIVISION TOTALS

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

	#	AMOUNT	AVERAGE		#	AMOUNT
COMPUTER CHECK	59	863.21	14.63	INSURED	41	999.49
MANUAL CHECK	56	1409.94	25.17	DEPENDENT	74	1273.66
DIOV	0	.00	.00	TOTAL	115	2273.15
RECOVERY	0	.00	.00			
TOTAL	115	2273.15		ZERO CLAIMS	45	

MUNICIPAL HEALTH BENEFIT FUND BENEFITS PAID - BY SERVICE CODE

SUMMARY

DISPOSITION DATE FROM ALL 1 MUNICIPAL HEALTH BENEFIT FUND TRUST: CLAIMS REC. DATE FROM ALL GROUP: SERVICE FROM DATE ALL ALL SUPPRESS GROUP SUMMARY DIVISION: EMPLOYEE: ALL ALL DEPENDENTS FLAG CHECK DATES SELECTED: FROM 1/01/2016 THRU 10/15/2016 SERVICE CODE: ALL

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

# DIVISION TOTALS

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

	#	AMOUNT	AVERAGE		#	AMOUNT
COMPUTER CHECK	121	7426.76	61.37	INSURED	41	1144.68
MANUAL CHECK	131	4710.52	35.95	DEPENDENT	213	10773.50
VOID	0	.00	.00	TOTAL	254	11918.18
RECOVERY	2	219.10-	109.55-			
TOTAL	254	11918.18		ZERO CLAIMS	40	

# DATE 10/21/2016 MUNICIPAL HEALTH BENEFIT FUND PGM CHA503 TIME 14:08:57 BENEFITS PAID - BY SERVICE CODE PAGE 7 SUMMARY

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

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

## DIVISION TOTALS

IALS			#	AMOUNT
RVICE CODE:	: 0001	INPATIENT HOSPITAL - DAILY SERVICE CHARGE	1	4572.08
RVICE CODE:	: 0003	AMBULANCE	3	518.40
RVICE CODE:	: 0012	MEDICAL SUPPLIES	2	94.60
RVICE CODE:	0015	VISION SERVICES-MEDICAL	1	.00
RVICE CODE:	: 0029	AMBULANCE ANCILLARY	2	204.98
RVICE CODE:	: 0033	HOME HEALTH CARE SERVICES	2	.00
RVICE CODE:	: 0034	CHEMOTHERAPY/RADIATION THERAPY	1	.00
RVICE CODE:	: 0036	INJECTIONS AND DRUGS	9	1.40
RVICE CODE:	: 0049	CHIROPRACTIC OFFICE VISIT CO-PAY	2	.00
RVICE CODE:	: 0050	SURGERY - PHYSICIAN FEES	4	680.31
RVICE CODE:	: 0061	HOSPITAL-EMERGENCY ROOM CHARGES (CO-PAY APPLIES)	4	176.70
RVICE CODE:	: 0062	HOSPITAL - OUTPATIENT EXTRAS	14	2674.65
RVICE CODE:	: 0071	PSYCHIATRIC DOCTOR VISITS	2	206.43
RVICE CODE:	: 0072	PSYCHIATRIC OFFICE VISIT COPAY	2	157.36
RVICE CODE:	: 0087	ANESTHESIA	1	246.40
RVICE CODE:	: 0088	DIAG LAB, XRAY AND OTHER TESTS	44	1464.66
RVICE CODE:	: 0089	MISCELLANEOUS PSYCHIATRIC CHARGES (TESTS)	1	.00
RVICE CODE:	: 0097	OFFICE VISIT CO-PAY	42	3388.72
RVICE CODE:	: 0099	DOCTORS' VISITS	6	570.47
RVICE CODE:	: 0100	PRESCRIPTION DRUG PROGRAM	365	30510.91
RVICE CODE:	: 0105	WELLNESS BENEFIT	4	107.11
TOTAL			512	45575.18
	RVICE CODE	RVICE CODE: 0001 RVICE CODE: 0003 RVICE CODE: 0012 RVICE CODE: 0015 RVICE CODE: 0029 RVICE CODE: 0034 RVICE CODE: 0034 RVICE CODE: 0036 RVICE CODE: 0049 RVICE CODE: 0050 RVICE CODE: 0061 RVICE CODE: 0062 RVICE CODE: 0062 RVICE CODE: 0072 RVICE CODE: 0087 RVICE CODE: 0088 RVICE CODE: 0089 RVICE CODE: 0099 RVICE CODE: 0099 RVICE CODE: 0099 RVICE CODE: 0090 RVICE CODE: 0100	RVICE CODE: 0001 INPATIENT HOSPITAL - DAILY SERVICE CHARGE RVICE CODE: 0003 AMBULANCE RVICE CODE: 0012 MEDICAL SUPPLIES RVICE CODE: 0015 VISION SERVICES-MEDICAL RVICE CODE: 0029 AMBULANCE ANCILLARY RVICE CODE: 0034 HOME HEALTH CARE SERVICES RVICE CODE: 0034 CHEMOTHERAPY/RADIATION THERAPY RVICE CODE: 0036 CHIMPOPRACTIC OFFICE VISIT CO-PAY RVICE CODE: 0050 SURGERY - PHYSICIAN FEES RVICE CODE: 0061 HOSPITAL-EMERGENCY ROOM CHARGES (CO-PAY APPLIES) RVICE CODE: 0062 HOSPITAL - OUTPATIENT EXTRAS RVICE CODE: 0072 PSYCHIATRIC DOCTOR VISITS RVICE CODE: 0074 PSYCHIATRIC OFFICE VISIT COPAY RVICE CODE: 0075 AMESTMESIA RVICE CODE: 0088 DIAG LAB, XRAY AND OTHER TESTS RVICE CODE: 0089 MISCELLAMEOUS PSYCHIATRIC CHARGES (TESTS) RVICE CODE: 0097 OFFICE VISIT COPAY RVICE CODE: 0099 DOCTORS' VISITS RVICE CODE: 0099 PRESCRIPTION DRUG PROGRAM RVICE CODE: 0100 PRESCRIPTION DRUG PROGRAM	RIVICE CODE: 0001 INPATIENT HOSPITAL - DAILY SERVICE CHARGE 1   RIVICE CODE: 0003 AMBULANCE   3   3   3   3   3   3   3   3   3

	#	AMOUNT	AVERAGE		#	AMOUNT
COMPUTER CHECK	146	15127.96	103.61	INSURED	287	28041.99
MANUAL CHECK	365	30510.91	83.59	DEPENDENT	225	17533.19
VOID	0	.00	.00	TOTAL	512	45575.18
RECOVERY	1	63.69-	63.69-			
TOTAL	512	45575.18		ZERO CLAIMS	55	

DATE 10/21/2016 MUNICIPAL HEALTH BENEFIT FUND PGM CHA503
TIME 14:08:57 BENEFITS PAID - BY SERVICE CODE PAGE 8

PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND DISPOSITION DATE FROM ALL CLAIMS REC. DATE FROM ALL 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

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

DIVISION TOTALS

> AMOUNT AVERAGE # AMOUNT COMPUTER CHECK 3 132.61 44.20 INSURED 12 155.92 MANUAL CHECK 17.25 38 655.57 DEPENDENT 29 632.26 VOID 0 .00 .00 TOTAL 41 788.18 RECOVERY 0 .00 .00 TOTAL 41 788.18 ZERO CLAIMS 1

DATE 10/21/2016 MUNICIPAL HEALTH BENEFIT FUND
TIME 14:08:57 BENEFITS PAID - BY SERVICE CODE
SUMMARY

PGM CHA503

PAGE

SUMMARY 1 MUNICIPAL HEALTH BENEFIT FUND DISPOSITION DATE FROM ALL PAYER: TRUST: CLAIMS REC. DATE FROM ALL GROUP: 191 SERVICE FROM DATE ALL SUPPRESS GROUP SUMMARY DIVISION: ALL ALL DEPENDENTS FLAG EMPLOYEE: Y CHECK DATES SELECTED: FROM 1/01/2016 THRU 10/15/2016 SERVICE CODE: ALL PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND TRUST: 1 MUNICIPAL HEALTH BENEFIT FUND GROUP/DIV: DIVISION TOTALS AMOUNT 0001 INPATIENT HOSPITAL - DAILY SERVICE CHARGE 6214.06 SERVICE CODE: 0012 MEDICAL SUPPLIES 143.58 SERVICE CODE: 0015 VISION SERVICES-MEDICAL 4 45.84 SERVICE CODE: 55 1297.27 0035 CHIROPRACTOR CARE SERVICE CODE: 0036 INJECTIONS AND DRUGS 50 111.93 SERVICE CODE: 0038 PHYSICAL THERAPY - OUT OF HOSPITAL 2 SERVICE CODE: .00 SERVICE CODE: 0040 DURABLE MEDICAL EQUIPMENT 833.00 0049 CHIROPRACTIC OFFICE VISIT CO-PAY 40 879.02 SERVICE CODE: SERVICE CODE: 0050 SURGERY - PHYSICIAN FEES 9 3334.61 0061 HOSPITAL-EMERGENCY ROOM CHARGES (CO-PAY APPLIES) SERVICE CODE: 3 133.88 SERVICE CODE: 0062 HOSPITAL - OUTPATIENT EXTRAS 25 4228.23 SERVICE CODE: 0071 PSYCHIATRIC DOCTOR VISITS .00 1 SERVICE CODE: 0072 PSYCHIATRIC OFFICE VISIT COPAY 3 250.00 SERVICE CODE: 0075 SMOKING CESSATION - DOCTOR VISIT .00 0087 ANESTHESIA 576.00 SERVICE CODE: 1 0088 DIAG LAB, XRAY AND OTHER TESTS 197 2497.77 SERVICE CODE: 0089 MISCELLANEOUS PSYCHIATRIC CHARGES (TESTS) 32.10 SERVICE CODE: 3 0097 OFFICE VISIT CO-PAY 87 5762.84 SERVICE CODE: SERVICE CODE: 0099 DOCTORS' VISITS 255.34 SERVICE CODE: 0100 PRESCRIPTION DRUG PROGRAM 227 25208.00 SERVICE CODE: 0105 WELLNESS BENEFIT 25 515.68 SERVICE CODE: 0106 WELL CHILD BENEFIT 16 1099.06 SERVICE CODE: 0114 ROUTINE HEARING AID (LEFT) 1 .00 TOTAL 761 53418.21 AMOUNT AVERAGE AMOUNT COMPUTER CHECK 52.82 INSURED 534 28210.21 428 34147.50 227 111.04 DEPENDENT MANUAL CHECK 25208.00 333 19270.71 761 VOID 0 .00 .00 TOTAL 53418.21

.00

ZERO CLAIMS

217

RECOVERY

TOTAL

0

761

.00

53418.21

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

MUNICIPAL HEALTH BENEFIT FUND BENEFITS PAID - BY SERVICE CODE

SUMMARY

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

DISPOSITION DATE FROM ALL
SERVICE FROM DATE ALL
SERVICE FROM DATE ALL
SERVICE FROM DATE ALL
OFFICIAL SERVICE FROM DATE ALL
SERVICE FROM DATE ALL
SERVICE FROM DATE ALL
SERVICE FROM DATE ALL

SERVICE CODE: ALL

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

## DIVISION TOTALS

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

	#	AMOUNT	AVERAGE		#
COMPUTER CHECK	44	5944.82	135.10	INSURED	45
MANUAL CHECK	10	141.72	14.17	DEPENDENT	9
VOID	0	.00	.00	TOTAL	54
RECOVERY	0	.00	.00		1310
TOTAL	54	6086.54		ZERO CLAIMS	22

PGM CHA503 PAGE 10

AMOUNT 5891.14 195.40 6086.54

PAYER:

#### MUNICIPAL HEALTH BENEFIT FUND BENEFITS PAID - BY SERVICE CODE SUMMARY

DISPOSITION DATE FROM ALL CLAIMS REC. DATE FROM ALL

SERVICE FROM DATE ALL

TRUST: 1
GROUP: 191
DIVISION: ALL SUPPRESS GROUP SUMMARY N
EMPLOYEE: ALL ALL DEPENDENTS FLAG Y

1 MUNICIPAL HEALTH BENEFIT FUND

CHECK DATES SELECTED: FROM 1/01/2016 THRU 10/15/2016

SERVICE CODE: ALL

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

n	TI	IT	C	TAL	1 7	·n.	TA	1 0	٠
u	11	/ 1	2	101	( )	0.	IН	L	١

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

	#	AMOUNT	AVERAGE		#	AMOUNT
COMPUTER CHECK	53	6127.65	115.61	INSURED	39	1565.88
MANUAL CHECK	25	848.73	33.94	DEPENDENT	39	5410.50
VOID	0	.00	.00	TOTAL	78	6976.38
RECOVERY	0	.00	.00			
TOTAL	78	6976.38		ZERO CLAIMS	19	

MUNICIPAL HEALTH BENEFIT FUND BENEFITS PAID - BY SERVICE CODE SUMMARY 1 MUNICIPAL HEALTH BENEFIT FUND DISPOSITION DATE FROM ALL

PAYER: TRUST: CLAIMS REC. DATE FROM ALL 191 SERVICE FROM DATE ALL GROUP: DIVISION: ALL SUPPRESS GROUP SUMMARY
EMPLOYEE: ALL ALL DEPENDENTS FLAG
CHECK DATES SELECTED: FROM 1/01/2016 THRU 10/15/2016

SERVICE CODE: ALL

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

## DIVISION TOTALS

SERVICE CODE:	0002	INPATIENT HOSPITAL EXTRAS	3	.00
SERVICE CODE:	0003	AMBULANCE	4	507.60
SERVICE CODE:	0012	MEDICAL SUPPLIES	9 9 4	2479.20
SERVICE CODE:	0015	VISION SERVICES-MEDICAL	9	300.62
SERVICE CODE:	0029	AMBULANCE ANCILLARY	4	77.33
SERVICE CODE:	0036	INJECTIONS AND DRUGS	10	3.19
SERVICE CODE:	0038	PHYSICAL THERAPY - OUT OF HOSPITAL	4	34.82
SERVICE CODE:	0050	SURGERY - PHYSICIAN FEES	32	5736.28
SERVICE CODE:	0061	HOSPITAL-EMERGENCY ROOM CHARGES (CO-PAY APPLIES)	7	1249.58
SERVICE CODE:	0062	HOSPITAL - OUTPATIENT EXTRAS	55	12239.86
SERVICE CODE:	0071	INJECTIONS AND DRUGS PHYSICAL THERAPY - OUT OF HOSPITAL SURGERY - PHYSICIAN FEES HOSPITAL-EMERGENCY ROOM CHARGES (CO-PAY APPLIES) HOSPITAL - OUTPATIENT EXTRAS PSYCHIATRIC DOCTOR VISITS PSYCHIATRIC OFFICE VISIT COPAY CHEMICAL DEPD - PHYSICIAN CHARGES ANESTHESIA DIAG LAB, XRAY AND OTHER TESTS MISCELLANEOUS PSYCHIATRIC CHARGES (TESTS) ICU/CCU ROOM & BOARD DEFLEE VISIT CO-PAY	8	498.07
SERVICE CODE:	0072	PSYCHIATRIC OFFICE VISIT COPAY	9	657.33
SERVICE CODE:	0086	CHEMICAL DEPD - PHYSICIAN CHARGES	1	.00
SERVICE CODE:	0087	ANESTHESIA	4	1536.00
SERVICE CODE:	8800	DIAG LAB, XRAY AND OTHER TESTS	281	3943.57
SERVICE CODE:	0089	MISCELLANEOUS PSYCHIATRIC CHARGES (TESTS)	1	16.00
SERVICE CODE:	0094	ICU/CCU ROOM & BOARD	1	7451.40
SERVICE CODE:	0097	OFFICE VISIT CO-PAY	93	6948.40
SERVICE CODE:	0099	DOCTORS' VISITS	24	1417.31
SERVICE CODE:	0100	PRESCRIPTION DRUG PROGRAM	530	36123.30
SERVICE CODE:	0105	WELLNESS BENEFIT	33	3333.92
SERVICE CODE:	0106	WELL CHILD BENEFIT	8 1 2 4	471.97
SERVICE CODE:	0221	CHEMICAL DEPD - OUTPATIENT CHARGES	1	.00
SERVICE CODE:	0338	PHYSICAL THERAPY VISITS	2	512.74
SERVICE CODE:	0384	OCCUPATIONAL THERAPY VISITS	4	3022.72
TOTAL			1137	88561.21

	#	AMOUNT	AVERAGE		#	AMOUNT
COMPUTER CHECK	607	52437.91	86.38	INSURED	599	45676.91
MANUAL CHECK	530	36123.30	68.15	DEPENDENT	538	42884.30
VOID	0	.00	.00	TOTAL	1137	88561.21
RECOVERY	0	.00	.00			
TOTAL	1137	88561.21		ZERO CLAIMS	226	

AMOUNT

# MUNICIPAL HEALTH BENEFIT FUND BENEFITS PAID - BY SERVICE CODE

SUMMARY

DISPOSITION DATE FROM ALL CLAIMS REC. DATE FROM ALL SERVICE FROM DATE ALL PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND TRUST: GROUP: 191

DIVISION: ALL SUPPRESS GROUP SUMMARY EMPLOYEE: ALL ALL DEPENDENTS FLAG Y CHECK DATES SELECTED: FROM 1/01/2016 THRU 10/15/2016

SERVICE CODE: ALL

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

## DIVISION TOTALS

			#	AMOUNT
SERVICE CODE:	0001	INPATIENT HOSPITAL - DAILY SERVICE CHARGE	10	30815.73
SERVICE CODE:	0002	INPATIENT HOSPITAL EXTRAS	8	7975.75
SERVICE CODE:	0003	AMBULANCE	4	1149.48
SERVICE CODE:	0011	NUTRITIONAL/WEIGHT COUNSELING	1	.00
SERVICE CODE:	0012	MEDICAL SUPPLIES	145	5786.52
SERVICE CODE:	0015	VISION SERVICES-MEDICAL	18	1605.32
SERVICE CODE:	0029	AMBULANCE ANCILLARY	1	39.42
SERVICE CODE:	0035	CHIROPRACTOR CARE	154	2602.61
SERVICE CODE:	0036	INJECTIONS AND DRUGS	344	2373.18
SERVICE CODE:	0038	PHYSICAL THERAPY - OUT OF HOSPITAL	43	1960.92
SERVICE CODE:	0040	DURABLE MEDICAL EQUIPMENT	72	2524.26
SERVICE CODE:	0049	CHIROPRACTIC OFFICE VISIT CO-PAY	123	1709.20
SERVICE CODE:	0050	SURGERY - PHYSICIAN FEES	75	25050.75
SERVICE CODE:	0051	PHYSC-ER COPAY	1	.00
SERVICE CODE:	0060	NEWBORN EMERGENCY	1	.00
SERVICE CODE:	0061	HOSPITAL-EMERGENCY ROOM CHARGES (CO-PAY APPLIES)	47	4154.44
SERVICE CODE:	0062	HOSPITAL - OUTPATIENT EXTRAS	201	70273.90
SERVICE CODE:	0071	PSYCHIATRIC DOCTOR VISITS	106	4152.99
SERVICE CODE:	0072	PSYCHIATRIC OFFICE VISIT COPAY	82	6010.13
SERVICE CODE:	0075	SMOKING CESSATION - DOCTOR VISIT	1	.00
SERVICE CODE:	0080	DENTAL BENEFITS	7	.00
SERVICE CODE:	0082	NEWBORN CHILDCARE (FIRST YEAR) PHYSICIAN	13	585.48
SERVICE CODE:	0083	BARIATRIC SVC PHYSICIAN CHARGES	3	.00
SERVICE CODE:	0085	ROUTINE VISION BENEFIT	5	.00
SERVICE CODE:	0086	CHEMICAL DEPD - PHYSICIAN CHARGES	1	.00
SERVICE CODE:	0087	ANESTHESIA	20	10722.73
SERVICE CODE:	0088	DIAG LAB. XRAY AND OTHER TESTS	1516	15822.88
SERVICE CODE:	0089	MISCELLANEOUS PSYCHIATRIC CHARGES (TESTS)	39	639.96
SERVICE CODE:	0090	HOSPITAL - PSYCH, ROOM & BOARD	1	1960.51
SERVICE CODE:	0091	HOSPITAL - MISC. PSYCH. CHARGES	ī	1057.51
SERVICE CODE:	0097	OFFICE VISIT CO-PAY	885	61477.94
SERVICE CODE:	0098	NEWBORN CHILD CARE (FIRST YEAR) ROOM & BOARD	3	3085.18
SERVICE CODE:	0099	DOCTORS' VISITS	70	3286.95
SERVICE CODE:	0100	PRESCRIPTION DRUG PROGRAM	2487	218986.15
SERVICE CODE:	0105	WELLNESS BENEFIT	432	17279.71
SERVICE CODE:	0106	WELL CHILD BENEFIT	326	22791.65
SERVICE CODE:	0182	NEWBORN CHILD CARE - HOSP, MISC, FIRST YEAR	2	609.34
SERVICE CODE:	0221	CHEMICAL DEPD - OUTPATIENT CHARGES	1	.00
SERVICE CODE:	0282	INPATIENT HOSPITAL - DAILY SERVICE CHARGE INPATIENT HOSPITAL EXTRAS AMBULANCE NUTRITIONAL/MEIGHT COUNSELING MEDICAL SUPPLIES VISION SERVICES-MEDICAL AMBULANCE ANCILLARY CHIROPRACTOR CARE INJECTIONS AND DRUGS PHYSICAL THERAPY - OUT OF HOSPITAL DURABLE MEDICAL EQUIPMENT CHIROPRACTIC OFFICE VISIT CO-PAY SURGERY - PHYSICIAN FEES PHYSC-ER COPAY NEWBORN EMERGENCY HOSPITAL - OUTPATIENT EXTRAS PSYCHIATRIC DOCTOR VISITS PSYCHIATRIC DOCTOR VISIT COPAY SWOKING CESSATION - DOCTOR VISIT DENTAL BENEFITS NEWBORN CHILDCARE (FIRST YEAR) PHYSICIAN BARIATRIC SVC PHYSICIAN CHARGES ROUTINE VISION BENEFIT CHEMICAL DEPD - PHYSICIAN CHARGES ANESTHESIA DIAG LAB, XRAY AND OTHER TESTS MISCELLANEOUS PSYCHIATRIC CHARGES (TESTS) HOSPITAL - MISC. PSYCH. CHARGES OFFICE VISIT CO-PAY NEWBORN CHILD CARE (FIRST YEAR) ROOM & BOARD HOSPITAL - MISC. PSYCH. CHARGES OFFICE VISIT CO-PAY NEWBORN CHILD CARE (FIRST YEAR) ROOM & BOARD DOCTORS' VISITS PRESCRIPTION DRUG PROGRAM MELLNESS BENEFIT WELL CHILD BENEFIT NEWBORN CHILD CARE - FIRST YEAR PHYSICAL THERAPY VISITS ORGAN TRANSPLANTS - MISC. CHARGES OCCUPATIONAL THERAPY-OUT OF HOSPITAL	5	345.34
	0338	PHYSICAL THERAPY VISITS	49	4841.21
SERVICE CODE:	0381	ORGAN TRANSPLANTS - MISC. CHARGES	2	.00
SERVICE CODE:	0382	OCCUPATIONAL THERAPY-OUT OF HOSPITAL	62	3049.78
	VVVL	ANNELSE STREET CONT. VIOLENCE CONT.	-	00,0.70

DATE 10/21/2016 MUNICIPAL HEALTH BENEFIT FUND
TIME 14:08:57 BENEFITS PAID - BY SERVICE CODE
SUMMARY

PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND DISPOSITION DATE FROM ALL TRUST: 1 CLAIMS REC. DATE FROM ALL 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

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		#	AMOUNT
COMPUTER CHECK	4915	317133.42	64.52	INSURED	3317	169470.71
MANUAL CHECK	2487	218986.15	88.05	DEPENDENT	4090	366311.48
VOID	0	.00	.00	TOTAL	7407	535782.19
RECOVERY	5	337.38-	67.47-			
TOTAL	7407	535782.19		ZERO CLAIMS	2042	

PGM CHA503

PAGE 14

PAYER:

# MUNICIPAL HEALTH BENEFIT FUND BENEFITS PAID - BY SERVICE CODE

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

TRUST: 191 GROUP: DIVISION: EMPLOYEE:

ALL SUPPRESS GROUP SUMMARY N ALL ALL DEPENDENTS FLAG Y CHECK DATES SELECTED: FROM 1/01/2016 THRU 10/15/2016

1 MUNICIPAL HEALTH BENEFIT FUND

SERVICE CODE: ALL

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

DIVISION	TOTALS

114	TOTALS			#	AMOUNT
	SERVICE CODE:	0001	INPATIENT HOSPITAL - DAILY SERVICE CHARGE	ĩ	4854.93
	SERVICE CODE:	0006	DIABETIC EDUCATION	1	115.20
	SERVICE CODE:	0015	VISION SERVICES-MEDICAL	14	1828.62
	SERVICE CODE:	0035	CHIROPRACTOR CARE	8	.00
	SERVICE CODE:	0036	INJECTIONS AND DRUGS	18	4.26
	SERVICE CODE:	0049	CHIROPRACTIC OFFICE VISIT CO-PAY	7	.00
	SERVICE CODE:	0050	SURGERY - PHYSICIAN FEES HOSPITAL-EMERGENCY ROOM CHARGES (CO-PAY APPLIES) HOSPITAL - OUTPATIENT EXTRAS PSYCHIATRIC DOCTOR VISITS	14	6537.94
	SERVICE CODE:	0061	HOSPITAL-EMERGENCY ROOM CHARGES (CO-PAY APPLIES) HOSPITAL - OUTPATIENT EXTRAS PSYCHIATRIC DOCTOR VISITS PSYCHIATRIC OFFICE VISIT COPAY SMOKING CESSATION - DOCTOR VISIT NEWBORN CHILDCARE (FIRST YEAR) PHYSICIAN AMESTHESIA DIAG LAB, XRAY AND OTHER TESTS	6	682.04
	SERVICE CODE:	0062	HOSPITAL - OUTPATIENT EXTRAS	16	9894.10
	SERVICE CODE:	0071	PSYCHIATRIC DOCTOR VISITS	22	699.75
	SERVICE CODE:	0072	PSYCHIATRIC OFFICE VISIT COPAY	17	1646.53
	SERVICE CODE:	0075	SMOKING CESSATION - DOCTOR VISIT	1	.00
	SERVICE CODE:	0082	NEWBORN CHILDCARE (FIRST YEAR) PHYSICIAN	3	223.63
	SERVICE CODE:	0087	ANESTHESIA	4	1968.00
	SERVICE CODE:	0088	DIAG LAB, XRAY AND OTHER TESTS	163	1473.28
	SERVICE CODE:	0003	MISCELEMICOUS ISTOMIATRIC CHARGES (TESTS)	16	.00
	SERVICE CODE:	0097	OFFICE VISIT CO-PAY	69	5788.17
	SERVICE CODE:	0098	NEWBORN CHILD CARE (FIRST YEAR) ROOM & BOARD	1	738.50
	SERVICE CODE:	0099	DOCTORS' VISITS	5	109.21
	SERVICE CODE:	0100	PRESCRIPTION DRUG PROGRAM	212	6024.84
	SERVICE CODE:	0105	WELLNESS BENEFIT	22	1003.24
	SERVICE CODE:	0106	WELL CHILD BENEFIT	61	3208.11
	TOTAL			677	46800.35

	#	AMOUNT	AVERAGE		#	AMOUNT
COMPUTER CHECK	465	40775.51	87.68	INSURED	437	36380.61
MANUAL CHECK	212	6024.84	28.41	DEPENDENT	240	10419.74
VOID	0	.00	.00	TOTAL	677	46800.35
RECOVERY	0	.00	.00			
TOTAL	677	46800.35		ZERO CLAIMS	227	

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

MUNICIPAL HEALTH BENEFIT FUND BENEFITS PAID - BY SERVICE CODE

SUMMARY

PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND DISPOSITION DATE FROM ALL TRUST: 1 CLAIMS REC. DATE FROM ALL GROUP: 191 SERVICE FROM DATE ALL 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

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

#### DIVISION TOTALS

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

COMPUTER CHECK	# 185	AMOUNT 17064.45	AVERAGE 92,24	INSURED	# 168	AMOUNT 9339.53
MANUAL CHECK	74	2924.40	39.51	DEPENDENT	91	10649.32
VOID	0	.00	.00	TOTAL	259	19988.85
RECOVERY	0	.00	.00			
TOTAL	259	19988.85		ZERO CLAIMS	73	

PAYER:

### MUNICIPAL HEALTH BENEFIT FUND BENEFITS PAID - BY SERVICE CODE SUMMARY

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

TRUST: GROUP: 191 ALL SUPPRESS GROUP SUMMARY DIVISION: N Y

1 MUNICIPAL HEALTH BENEFIT FUND

EMPLOYEE: ALL ALL DEPENDENTS FLAG CHECK DATES SELECTED: FROM 1/01/2016 THRU 10/15/2016

SERVICE CODE: ALL

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

	TOTA	

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

	#	AMOUNT	AVERAGE		#	AMOUNT
COMPUTER CHECK	453	47462.04	104.77	INSURED	563	42387.40
MANUAL CHECK	656	114001.01	173.78	DEPENDENT	547	118995.65
VOID	0	.00	.00	TOTAL	1110	161383.05
RECOVERY	1	80.00-	80.00-			
TOTAL	1110	161383.05		ZERO CLAIMS	191	

MUNICIPAL HEALTH BENEFIT FUND BENEFITS PAID - BY SERVICE CODE

SUMMARY

PAYER: TRUST: 1 MUNICIPAL HEALTH BENEFIT FUND

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

GROUP: DIVISION: EMPLOYEE:

ALL SUPPRESS GROUP SUMMARY

ALL ALL DEPENDENTS FLAG

CHECK DATES SELECTED: FROM 1/01/2016 THRU 10/15/2016 SERVICE CODE: ALL

PAYER:

1 MUNICIPAL HEALTH BENEFIT FUND

TRUST: 1 MUNICIPAL HEALTH BENEFIT FUND GROUP/DIV:

## DIVISION TOTALS

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

MUNICIPAL HEALTH BENEFIT FUND DATE 10/21/2016 PGM CHA503 BENEFITS PAID - BY SERVICE CODE TIME 14:08:57 PAGE 19 SUMMARY

AMOUNT

DISPOSITION DATE FROM ALL CLAIMS REC. DATE FROM ALL SERVICE FROM DATE ALL 1 MUNICIPAL HEALTH BENEFIT FUND PAYER: TRUST: GROUP: 191 ALL SUPPRESS GROUP SUMMARY DIVISION: Y

ALL ALL DEPENDENTS FLAG EMPLOYEE: CHECK DATES SELECTED: FROM 1/01/2016 THRU 10/15/2016

SERVICE CODE: ALL

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

DI	VIS	ION	TO	TALS	S

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

	#	AMOUNT	AVERAGE		#	AMOUNT
COMPUTER CHECK	6645	391394.54	58.90	INSURED	4132	196666.15
MANUAL CHECK	2740	902885.38	329.52	DEPENDENT	5257	1097477.45
VOID	0	.00	.00	TOTAL	9389	1294143.60
RECOVERY	4	136.32-	34.08-			
TOTAL	9389	1294143.60		ZERO CLAIMS	2872	

MUNICIPAL HEALTH BENEFIT FUND BENEFITS PAID - BY SERVICE CODE SUMMARY

PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND DISPOSITION DATE FROM ALL TRUST: CLAIMS REC. DATE FROM ALL GROUP: 191 SERVICE FROM DATE ALL DIVISION: ALL SUPPRESS GROUP SUMMARY EMPLOYEE: ALL ALL DEPENDENTS FLAG

CHECK DATES SELECTED: FROM 1/01/2016 THRU 10/15/2016 SERVICE CODE: ALL

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

#### DIVISION TOTALS

٧	IUIALS			п	AMOUNT
	SERVICE CODE:	0012	MEDICAL SUPPLIES	# 3	10.61
				3	.00
	SERVICE CODE:	0015	VISION SERVICES-MEDICAL	4	1042.52
	SERVICE CODE:	0035	CHIROPRACTOR CARE	4	83.71
	SERVICE CODE:	0036	INJECTIONS AND DRUGS	27	102.45
	SERVICE CODE:	0040	DURABLE MEDICAL EQUIPMENT	1	95.20
	SERVICE CODE:	0049	CHIROPRACTIC OFFICE VISIT CO-PAY	2	110.33
	SERVICE CODE:	0050	SURGERY - PHYSICIAN FEES	20	2937.39
	SERVICE CODE:	0060	NEWBORN EMERGENCY	1	486.75
	SERVICE CODE:	0061	HOSPITAL-EMERGENCY ROOM CHARGES (CO-PAY APPLIES)	1 3 23	559.74
	SERVICE CODE:	0062	HOSPITAL - OUTPATIENT EXTRAS	23	7470.72
	SERVICE CODE:	0072	PSYCHIATRIC OFFICE VISIT COPAY	4	291.82
	SERVICE CODE:	0082	NEWBORN CHILDCARE (FIRST YEAR) PHYSICIAN	1	121.34
	SERVICE CODE:	0085	ROUTINE VISION BENEFIT	6	.00
	SERVICE CODE:	0087	ANESTHESIA	6 2	603.20
	SERVICE CODE:	0088	DIAG LAB, XRAY AND OTHER TESTS	212	3526.99
	SERVICE CODE:	0097	OFFICE VISIT CO-PAY	146	11390.54
	SERVICE CODE:	0099	DOCTORS' VISITS	2	127.67
	SERVICE CODE:	0100	PRESCRIPTION DRUG PROGRAM	487	15839.70
	SERVICE CODE:	0105	WELLNESS BENEFIT	70	7295.15
	SERVICE CODE:	0106	WELL CHILD BENEFIT	49	3576.89
	SERVICE CODE:	0338	PHYSICAL THERAPY VISITS	1	.00
	TOTAL			1068	55662.11

	#	AMOUNT	AVERAGE		#	
COMPUTER CHECK	579	39882.41	68.88	INSURED	613	
MANUAL CHECK	487	15839.70	32.52	DEPENDENT	455	
VOID	2	60.00-	30.00-	TOTAL	1068	
RECOVERY	0	.00	.00			
TOTAL	1068	55662.11		ZERO CLAIMS	219	

PGM CHA503 PAGE 20

AMOUNT 33347.05

22315.06 55662.11 DATE 10/21/2016 MUNICIPAL HEALTH BENEFIT FUND PGM CHA503
TIME 14:08:57 BENEFITS PAID - BY SERVICE CODE PAGE 21

SUMMARY DISPOSITION DATE FROM ALL PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND TRUST: CLAIMS REC. DATE FROM ALL 191 SERVICE FROM DATE GROUP: DIVISION: ALL SUPPRESS GROUP SUMMARY ALL ALL DEPENDENTS FLAG Y EMPLOYEE: CHECK DATES SELECTED: FROM 1/01/2016 THRU 10/15/2016 SERVICE CODE: ALL PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND TRUST: 1 MUNICIPAL HEALTH BENEFIT FUND GROUP/DIV: DIVISION TOTALS AMOUNT 0001 INPATIENT HOSPITAL - DAILY SERVICE CHARGE 8843.32 SERVICE CODE: SERVICE CODE: 0002 INPATIENT HOSPITAL EXTRAS .00 SERVICE CODE: 0012 MEDICAL SUPPLIES 45 1000.51 SERVICE CODE: 0020 DENTAL EXAMS AND CLEANING .00 SERVICE CODE: 0035 CHIROPRACTOR CARE 209 3902.61 SERVICE CODE: 0036 INJECTIONS AND DRUGS 26 182.37 0038 PHYSICAL THERAPY - OUT OF HOSPITAL 12 129.63 SERVICE CODE: SERVICE CODE: 0040 DURABLE MEDICAL EQUIPMENT 13 853.16 1190.94 0049 CHIROPRACTIC OFFICE VISIT CO-PAY 71 SERVICE CODE: SERVICE CODE: 0050 SURGERY - PHYSICIAN FEES 39 6430.77 0051 PHYSC-ER COPAY .00 SERVICE CODE: 1 0060 NEWBORN EMERGENCY .00 SERVICE CODE: 2 SERVICE CODE: 0061 HOSPITAL-EMERGENCY ROOM CHARGES (CO-PAY APPLIES) 12 861.60 SERVICE CODE: 0062 HOSPITAL - OUTPATIENT EXTRAS 52 16087.64 SERVICE CODE: 0071 PSYCHIATRIC DOCTOR VISITS .00 SERVICE CODE: 0072 PSYCHIATRIC OFFICE VISIT COPAY 5 418.43 SERVICE CODE: 0075 SMOKING CESSATION - DOCTOR VISIT .00 SERVICE CODE: 0080 DENTAL BENEFITS 3 .00 SERVICE CODE: 0082 NEWBORN CHILDCARE (FIRST YEAR) PHYSICIAN 8 286.36 SERVICE CODE: 0087 ANESTHESIA 1056.80 SERVICE CODE: 0088 DIAG LAB, XRAY AND OTHER TESTS 437 8980.00 0097 OFFICE VISIT CO-PAY 199 15423.07 SERVICE CODE: SERVICE CODE: 0098 NEWBORN CHILD CARE (FIRST YEAR) ROOM & BOARD 3686.40 1 SERVICE CODE: 0099 DOCTORS' VISITS 29 1529.62 541 SERVICE CODE: 0100 PRESCRIPTION DRUG PROGRAM 17123.39 SERVICE CODE: 0105 WELLNESS BENEFIT 97 4767.68 100 SERVICE CODE: 0106 WELL CHILD BENEFIT 6530.39 SERVICE CODE: 0182 NEWBORN CHILD CARE - HOSP. MISC. FIRST YEAR 3548.76 SERVICE CODE: 0282 NEWBORN CHILD CARE - FIRST YEAR 19.52 SERVICE CODE: 0338 PHYSICAL THERAPY VISITS 6 38.25 SERVICE CODE: 0382 OCCUPATIONAL THERAPY-OUT OF HOSPITAL 23 654.37 SERVICE CODE: 0384 OCCUPATIONAL THERAPY VISITS 150.16 1963 TOTAL 103695.75 AMOUNT AVERAGE AMOUNT COMPUTER CHECK 1422 86572.36 60.88 INSURED 462 19061.98 MANUAL CHECK 541 17123.39 31.65 DEPENDENT 1501 84633.77

.00

.00

VOID

RECOVERY

TOTAL

0

0

1963

.00

.00

103695.75

TOTAL

ZERO CLAIMS

1963

509

103695.75

DATE 10/21/2016 MUNICIPAL HEALTH BENEFIT FUND
TIME 14:08:57 BENEFITS PAID - BY SERVICE CODE
SUMMARY

PGM CHA503

PAGE 22

PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND DISPOSITION DATE FROM ALL TRUST: 1 CLAIMS REC. DATE FROM ALL GROUP: 191 SERVICE FROM DATE ALL 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

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

#### DIVISION TOTALS

				11100111
SERVICE CODE:	0002	INPATIENT HOSPITAL EXTRAS MEDICAL SUPPLIES VISION SERVICES-MEDICAL CUSTOM MOLD FOOT ORTHOTICS CHEMOTHERAPY/RADIATION THERAPY CHIROPRACTOR CARE INJECTIONS AND DRUGS PHYSICAL THERAPY - OUT OF HOSPITAL DURABLE MEDICAL EQUIPMENT CHIROPRACTIC OFFICE VISIT CO-PAY SURGERY - PHYSICIAN FEES HOSPITAL-EMERGENCY ROOM CHARGES (CO-PAY APPLIES) HOSPITAL - OUTPATTENT FYTBAS	4	1260.00
SERVICE CODE:	0012	MEDICAL SUPPLIES	46	1774.91
SERVICE CODE:	0015	VISION SERVICES-MEDICAL	34	6442.11
SERVICE CODE:	0021	CUSTOM MOLD FOOT ORTHOTICS	1	168.60
SERVICE CODE:	0034	CHEMOTHERAPY/RADIATION THERAPY	11	3052.97
SERVICE CODE:	0035	CHIROPRACTOR CARE	216	4676.09
SERVICE CODE:	0036	INJECTIONS AND DRUGS	73	12679.93
SERVICE CODE:	0038	PHYSICAL THERAPY - OUT OF HOSPITAL	119	2425.70
SERVICE CODE:	0040	DURABLE MEDICAL EQUIPMENT	17	1842.35
SERVICE CODE:	0049	CHIROPRACTIC OFFICE VISIT CO-PAY	107	2244.06
SERVICE CODE:	0050	SURGERY - PHYSICIAN FEES	94	12681.49
SERVICE CODE:	0061	SURGERY - PHYSICIAN FEES HOSPITAL-EMERGENCY ROOM CHARGES (CO-PAY APPLIES) HOSPITAL - OUTPATIENT EXTRAS PSYCHIATRIC DOCTOR VISITS PSYCHIATRIC OFFICE VISIT COPAY ROUTINE VISION BENEFIT ANESTHESIA DIAG LAB. XRAY AND OTHER TESTS	4	848.00
SERVICE CODE:	0062	HOSPITAL - OUTPATIENT EXTRAS	383	163253.36
SERVICE CODE:	0071	PSYCHIATRIC DOCTOR VISITS	12	770.38
SERVICE CODE:	0072	PSYCHIATRIC OFFICE VISIT COPAY	22	1395.66
SERVICE CODE:	0085	ROUTINE VISION BENEFIT	6	.00
SERVICE CODE:	0087	ANESTHESIA	12	2404.29
SERVICE CODE:	0088	DIAG LAB, XRAY AND OTHER TESTS	987	22255.86
SERVICE CODE:	0089	MISCELLANEOUS PSYCHIATRIC CHARGES (TESTS)	6	119.24
SERVICE CODE:	0094	ICU/CCU ROOM & BOARD	3	50925.35
SERVICE CODE:	0097	OFFICE VISIT CO-PAY	373	23107.81
SERVICE CODE:	0099	DOCTORS' VISITS	70	7234.71
SERVICE CODE:	0100	PRESCRIPTION DRUG PROGRAM	1481	229989.80
SERVICE CODE:	0105	WELLNESS BENEFIT	152	10179.32
SERVICE CODE:	0106	WELL CHILD BENEFIT	5	426.44
SERVICE CODE:	0338	PHYSICAL THERAPY VISITS	60	2777.15
SERVICE CODE:	0382	OCCUPATIONAL THERAPY-OUT OF HOSPITAL	5	.00
SERVICE CODE:	0384	OCCUPATIONAL THERAPY VISITS	1	.00
TOTAL		ROUTINE VISION BENEFIT ANESTHESIA DIAG LAB, XRAY AND OTHER TESTS MISCELLANEOUS PSYCHIATRIC CHARGES (TESTS) ICU/CCU ROOM & BOARD OFFICE VISIT CO-PAY DOCTORS' VISITS PRESCRIPTION DRUG PROGRAM WELLNESS BENEFIT WELL CHILD BENEFIT PHYSICAL THERAPY VISITS OCCUPATIONAL THERAPY VISITS	4304	564935.58

	#	AMOUNT	AVERAGE		#	AMOUNT
COMPUTER CHECK	2822	334986.15	118.70	INSURED	3317	518193.29
MANUAL CHECK	1481	229989.80	155.29	DEPENDENT	987	46742.29
VOID	0	.00	.00	TOTAL	4304	564935.58
RECOVERY	1	40.37-	40.37-			
TOTAL	4304	564935.58		ZERO CLAIMS	835	

AMOUNT

PAYER:

# MUNICIPAL HEALTH BENEFIT FUND BENEFITS PAID - BY SERVICE CODE

GROUP/DIV:

AMOUNT 7475.78

65583.65 1520.73 492.80

7456.00

SUMMARY

2

14

1 MUNICIPAL HEALTH BENEFIT FUND

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

TRUST:

DIVISION	TOTALS			
	SERVICE	CODE:	0001	INPATIENT HOSPITAL - DAILY SERVICE CHARGE
	SERVICE	CODE:	0002	INPATIENT HOSPITAL EXTRAS
	SERVICE	CODE:	0003	AMBULANCE
	SERVICE	CODE:	0006	DIABETIC EDUCATION

1 MUNICIPAL HEALTH BENEFIT FUND

0087 ANESTHESIA

SERVICE CODE:

SERVICE CODE: 0012 MEDICAL SUPPLIES 26 1063.23 0015 VISION SERVICES-MEDICAL SERVICE CODE: 14 2122.24 0029 AMBULANCE ANCILLARY SERVICE CODE: 2 64.44 0033 HOME HEALTH CARE SERVICES SERVICE CODE: 90.00 SERVICE CODE: 0035 CHIROPRACTOR CARE 341 8486.57 SERVICE CODE: 0036 INJECTIONS AND DRUGS 61 216.88 SERVICE CODE: 0038 PHYSICAL THERAPY - OUT OF HOSPITAL 106.56 0040 DURABLE MEDICAL EQUIPMENT 11 498.40 SERVICE CODE: SERVICE CODE:

0049 CHIROPRACTIC OFFICE VISIT CO-PAY 129 3874.65 0050 SURGERY - PHYSICIAN FEES 72 23279.37 SERVICE CODE: SERVICE CODE: 0061 HOSPITAL-EMERGENCY ROOM CHARGES (CO-PAY APPLIES) 18 1587.03 SERVICE CODE: 0062 HOSPITAL - OUTPATIENT EXTRAS 112 27155.00 SERVICE CODE: 0071 PSYCHIATRIC DOCTOR VISITS 73 4062.97 SERVICE CODE: 0072 PSYCHIATRIC OFFICE VISIT COPAY 14 1009.40 SERVICE CODE: 0075 SMOKING CESSATION - DOCTOR VISIT .00 SERVICE CODE: 0080 DENTAL BENEFITS .00 SERVICE CODE: 0082 NEWBORN CHILDCARE (FIRST YEAR) PHYSICIAN 37.21 SERVICE CODE: 0083 BARIATRIC SVC. - PHYSICIAN CHARGES .00 SERVICE CODE: 0085 ROUTINE VISION BENEFIT 9 .00

0088 DIAG LAB, XRAY AND OTHER TESTS 731 10619.87 SERVICE CODE: 0089 MISCELLANEOUS PSYCHIATRIC CHARGES (TESTS) SERVICE CODE: 8 .00 0094 ICU/CCU ROOM & BOARD 9469.37 SERVICE CODE: 33913.40 0097 OFFICE VISIT CO-PAY 447 SERVICE CODE: 0099 DOCTORS' VISITS 34 3113.81 SERVICE CODE: SERVICE CODE: 0100 PRESCRIPTION DRUG PROGRAM 1192 45459.21

0105 WELLNESS BENEFIT 206 8709.41 SERVICE CODE: 0106 WELL CHILD BENEFIT 93 6406.78 SERVICE CODE: 0282 NEWBORN CHILD CARE - FIRST YEAR 6 757.40 SERVICE CODE: 0338 PHYSICAL THERAPY VISITS SERVICE CODE: 6 1238.23 SERVICE CODE: 0382 OCCUPATIONAL THERAPY-OUT OF HOSPITAL 1 .00 SERVICE CODE: 0384 OCCUPATIONAL THERAPY VISITS 1 .00 3651 275870.39 TOTAL

	#	AMOUNT	AVERAGE		#	AMOUNT
COMPUTER CHECK	2457	230463.87	93.79	INSURED	1896	169904.88
MANUAL CHECK	1192	45459.21	38.13	DEPENDENT	1755	105965.51
VOID	0	.00	.00	TOTAL	3651	275870.39
RECOVERY	2	52.69-	26.34-			
TOTAL	3651	275870.39		ZERO CLAIMS	874	

AMOUNT

INSURED

TOTAL

DEPENDENT

ZERO CLAIMS

PGM CHA503

PAGE 24

AMOUNT

666.53

4876.17

5542.70

24

88

112

3

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

SERVICE CODE. DOGS HOSPITAL - DUTDATIENT EYTDAS

SERVICE CODE: 0062 HOSPITAL - OUTPATIENT EXTRAS 1554.80 SERVICE CODE: 0088 DIAG LAB, XRAY AND OTHER TESTS 8 187.88 SERVICE CODE: 0097 OFFICE VISIT CO-PAY 9 796.76 SERVICE CODE: 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 0 VOID .00 .00 RECOVERY 0 .00 .00

VOID 0 .00 .00
RECOVERY 0 .00 .00
TOTAL 112 5542.70

GROUP TOTALS

# AMOUNT

11.44		H	711700117
SERVICE CODE: 0001		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	1 9 1	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	MEDICAL SUPPLIES SPEECH THERAPY VISION SERVICES-MEDICAL DENTAL EXAMS AND CLEANING CUSTOM MOLD FOOT ORTHOTICS AMBULANCE ANCILLARY HOME HEALTH CARE SERVICES CHEMOTHERAPY/RADIATION THERAPY CHIROPRACTOR CARE INJECTIONS AND DRUGS PHYSICAL THERAPY - OUT OF HOSPITAL DURABLE MEDICAL EQUIPMENT CHIROPRACTIC OFFICE VISIT CO-PAY SURGERY - PHYSICIAN FEES PHYSC-ER COPAY NEWBORN EMERGENCY HOSPITAL-EMERGENCY ROOM CHARGES (CO-PAY APPLIES) HOSPITAL - OUTPATIENT EXTRAS	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	PHYSC-ER COPAY NEWBORN EMERGENCY HOSPITAL-EMERGENCY ROOM CHARGES (CO-PAY APPLIES) HOSPITAL - OUTPATIENT EXTRAS PSYCHIATRIC DOCTOR VISITS	7	1908.57
SERVICE CODE: 0061	HOSPITAL-EMERGENCY ROOM CHARGES (CO-PAY APPLIES)	159	13754.07
SERVICE CODE: 0062	HOSPITAL - OUTPATIENT EXTRAS PSYCHIATRIC DOCTOR VISITS PSYCHIATRIC OFFICE VISIT COPAY	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

DATE 10/21/2016 MUNICIPAL HEALTH BENEFIT FUND
TIME 14:08:57 BENEFITS PAID - BY SERVICE CODE
SUMMARY

PGM CHA503 PAGE 25

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

EMPLOYEE: ALL ALL DEPENDENTS FLAG
CHECK DATES SELECTED: FROM 1/01/2016 THRU 10/15/2016

SERVICE CODE: ALL

PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND TRUST: 1 MUNICIPAL HEALTH BENEFIT FUND GR	ROUP/DIV:
--	-----------

SERVICE CODE: 0082	NEWBORN CHILDCARE (FIRST YEAR) PHYSICIAN BARIATRIC SVC PHYSICIAN CHARGES ROUTINE VISION BENEFIT CHEMICAL DEPD - PHYSICIAN CHARGES ANESTHESIA DIAG LAB, XRAY AND OTHER TESTS MISCELLANEOUS PSYCHIATRIC CHARGES (TESTS) HOSPITAL - PSYCH. ROOM & BOARD HOSPITAL - MISC. PSYCH. CHARGES ICU/CCU ROOM & BOARD OFFICE VISIT CO-PAY NEWBORN CHILD CARE (FIRST YEAR) ROOM & BOARD DOCTORS' VISITS	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	4 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	DOCTORS' VISITS PRESCRIPTION DRUG PROGRAM WELLNESS BENEFIT WELL CHILD BENEFIT ROUTINE HEARING AID (LEFT) NEWBORN CHILD CARE - HOSP. MISC. FIRST YEAR CHEMICAL DEPD - OUTPATIENT CHARGES NEWBORN CHILD CARE - FIRST YEAR PHYSICAL THERAPY VISITS ORGAN TRANSPLANTS - MISC. CHARGES OCCUPATIONAL THERAPY-OUT OF HOSPITAL OCCUPATIONAL THERAPY VISITS SPEECH THERAPY VISITS	33945	3348579.84

	#	AMOUNT	AVERAGE		#	AMOUNT
COMPUTER CHECK	22119	1674527.10	75.70	INSURED	16938	1351116.18
MANUAL CHECK	11808	1675042.29	141.85	DEPENDENT	17007	1997463.66
VOID	2	60.00-	30.00-	TOTAL	33945	3348579.84
RECOVERY	16	929.55-	58.09-			
TOTAL	33945	3348579.84		ZERO CLAIMS	8726	

DATE 10/21/2016 MUNICIPAL HEALTH BENEFIT FUND
TIME 14:08:57 BENEFITS PAID - BY SERVICE CODE
SUMMARY

PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND DISPOSITION DATE FROM ALL

TRUST: 1 CLAIMS REC. DATE FROM ALL GROUP: 191 SERVICE FROM DATE ALL

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

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-FR 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 FXTRAS	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: 0075	DENTAL RENEFITS	13	00
SERVICE CODE: 0082	NEWBORN CHILDCARE (FIRST YEAR) PHYSICIAN	36	1493 42
SERVICE CODE: 0002	RAPIATRIC SVC - PHYSICIAN CHARGES	50	00
SERVICE CODE: 0005	POUTTINE VISION RENEETT	51	.00
SERVICE CODE: 0086	CHEMICAL DEPD - PHYSICIAN CHARGES	2	.00
SERVICE CODE: 0087	ANESTHESIA	115	45816 35
SERVICE CODE: 0007	DIAG LAR YPAY AND OTHER TESTS	7244	104463 00
SERVICE CODE: 0000	MISCELLANEOUS DEVCHIATRIC CHARGES (TESTS)	179	1567 64
SERVICE CODE: 0009	HOSPITAL - DSYCH DOOM & BOADD	1/2	5460 51
SERVICE CODE. 0090	HOSPITAL - MISC DSVCH CHARGES	1	1057 51
SERVICE CODE. 0091	TOU/COU DOOM & BOADD	6	67046 12
SERVICE CODE: 0034	OFFICE VISIT CO-DAY	2055	272226 72
SERVICE CODE: 0097	NEWBORN CHILD CAPE (EIDST VEAD) DOOM & DOADD	3033	8247 02
SERVICE CODE: 0090	DOCTORS! VICITS	325	21676 02
SERVICE CODE: 0099	DDESCRIPTION DRIC DEGRAM	11000	1675042 20
SERVICE CODE: 0100	INPATIENT HOSPITAL - DAILY SERVICE CHARGE INPATIENT HOSPITAL EXTRAS AMBULANCE ASSISTANT SURGEON DIABETIC EDUCATION NUTRITIONAL/WEIGHT COUNSELING MEDICAL SUPPLIES SPEECH THERAPY VISION SERVICES-MEDICAL DENTAL EXAMS AND CLEANING CUSTOM MOLD FOOT ORTHOTICS AMBULANCE ANCILLARY HOME HEALTH CARE SERVICES CHEMOTHERAPY/RADIATION THERAPY CHIROPRACTOR CARE INJECTIONS AND DRUGS PHYSICAL THERAPY - OUT OF HOSPITAL DURABLE MEDICAL EQUIPMENT CHIROPRACTIC OFFICE VISIT CO-PAY SURGERY - PHYSICIAN FEES PHYSC-ER COPAY NEWBORN EMERGENCY HOSPITAL-EMERGENCY ROOM CHARGES (CO-PAY APPLIES) HOSPITAL - OUTPATIENT EXTRAS PSYCHIATRIC OFFICE VISIT COPAY SMOKING CESSATION - DOCTOR VISIT DENTAL BENEFITS NEWBORN CHILDCARE (FIRST YEAR) PHYSICIAN BARIATRIC SYC PHYSICIAN CHARGES ROUTINE VISION BENEFIT CHEMICAL DEPD - PHYSICIAN CHARGES ROUTINE VISION BENEFIT CHEMICAL DEPD - PHYSICIAN CHARGES ANESTHESIA DIAG LAB, XRAY AND OTHER TESTS MISCELLANEOUS PSYCHIATRIC CHARGES (TESTS) HOSPITAL - MISC. PSYCH. CHARGES ICU/CCU ROOM & BOARD OFFICE VISIT CO-PAY NEWBORN CHILD CARE (FIRST YEAR) ROOM & BOARD OFFICE VISIT CO-PAY NEWBORN CHILD CARE (FIRST YEAR) ROOM & BOARD OFFICE VISIT CO-PAY NEWBORN CHILD CARE (FIRST YEAR) ROOM & BOARD DOCTORS' VISITS PRESCRIPTION DRUG PROGRAM	11000	10/3042.29

IMOUNT

PGM CHA503 PAGE 27

AMOUNT 1351116.18 1997463.66

3348579.84

INSURED

TOTAL
ZERO CLAIMS

DEPENDENT

16938

17007 33945

8726

									SI	UMMARY		
PAYER: TRUST: GROUP: DIVISION:	1 1 191 ALL	SUPI	PRESS GROUP SUMMARY DEPENDENTS FLAG '01/2016 THRU 10/15	T FUND	N	D C S	ISPOSITION LAIMS REC. ERVICE FRO	DATE FR DATE FR M DATE	OM ALL OM ALL ALL			
EMPLOYEE: CHECK DATES SERVICE CODE	SELECTED: FROM : ALL	ALL 1	DEPENDENTS FLAG 01/2016 THRU 10/15	/2016	Y							
PAYER:	1 MUNICIPA	L HEA	ALTH BENEFIT FUND		TRUST:	1	MUNICIPAL	HEALTH	BENEFIT	FUND		
	SERVICE CODE:	0105	WELLNESS BENEFIT WELL CHILD BENEFIT ROUTINE HEARING AID NEWBORN CHILD CARE CHEMICAL DEPD - OUT NEWBORN CHILD CAPE PHYSICAL THERAPY VI ORGAN TRANSPLANTS - OCCUPATIONAL THERAP OCCUPATIONAL THERAP SPEECH THERAPY VISI						1523		90195.68	
	SERVICE CODE:	0106	MELL CHILD BENEFIL	/ · · · · · · · ·					1099		74524.45	
	SERVICE CODE:	0114	ROUTINE HEARING ALD	(LEFT)					1		.00	
	SERVICE CODE:	0182	NEWBORN CHILD CARE	- HOSP.	MISC. FIR	ST	YEAR		4		4158.10	
	SERVICE CODE:	0221	CHEMICAL DEPD - OUT	PATIENT	CHARGES				2		.00	
	SERVICE CODE:	0282	NEWBORN CHILD CARE	- FIRST	YEAR				24		1122.26	
	SERVICE CODE: (	0338	PHYSICAL THERAPY VI	SITS	TAKEN CHARAN				295		16631.71	
	SERVICE CODE: (	0381	ORGAN TRANSPLANTS -	MISC.	CHARGES				2		.00	
	SERVICE CODE:	0382	OCCUPATIONAL THERAP	Y-OUT O	F HOSPITAL				137		4926.81	
	SERVICE CODE:	0384	OCCUPATIONAL THERAP	Y VISIT	S				91		6056.81	
	SERVICE CODE:	0385	SPEECH THERAPY VISI	TS					66		1356.02	
	TOTAL								33945	3	348579.84	
			COMPUTER CHECK MANUAL CHECK VOID RECOVERY TOTAL	н		AMO	IINT	AVEDA	cc			
			COMBILTED CHECK	22110	1674	F27	10	75	70			
			MANUAL CUECK	11000	1675	042	20	1/1	06			
			MANUAL CHECK	11000	10/5	60	.29	20	00			
			AOID	16		000	.00-	50.	00-			
			KECUVEKY	22045	2240	929	.55-	58.	09-			
			TOTAL	33943	3340	3/9	.04					
PAYER TOTALS												
							No.		#		AMOUNT	
	SERVICE CODE:	0001	INPATIENT HOSPITAL	- DAILY	SERVICE C	HAR	GE		28		115317.90	
	SERVICE CODE:	0002	INPATIENT HOSPITAL	EXTRAS					35		96748.50	
	SERVICE CODE:	0003	AMBULANCE						17		4214.61	
	SERVICE CODE: (	0005	ASSISTANT SURGEON	ASSISTANT SURGEON				1		24.80		
	SERVICE CODE: 1	0006	DIABETIC EDUCATION	DIABETIC EDUCATION				9		669.44		
	SERVICE CODE:	0011	NUTRITIONAL/WEIGHT	INPATIENT HOSPITAL - DAILY SERVICE CHARGE IMPATIENT HOSPITAL EXTRAS AMBULANCE ASSISTANT SURGEON DIABETIC EDUCATION NUTRITIONAL/WEIGHT COUNSELING MEDICAL SUPPLIES SPEECH THERAPY VISION SERVICES-MEDICAL DENTAL EXAMS AND CLEANING CUSTOM MOLD FOOT ORTHOTICS AMBULANCE ANCILLARY HOME HEALTH CARE SERVICES CHEMOTHERAPY/RADIATION THERAPY CHIROPRACTOR CARE INJECTIONS AND DRUGS PHYSICAL THERAPY - OUT OF HOSPITAL DURABLE MEDICAL EQUIPMENT CHIROPRACTIC OFFICE VISIT CO-PAY SURGERY - PHYSICIAN FEES PHYSC-ER COPAY NEWBORN EMERGENCY HOSPITAL-EMERGENCY ROOM CHARGES (CO-PAY APPLIES)				1		.00		
	SERVICE CODE:	0012	MEDICAL SUPPLIES					343		17412.26		
	SERVICE CODE: (	0014	SPEECH THERAPY					4		576.00		
	SERVICE CODE:	0015	VISION SERVICES-MED	VISION SERVICES-MEDICAL					140		14780.49	
	SERVICE CODE:	0020	DENTAL EXAMS AND CL	EANING					1		.00	
	SERVICE CODE:	0021	CUSTOM MOLD FOOT OR	THOTICS					3		355.63	
	SERVICE CODE:	0029	AMBULANCE ANCILLARY						13		451.87	
	SERVICE CODE:	0033	HOME HEALTH CARE SE	RVICES					5		345.50	
	SERVICE CODE:	0034	CHEMOTHERAPY/RADIAT	ION THE	RAPY				12		3052.97	
	SERVICE CODE:	0035	CHIROPRACTOR CARE						1419		30210.74	
	SERVICE CODE:	0036	INJECTIONS AND DRUG	S					1176		18330.05	
	SERVICE CODE:	0038	PHYSICAL THERAPY -	OUT OF	HOSPITAL				465		9730.24	
	SERVICE CODE:	0040	DURABLE MEDICAL FOU	IPMENT					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-FR COPAY						6		.00	
	SERVICE CODE:	0060	NEWBORN EMERGENCY						7		1908.57	
	SERVICE CODE:	0061	HOSPITAL - EMERGENCY	RUUM CH	ARGES (CO-	PAY	APPLIES)		159		13754.07	
	SERVICE CODE:	0001	HOST TIME ENERGENCE	MOOII GII					100		20/04/0/	

PAYER:

1 MUNICIPAL HEALTH BENEFIT FUND

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

TRUST: GROUP:

ALL SUPPRESS GROUP SUMMARY DIVISION: ALL ALL DEPENDENTS FLAG EMPLOYEE: CHECK DATES SELECTED: FROM 1/01/2016 THRU 10/15/2016

SERVICE CODE: 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	HOSPITAL - OUTPATIENT EXTRAS PSYCHIATRIC DOCTOR VISITS PSYCHIATRIC OFFICE VISIT COPAY SMOKING CESSATION - DOCTOR VISIT  DENTAL BEMEFITS NEWBORN CHILDCARE (FIRST YEAR) PHYSICIAN BARIATRIC SVC PHYSICIAN CHARGES ROUTINE VISION BENEFIT CHEMICAL DEPD - PHYSICIAN CHARGES ANESTHESIA DIAG LAB, XRAY AND OTHER TESTS MISCELLANEOUS PSYCHIATRIC CHARGES (TESTS) HOSPITAL - PSYCH, ROOM & BOARD HOSPITAL - MISC. PSYCH, CHARGES ICU/CCU ROOM & BOARD OFFICE VISIT CO-PAY NEWBORN CHILD CARE (FIRST YEAR) ROOM & BOARD DOCTORS' VISITS PRESCRIPTION DRUG PROGRAM WELLNESS BENEFIT WELL CHILD BENEFIT ROUTINE HEARING AID (LEFT) NEWBORN CHILD CARE - HOSP, MISC. FIRST YEAR CHEMICAL DEPD - OUTPATIENT CHARGES NEWBORN CHILD CARE - FIRST YEAR PHYSICAL THERAPY VISITS ORGAN TRANSPLANTS - MISC. CHARGES OCCUPATIONAL THERAPY VISITS SPEECH THERAPY VISITS	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	