MEDICAL CALCULATION
CLAIMS TRANSMISSION REPORT
CENTER MEDICAL PROPERTY
01/01/2024 - 01/31/2024
PAYER
MEDICARE
PROVIDER
MEDICAL CLINIC

PROVIDER NUMBER:	111-750	TOTAL CHARGES:	$8,277.00
TRANSMISSION:	2024-0000-0-1		

CLAIM	DATE	CHARGES	TRANSMISSION
12-0001	1/05	$1,200.00	1/05
12-0002	1/08	$1,350.00	1/08
12-0003	1/12	$1,100.00	1/12
12-0004	1/15	$1,400.00	1/15
12-0005	1/18	$1,250.00	1/18
12-0006	1/22	$1,150.00	1/22
12-0007	1/25	$1,300.00	1/25
12-0008	1/28	$1,250.00	1/28
12-0009	1/30	$1,300.00	1/30
12-0010	1/31	$1,200.00	1/31
Total		**$8,277.00**	

Bill Amount : $1750.00

CLAIM:

Pre Exchange
Not Covered Medicaid

CLAIM DENIED
Claim Denied Not Covered Medicaid
Contact your Medicaid Provider for more information
Failure to Report Accident/Injury

Thanks, Guy, Claim Agent