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MULTIPLE YEAR HOLDER LOSS REPORT AS OF 2/01/12

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POLICY HOLDER - MIAMI-DADE CO PUBLIC SCHOOLS
HOLDER # - 010084000
STATE - FL

POLICY #	POLICY YRS	PREMIUM	CLAIMS	LOSS RATIO
AIC0015628	07-08	80,809.00	5,287.98	6.5
AIC0015629	08-09	80,809.00	.00	.0
AIC0015620	09-10	80,809.00	.00	.0
CHC0015621	10-11	80,809.00	.00	.0
CHC0015622	11-12	80,809.00	.00	.0

MIAMI DADE COUNTY SCHOOLS

Accident & Health Insurance Loss History

Accident Insurance underwritten by UNITED HEALTHCARE for 2009/10 & 2010/11 & Mutual of Omaha for 2011/12

Health Insurance underwritten by UNITED HEALTHCARE for all three (3) years

Administered by HEALTH SPECIAL RISK, INC.

Tuesday, January 10, 2012

Benefit Plans		2009/10 Policy Year						2010/11 Policy Year							2011/12 Policy Year (includes Charter Schools)				
		Rate per Student	Premium	Paid Losses	Current Loss Ratio	Expected Final Paid Losses	Expected FINAL Loss Ratio	Rate per Student	Rate vs. 2009/10	Premium	Paid Losses	Current Loss Ratio	Expected Final Paid Losses	Expected FINAL Loss Ratio	Rate per Student	Rate vs. 2010/11	Premium	Paid Losses	Current Loss Ratio
Voluntary ACCIDENT:																			
24-Hour (PK-12)	Basic	$33	120,477	106,108	88%	108,230	90%	$66	100%	105,948	80,358	76%	94,019	89%	$66	0%	57,946	3,253	6%
At School Excluding Athletics (PK-6)	Basic	$11	598,935	616,312	103%	628,638	105%	$14	27%	450,595	323,964	72%	379,038	84%	$14	0%	284,673	5,211	2%
At School Excluding Athletics (Middle & High School)	Basic	$13						$16	23%						$16	0%			
VOLUNTARY Accident Totals:			719,412	722,420	100%	736,868	102%			556,543	404,322	73%	473,057	85%			342,619	8,464	2%
											72.6%								
Mandatory (Athletes) ACCIDENT:																			
Fall Football (High School)	Miami Dade Football	$140	500,408	589,806	118%	601,602	120%	$195	39%	1,259,013	1,009,587	80%	1,181,217	94%	$209	7.2%	671,452	266,728	40%
Spring Football (High School)		$35						$45	29%						$45	0%			
At School including Athletics & Activities excluding Football (Middle & HS)	Basic	N/A						$45	N/A						$45	0%	493,515	32,753	7%
MANDATORY Accident Totals:			500,408	589,806	118%	601,602	120%			1,259,013	1,009,587	80%	1,181,217	94%			1,164,967	299,481	26%
											80.2%								
ACCIDENT INS. TOTALS:			1,219,820	1,312,226	108%	1,338,471	110%			1,815,556	1,413,909	78%	1,654,274	91%			1,507,586	307,945	20%
											77.9%								
Voluntary HEALTH:																			
HEALTH INSURANCE	UHC	$98/mo	75,755	13,908	18%	13,908	18%	$98/mo	0%	100,557	10,044	10%	11,049	11%	$98/mo	0%	62,622	3,754	6%
GRAND TOTALS:			1,295,575	1,326,134	102%	1,352,378	104%			1,916,113	1,423,953	74%	1,665,322	87%			1,570,208	311,699	20%

MIAMI-DADE COUNTY SCHOOLS - *HEALTH SPECIAL RISK, INC.*

Accident & Health Insurance Plans

Enrollment, Premiums, Paid Claims & Loss Ratio Results

POLICY YEAR	Premium Enrollments & Collections								HSR Paid Claims	Loss Ratio
	ONLINE			PAPER (includes Rosters)			TOTALS			
	#	%	$	#	%	$	#	$		
2009/2010										
ACCIDENT PLANS						Mandatory Plans:		315,370.65	1,312,226.00	103.6%
Voluntary Plans:										
HIGH PLAN	0	9%	0.00	17	91%	325.51	17	325.51		
MEDIUM PLAN	1		19.15	32,931		630,559.44	32,932	630,578.59		
LOW PLAN	4,397		84,193.31	12,318		235,863.81	16,715	320,057.12		
Voluntary Totals:	4,398		84,212.46	45,266		866,748.76	49,664	950,961.22		
ACCIDENT Totals:							$1,266,331.87			
HEALTH PLAN	524	79%	60,054.25	137	21%	15,701.20	661	75,755.45	13,907.55	18.4%
2010/2011										
ACCIDENT PLANS						Mandatory Plans:		601,934.00	1,413,909.00	73.9%
Voluntary Plans:										
HIGH PLAN	0	10%	0.00	12	90%	318.63	12	318.63		
MEDIUM PLAN	1		26.55	25,446		675,656.20	25,447	675,682.75		
LOW PLAN	5,033		133,638.99	18,859		500,754.55	23,892	634,393.54		
Voluntary Totals:	5,034		133,665.54	44,317		1,176,729.38	49,351	1,310,394.92		
ACCIDENT TOTALS:							$1,912,328.92			
HEALTH PLAN	221	73%	73,830.81	80	27%	26,726.08	301	100,556.89	10,044.42	10.0%

MIAMI-DADE COUNTY SCHOOLS - *HEALTH SPECIAL RISK, INC.*

Accident & Health Insurance Plans

Enrollment, Premiums, Paid Claims & Loss Ratio Results

POLICY YEAR	Premium Enrollments & Collections								HSR Paid Claims	Loss Ratio
	ONLINE			PAPER (includes Rosters)			TOTALS			
	#	%	$	#	%	$	#	$		
2011/2012										
PUBLIC SCHOOLS										
ACCIDENT PLANS						Mandatory Plans:		530,377.00	307,944.68	21.0%
Voluntary Plans:										
HIGH PLAN		12%			88%		0	0.00		
LOW PLAN	4,432		89,074.00	32,895		848,413.99	37,327	937,487.99		
Voluntary Totals:	4,432		89,074.00	32,895		848,413.99	37,327	937,487.99		
ACCIDENT TOTALS:							$1,467,864.99			
HEALTH PLAN	273	99%	62,181.00	3	1%	441.00	276	62,622.00	3,754.17	6.0%
CHARTER SCHOOLS										
ACCIDENT PLANS						Mandatory Plans:			0.00	0.0%
Voluntary Plans:										
HIGH PLAN		56%			44%		0	0.00		
LOW PLAN	1,059		23,986.00	834.00		15,735.00	1,893	39,721.00		
Voluntary Totals:	1,059		23,986.00	834		15,735.00	1,893	39,721.00		
ACCIDENT TOTALS:							$39,721.00			
HEALTH PLAN	0	0%	0.00		0%	0.00	0	0.00		#DIV/0!
GRAND TOTALS: 2011/12 MIAMI DADE PUBLIC & CHARTER SCHOOLS										
ACCIDENT PLANS						Mandatory Plans:		530,377.00	307,944.68	20.4%
Voluntary Plans:										
HIGH PLAN	0	14%	0.00	0	86%	0.00	0	0.00		
LOW PLAN	5,491		113,060.00	33,729		864,148.99	39,220	977,208.99		
Voluntary Totals:	5,491		113,060.00	33,729		864,148.99	39,220	977,208.99		
ACCIDENT TOTALS:							$1,507,585.99			
HEALTH PLAN	273	99%	62,181.00	3	1%	441.00	276	62,622.00	3,754.17	6.0%

Health Special Risk, Inc.
Utilization Report - Service Type - Since Inception
Paid dates through: 01/13/2012

	Units	Total # of Claims	Total Claimed	Actual Deductible Taken	Total Ineligible Amounts	PPO Discount Amounts	HSR Paid Amounts	%Paid CL	%Paid PS
Policy Year: 2010									
									201912
DLV000H0 - FLMBAHSRMD09 INJURY & SICKNESS									
Place of Service: 11 : OFFICE									
CON CONSULTATION	1	1	50	0	50	0	0	0	0
DOC OUTPATIENT DOCTOR VISITS	13	8	1763	100	1204	0	459	26.03	8
HSR HSR NETWORK ACCESS FEE	1	1	15.23	0	0	0	15.23	100	0.26
IMM IMMUNIZATIONS INELIGIBLE	2	1	75	0	75	0	0	0	0
INEL INELIGIBLE CHARGE	35	14	4822	0	4822	0	0	0	0
INT INTEREST PAYMENT	5	5	18.47	0	0	0	18.47	100	0.32
MMS MISC, MEDICAL SUPPLY	1	1	3	0	3	0	0	0	0
MRI MRI	1	1	450	0	100	0	350	77.77	6.1
OAP ORTHOPEDIC BRACES/APPLIANCES	2	2	1219	0	1187	8	32	2.62	0.55
OV OUTPATIENT DOCTOR VISITS	17	11	2728.31	150	2080	0	498.31	18.26	8.68
OV1 OUTPATIENT DOCTOR VISITS	18	16	2576	583	1256	0	737	28.61	12.84
PAT PATHOLOGY	10	7	245	17	26.74	0	201.26	82.14	3.5
PPO NETWORK ACCESS FEE	1	1	36.56	0	0	0	36.56	100	0.63
RAD RADIOLOGY	14	6	958	80	20.83	0	548.86	57.29	9.56
REV *** REVIEW *** REVIEW ***	2	1	40	0	40	0	0	0	0
ROV ROUTINE PHYSICAL EXAM	2	1	265	100	65	0	100	37.73	1.74
SURO SURGEON OUTPATIENT	7	5	2795	0	55.28	55.28	2739.72	98.02	47.76
VISE ROUTINE VISION EXAM	1	1	20	0	20	0	0	0	0
Place of Service Totals:	**133**	**35**	**18079.57**	**1030**	**11004.85**	**63.28**	**5736.41**		
Place of Service: 12 : HOME									
OAP ORTHOPEDIC BRACES/APPLIANCES	3	1	215	0	115	0	100	46.51	100
Place of Service Totals:	**3**	**1**	**215**	**0**	**115**	**0**	**100**		
Place of Service: 20 : URGENT CARE FACILITY									
INJ INJECTION	1	1	166	0	166	0	0	0	0
OV1 OUTPATIENT DOCTOR VISITS	1	1	140	50	30	0	60	42.85	50
PAT PATHOLOGY	1	1	320	0	320	0	0	0	0
UC1 URGENT CARE VISIT	1	0	501	0	441	0	60	11.97	50
Place of Service Totals:	**4**	**2**	**1127**	**50**	**957**	**0**	**120**		
Place of Service: 22 : OUTPATIENT HOSPITAL									
INEL INELIGIBLE CHARGE	17	5	17769	0	17769	0	0	0	0
INT INTEREST PAYMENT	2	1	38.58	0	0	0	38.58	100	1.93
MRI MRI	1	1	4076	0	3726	0	350	8.58	17.52
PAT PATHOLOGY	4	2	489	50	89	0	350	71.57	17.52
RAD RADIOLOGY	13	4	3769	100	2895.73	0	773.27	20.51	38.72
RX PRESCRIPTION	1	1	556	0	556	0	0	0	0
SURO SURGEON OUTPATIENT	1	1	1480	0	995	995	485	32.77	24.28
Place of Service Totals:	**39**	**10**	**28177.58**	**150**	**26030.73**	**995**	**1996.85**		
Place of Service: 23 : EMERGENCY ROOM - HOSPITAL									
CAT CAT SCAN	2	1	2073	0	1723	0	350	16.88	9.44
ERA HOSPITAL ER	8	7	11776	100	10276	0	1400	11.88	37.78
HSR HSR NETWORK ACCESS FEE	2	1	106.9	0	0	0	106.9	100	2.88

	INEL INELIGIBLE CHARGE	21	8	9440.5	0	9440.5	0	0	0	0
	INT INTEREST PAYMENT	1	1	1.09	0	0	0	1.09	100	0.02
	OV1 OUTPATIENT DOCTOR VISITS	7	7	2309	150	1739	0	420	18.18	11.33
	PAT PATHOLOGY	26	4	6106	50	5418	0	638	10.44	17.22
	PPO NETWORK ACCESS FEE	2	1	256.56	0	0	0	256.56	100	6.92
	RAD RADIOLOGY	7	3	2711	20	2218.79	74	472.21	17.41	12.74
	UC1 URGENT CARE VISIT	1	1	573	0	513	0	60	10.47	1.61
	Place of Service Totals:	**77**	**11**	**35353.05**	**320**	**31328.29**	**74**	**3704.76**		
	Place of Service: 81 : INDEPENDENT LABORATORY									
	ALLT ALLERGY TESTING (ACCIDENT)	1	1	540.2	0	540.2	0	0	0	0
	PAT PATHOLOGY	60	0	5520.65	0	5320.65	0	200	3.62	100
	Place of Service Totals:	**61**	**1**	**6060.85**	**0**	**5860.85**	**0**	**200**		
	Place of Service: PH : PHARMACY									
	INEL INELIGIBLE CHARGE	2	1	112.46	0	112.46	0	0	0	0
	RX PRESCRIPTION	3	2	144.97	0	144.97	0	0	0	0
	Place of Service Totals:	**5**	**3**	**257.43**	**0**	**257.43**	**0**	**0**		
Policy Year: 2010										
										201912
DLVB2400 - FLMBAHSRMD09 BASIC 24 HOUR										
	Place of Service: 11 : OFFICE									
	CAT CAT SCAN	1	1	3297	0	3297	0	0	0	0
	CAT CAT SCAN MVA	0	0	3297	0	3297	0	0	0	0
	CF CLAIM FORM RECEIVED	3	3	0.02	0	0.02	0	0	0	0
	CHIR CHIROPRACTIC	1	1	60	0	30	0	30	50	0.22
	CHIR CHIROPRACTIC MVA	0	0	60	0	30	0	30	50	0.22
	CON CONSULTATION	1	1	0.01	0	0.01	0	0	0	0
	CON CONSULTATION MVA	0	0	0.01	0	0.01	0	0	0	0
	DENT DENTAL SERVICES	12	2	943	0	0	0	943	100	7.05
	DENT DENTAL SERVICES MVA	12	2	943	0	0	0	943	100	7.05
	IC INCOMPLETE CLAIM RECEIVED	1	1	2459	0	2459	0	0	0	0
	ICF INCOMPLETE CLAIM FORM RECEIVED	1	1	0.01	0	0.01	0	0	0	0
	ILBL ILLOGICAL BILLING	2	2	828	0	828	0	0	0	0
	ILL ILLNESS DIAGNOSIS	4	4	885	0	885	0	0	0	0
	INEL INELIGIBLE CHARGE	61	16	21864.71	0	21864.71	0	0	0	0
	INT INTEREST PAYMENT	6	5	18.27	0	0	0	18.27	100	0.13
	MRI MRI	4	2	15443.34	0	10943.34	0	2912.1	18.85	21.77
	OAP ORTHOPEDIC BRACES/APPLIANCES	1	1	50	0	0	0	50	100	0.37
	OV MVA OUTPT DOCTOR VISITS	47	16	10062	0	8702	0	1251.51	12.43	9.35
	OV OUTPATIENT DOCTOR VISITS	47	16	10062	0	8702	0	1251.51	12.43	9.35
	OV1 OUTPATIENT DOCTOR VISITS	13	13	3314	0	2819	0	495	14.93	3.7
	PT PHYSICAL THERAPY	63	6	36414	0	33414	0	3000	8.23	22.43
	RAD RADIOLOGY	31	13	7260	0	5861.18	0	1067.8	14.7	7.98
	REV *** REVIEW *** REVIEW ***	1	1	2459	0	2459	0	0	0	0
	SURO SURGEON OUTPATIENT	6	3	2326	0	1065.24	0	1260.76	54.2	9.42
	VISa VISION SERVICES ACCIDENT	1	1	225	0	105	0	120	53.33	0.89
	Place of Service Totals:	**319**	**42**	**122270.37**	**0**	**106761.52**	**0**	**13372.95**		
	Place of Service: 12 : HOME									
	INEL INELIGIBLE CHARGE	1	1	41.99	0	41.99	0	0	0	0

	OAP ORTHOPEDIC BRACES/APPLIANCES	6	2	3801.2	0	2542.9	0	629.86	16.57	100
	Place of Service Totals:	**7**	**2**	**3843.19**	**0**	**2584.89**	**0**	**629.86**		
	Place of Service: 20 : URGENT CARE FACILITY									
	INEL INELIGIBLE CHARGE	1	1	233	0	233	0	0	0	0
	INT INTEREST PAYMENT	1	1	0.46	0	0	0	0.46	100	0.04
	RAD RADIOLOGY	4	3	220	0	100	0	120	54.54	10.48
	SURO SURGEON OUTPATIENT	3	2	1163.9	0	229.9	0	934	80.24	81.61
	UC URGENT CARE VISIT	2	0	1142	0	1142	0	0	0	0
	UC1 URGENT CARE VISIT	2	2	493	0	403	0	90	18.25	7.86
	Place of Service Totals:	**13**	**6**	**3252.36**	**0**	**2107.9**	**0**	**1144.46**		
	Place of Service: 21 : INPATIENT HOSPITAL									
	DOC1 INPATIENT DOCTOR	1	1	630	0	585	0	45	7.14	0.17
	HMIS IP HOSP, MISCELLANEOUS	2	0	23791	0	2300.46	0	21490.54	90.33	84.39
	HRB IP HOSP, ROOM & BOARD	3	0	8895	0	5895	0	3000	33.72	11.78
	INEL INELIGIBLE CHARGE	4	1	174	0	174	0	0	0	0
	SURI SURGEON INPATIENT	5	1	8750	0	7821.08	0	928.92	10.61	3.64
	Place of Service Totals:	**15**	**2**	**42240**	**0**	**16775.54**	**0**	**25464.46**		
	Place of Service: 22 : OUTPATIENT HOSPITAL									
	CAT CAT SCAN	1	1	3297	0	2922	0	158.26	4.8	2.94
	CAT CAT SCAN MVA	0	0	3297	0	2922	0	158.26	4.8	2.94
	CON CONSULTATION	1	1	310	0	270	0	40	12.9	0.74
	CON CONSULTATION MVA	0	0	310	0	270	0	40	12.9	0.74
	ERA HOSPITAL ER	2	2	3006	0	0	0	1962.92	65.3	36.53
	HMRI HOSPITAL MRI	5	2	17950.1	0	16450.1	0	1500	8.35	27.91
	HOS OP HOSP, MISCELLANEOUS	1	1	382	0	382	0	0	0	0
	HRAD HOSPITAL RADIOLOGY	16	12	8251.52	0	7587.68	0	588.84	7.13	10.96
	HSR HSR NETWORK ACCESS FEE	2	2	0	0	0	0	0	0	0
	ILBL ILLOGICAL BILLING	1	1	310	0	310	0	0	0	0
	INEL INELIGIBLE CHARGE	40	8	32641.17	0	32641.17	0	0	0	0
	INT INTEREST PAYMENT	2	2	39.16	0	0	0	39.16	100	0.72
	MRI MRI	1	1	7434	0	5934	0	716.04	9.63	13.32
	OV1 OUTPATIENT DOCTOR VISITS	2	2	564	0	474	0	59.26	10.5	1.1
	PPO NETWORK ACCESS FEE	2	2	0	0	0	0	0	0	0
	RAD RADIOLOGY	14	6	2184	0	2036.52	0	109.8	5.02	2.04
	REV *** REVIEW *** REVIEW ***	2	2	822	0	822	0	0	0	0
	Place of Service Totals:	**92**	**23**	**80797.95**	**0**	**73021.47**	**0**	**5372.54**		
	Place of Service: 23 : EMERGENCY ROOM - HOSPITAL									
	ERA HOSPITAL ER	24	19	55131.32	0	1028.82	894.22	43333.7	78.6	76.41
	HCAT HOSPITAL CAT SCAN	1	1	3375	0	3000	0	375	11.11	0.66
	HCAT HOSPITAL CAT SCAN MVA	0	0	3375	0	3000	0	375	11.11	0.66
	HRAD HOSPITAL RADIOLOGY	19	10	10407	0	9866.7	0	434.73	4.17	0.76
	HSR HSR NETWORK ACCESS FEE	4	4	179.48	0	0	0	179.48	100	0.31
	INEL INELIGIBLE CHARGE	39	9	36037	0	36037	0	0	0	0
	INT INTEREST PAYMENT	8	5	44.95	0	0	0	44.95	100	0.07
	OV MVA OUTPT DOCTOR VISITS	8	8	3174	0	2854	0	290.35	9.14	0.51
	OV OUTPATIENT DOCTOR VISITS	8	8	3174	0	2854	0	290.35	9.14	0.51
	PPO NETWORK ACCESS FEE	9	5	735.68	0	0	0	735.68	100	1.29
	RAD RADIOLOGY	9	5	1710	0	1560	0	150	8.77	0.26
	SURO SURGEON OUTPATIENT	10	9	18998	0	5543.92	3589.52	10499.3	55.26	18.51

	Place of Service Totals:	**139**	**25**	**136341.43**	**0**	**65744.44**	**4483.74**	**56708.54**		
	Place of Service: 24 : AMBULATORY SURGICAL CENTER									
	ANEO ANESTHESIA OUTPATIENT	1	1	5282	0	792.3	792.3	4489.7	85	15.6
	ASRO ASS SURGEON OUTPATIENT	1	0	1500	0	1066.72	1066.72	433.28	28.88	1.5
	HSR HSR NETWORK ACCESS FEE	3	0	330.95	0	0	0	330.95	100	1.14
	INEL INELIGIBLE CHARGE	2	0	1700	0	1700	0	0	0	0
	INT INTEREST PAYMENT	2	0	50.83	0	0	0	8.45	16.62	0.02
	OUTS OUTPATIENT SURGICAL CENTER	1	0	24184	0	3627.6	3627.6	20556.4	85	71.42
	PPO NETWORK ACCESS FEE	4	0	794.42	0	0	0	794.42	100	2.76
	SURO SURGEON OUTPATIENT	1	0	3300	0	1133.64	1133.64	2166.36	65.64	7.52
	Place of Service Totals:	**15**	**1**	**37142.2**	**0**	**8320.26**	**6620.26**	**28779.56**		
	Place of Service: 41 : AMBULANCE - LAND									
	AMB AMBULANCE	1	1	1396	0	896	0	500	35.81	100
	Place of Service Totals:	**1**	**1**	**1396**	**0**	**896**	**0**	**500**		
	Place of Service: 81 : INDEPENDENT LABORATORY									
	INEL INELIGIBLE CHARGE	1	1	90.35	0	90.35	0	0	0	0
	Place of Service Totals:	**1**	**1**	**90.35**	**0**	**90.35**	**0**	**0**		
	Place of Service: PH : PHARMACY									
	OAP ORTHOPEDIC BRACES/APPLIANCES	1	1	0	0	0	0	0	0	0
	RX PRESCRIPTION	1	0	0	0	0	0	0	0	0
	Place of Service Totals:	**2**	**1**	**0**	**0**	**0**	**0**	**0**		
Policy Year: 2010										
										201912
DLVBAT00 - FLMBAHSRMD09 BASIC AT SCHOOL										
	Place of Service: 11 : OFFICE									
	ANEO ANESTHESIA OUTPATIENT	1	1	2520	0	921.18	0	1598.82	63.44	1.16
	ASRO ASS SURGEON OUTPATIENT	2	1	2850	0	0	0	2850	100	2.08
	CAT CAT SCAN	7	5	4898	0	3613	0	1010	20.62	0.73
	CAT CAT SCAN MVA	7	5	4898	0	3613	0	1010	20.62	0.73
	CF CLAIM FORM RECEIVED	16	16	0.13	0	0.13	0	0	0	0
	CHIR CHIROPRACTIC	4	1	1010	0	950	0	60	5.94	0.04
	CHIR CHIROPRACTIC MVA	4	0	1010	0	950	0	60	5.94	0.04
	CON CONSULTATION	8	7	2845	0	2565	0	259.97	9.13	0.18
	CON CONSULTATION MVA	8	7	2845	0	2565	0	259.97	9.13	0.18
	DENT DENTAL SERVICES	23	6	5484	0	1169.8	0	3590.55	65.47	2.62
	DENT DENTAL SERVICES MVA	23	6	5484	0	1169.8	0	3590.55	65.47	2.62
	HSR HSR NETWORK ACCESS FEE	7	7	465.04	0	0	0	465.04	100	0.33
	ILBL ILLOGICAL BILLING	2	2	700	0	700	0	0	0	0
	ILL ILLNESS DIAGNOSIS	6	3	1267	0	1267	0	0	0	0
	INEL INELIGIBLE CHARGE	602	134	220617.96	0	220617.96	0	0	0	0
	INT INTEREST PAYMENT	78	49	232.97	0	0	0	232.97	100	0.17
	MRI MRI	23	20	87231.12	0	59096.34	7565.22	24447.02	28.02	17.84
	OAP ORTHOPEDIC BRACES/APPLIANCES	21	17	11833.48	0	6386.86	0	4957.92	41.89	3.61
	OV MVA OUTPT DOCTOR VISITS	236	121	60827.42	0	53109.42	0	6965.66	11.45	5.08
	OV OUTPATIENT DOCTOR VISITS	236	121	60827.42	0	53109.42	0	6965.66	11.45	5.08
	OV1 OUTPATIENT DOCTOR VISITS	97	94	29416.14	0	25231.14	0	3952.29	13.43	2.88
	PPO NETWORK ACCESS FEE	12	9	2929.94	0	0	0	2929.94	100	2.13
	PT PHYSICAL THERAPY	433	38	181344	0	164384	0	14809.82	8.16	10.81
	RAD RADIOLOGY	215	115	48283.86	0	31661.94	0	11748.74	24.33	8.57

	SURO SURGEON OUTPATIENT	50	30	71638.72	0	15836.46	799.9	45194.5	63.08	32.99
	Place of Service Totals:	**2121**	**249**	**811459.2**	**0**	**648917.45**	**8365.12**	**136959.42**		
	Place of Service: 12 : HOME									
	HSR HSR NETWORK ACCESS FEE	1	1	7.23	0	0	0	7.23	100	0.1
	INEL INELIGIBLE CHARGE	18	10	7572.34	0	7572.34	0	0	0	0
	INT INTEREST PAYMENT	1	1	0.62	0	0	0	0.62	100	0
	OAP ORTHOPEDIC BRACES/APPLIANCES	27	19	23024.48	0	14935.28	144.64	7145.84	31.03	99.64
	PPO NETWORK ACCESS FEE	1	1	17.36	0	0	0	17.36	100	0.24
	Place of Service Totals:	**48**	**22**	**30622.03**	**0**	**22507.62**	**144.64**	**7171.05**		
	Place of Service: 20 : URGENT CARE FACILITY									
	INEL INELIGIBLE CHARGE	3	2	617	0	617	0	0	0	0
	REV *** REVIEW *** REVIEW ***	1	1	390	0	390	0	0	0	0
	SURO SURGEON OUTPATIENT	2	2	868	0	58.48	0	809.52	93.26	82.64
	UC URGENT CARE VISIT	3	3	3056	0	2896	0	80	2.61	8.16
	UC1 URGENT CARE VISIT	2	2	493	0	403	0	90	18.25	9.18
	Place of Service Totals:	**11**	**7**	**5424**	**0**	**4364.48**	**0**	**979.52**		
	Place of Service: 21 : INPATIENT HOSPITAL									
	ANEI ANESTHESIA INPATIENT	1	1	2100	0	2100	0	0	0	0
	ANEI ANESTHESIA INPATIENT MVA	0	0	2100	0	2100	0	0	0	0
	DOCI INPATIENT DOCTOR VISIT	1	1	130	0	130	0	0	0	0
	DOCI INPATIENT DOCTOR VISIT MVA	0	0	130	0	130	0	0	0	0
	ERA HOSPITAL ER	1	1	2484	0	0	0	1282.08	51.61	1.27
	HMIS IP HOSP, MISCELLANEOUS	24	6	176152.73	0	77601.81	17396.42	86700.92	49.21	86.4
	HRB IP HOSP, ROOM & BOARD	9	6	16559.28	0	8949.28	890	7610	45.95	7.58
	HSR HSR NETWORK ACCESS FEE	2	2	1622.2	0	0	0	1622.2	100	1.61
	ILL ILLNESS DIAGNOSIS	1	1	2310	0	2310	0	0	0	0
	INEL INELIGIBLE CHARGE	45	6	108671.86	0	108671.86	0	0	0	0
	INT INTEREST PAYMENT	3	3	489.88	0	0	0	489.88	100	0.48
	PPO NETWORK ACCESS FEE	4	3	2339.7	0	0	0	2339.7	100	2.33
	SURI SURGEON INPATIENT	2	2	9720	0	7158.94	0	294.1	3.02	0.29
	Place of Service Totals:	**93**	**9**	**324809.65**	**0**	**209151.89**	**18286.42**	**100338.88**		
	Place of Service: 22 : OUTPATIENT HOSPITAL									
	ANEO ANESTHESIA OUTPATIENT	14	12	48288	0	27759.28	0	14977.78	31.01	2.23
	ASRO ASS SURGEON OUTPATIENT	12	12	88328	0	67702.02	0	19243.74	21.78	2.86
	CON CONSULTATION	2	2	3647.6	0	3630.76	0	16.84	0.46	0
	CON CONSULTATION MVA	2	2	3647.6	0	3630.76	0	16.84	0.46	0
	ERA HOSPITAL ER	14	13	26099.16	0	546.02	546.02	13390.12	51.3	1.99
	HCAT HOSPITAL CAT SCAN	6	4	18223.77	0	17025.21	0	1125	6.17	0.16
	HCAT HOSPITAL CAT SCAN MVA	6	4	18223.77	0	17025.21	0	1125	6.17	0.16
	HMRI HOSPITAL MRI	19	18	85824.52	0	73347.52	0	9689.75	11.29	1.44
	HOS OP HOSP, MISCELLANEOUS	2	2	526	0	526	0	0	0	0
	HPAT PATHOLOGY	2	2	139.7	0	139.7	0	0	0	0
	HRAD HOSPITAL RADIOLOGY	55	34	26726.93	0	24503.45	0	1233.66	4.61	0.18
	HSR HSR NETWORK ACCESS FEE	17	15	2593.11	0	0	0	2593.11	100	0.38
	ILL ILLNESS DIAGNOSIS	12	5	3768	0	3768	0	0	0	0
	INEL INELIGIBLE CHARGE	266	76	466071.3	0	466071.3	0	0	0	0
	INT INTEREST PAYMENT	41	23	956.06	0	0	0	956.06	100	0.14
	MRI MRI	17	12	31524	0	25386	0	4843.3	15.36	0.72
	OUTS OUTPATIENT SURGICAL CENTER	33	23	1355660.08	0	498966.68	64549.42	494651.36	36.48	73.72

	OV MVA OUTPT DOCTOR VISITS	8	6	1520	0	1200	0	320	21.05	0.04
	OV OUTPATIENT DOCTOR VISITS	8	6	1520	0	1200	0	320	21.05	0.04
	OV1 OUTPATIENT DOCTOR VISITS	8	8	2900	0	2540	0	360	12.41	0.05
	PAT PATHOLOGY	11	7	817.8	0	817.8	0	0	0	0
	PPO NETWORK ACCESS FEE	24	17	6940.06	0	0	0	6940.06	100	1.03
	PSYC OUTPATIENT MENTAL NERVOUS	3	3	1601	0	1601	0	0	0	0
	PT PHYSICAL THERAPY	123	10	97368	0	93039.96	0	4240	4.35	0.63
	RAD RADIOLOGY	30	21	7764.8	0	7072.06	40	692.74	8.92	0.1
	REV *** REVIEW *** REVIEW ***	3	3	1294	0	1294	0	0	0	0
	SURO SURGEON OUTPATIENT	41	21	233140	0	87553.84	11393.94	94195.54	40.4	14.03
	Place of Service Totals:	**779**	**129**	**2535113.26**	**0**	**1426346.57**	**76529.38**	**670930.9**		
	Place of Service: 23 : EMERGENCY ROOM - HOSPITAL									
	CAT CAT SCAN	6	5	1064	0	440.45	134.45	623.55	58.6	0.47
	CAT CAT SCAN MVA	6	5	1064	0	440.45	134.45	623.55	58.6	0.47
	DXP DIAGNOSTIC SERVICES	1	1	58	0	58	0	0	0	0
	ERA HOSPITAL ER	89	72	185999.78	0	23698.18	10716.86	100569.04	54.06	77.28
	HCAT HOSPITAL CAT SCAN	7	7	15365	0	13363.55	0	1772.1	11.53	1.36
	HCAT HOSPITAL CAT SCAN MVA	7	7	15365	0	13363.55	0	1772.1	11.53	1.36
	HMRI HOSPITAL MRI	1	1	3359	0	2609	0	750	22.32	0.57
	HPAT PATHOLOGY	6	1	855	0	855	0	0	0	0
	HRAD HOSPITAL RADIOLOGY	59	51	37284.81	0	34205.31	73.2	2658.06	7.12	2.04
	HSR HSR NETWORK ACCESS FEE	22	18	804.13	0	0	0	804.13	100	0.61
	ILL ILLNESS DIAGNOSIS	3	2	1060	0	1060	0	0	0	0
	INEL INELIGIBLE CHARGE	166	59	90658	0	90658	0	0	0	0
	INT INTEREST PAYMENT	33	26	162.64	0	0	0	162.64	100	0.12
	OV MVA OUTPT DOCTOR VISITS	40	37	13426	0	11946	0	1446.79	10.77	1.11
	OV OUTPATIENT DOCTOR VISITS	40	37	13426	0	11946	0	1446.79	10.77	1.11
	PAT PATHOLOGY	4	1	54	0	54	0	0	0	0
	PPO NETWORK ACCESS FEE	24	19	1571.25	0	0	0	1571.25	100	1.2
	RAD RADIOLOGY	41	29	13733.46	0	11624.3	133.3	1866.62	13.59	1.43
	SURO SURGEON OUTPATIENT	19	18	48642	0	34340.56	32568.6	14065.26	28.91	10.8
	Place of Service Totals:	**574**	**116**	**443952.07**	**0**	**250662.35**	**43760.86**	**130131.88**		
	Place of Service: 24 : AMBULATORY SURGICAL CENTER									
	ANEO ANESTHESIA OUTPATIENT	3	2	5648	0	2115.32	0	1872.68	33.15	1.63
	CON CONSULTATION	1	1	950	0	937.16	0	12.84	1.35	0.01
	CON CONSULTATION MVA	0	0	950	0	937.16	0	12.84	1.35	0.01
	HSR HSR NETWORK ACCESS FEE	2	2	227.01	0	0	0	227.01	100	0.19
	INEL INELIGIBLE CHARGE	6	2	10561	0	10561	0	0	0	0
	INT INTEREST PAYMENT	2	2	194.15	0	0	0	194.15	100	0.16
	OUTS OUTPATIENT SURGICAL CENTER	6	5	197034	0	95711.26	4540.2	101322.74	51.42	88.36
	PPO NETWORK ACCESS FEE	2	2	493.77	0	0	0	493.77	100	0.43
	SURO SURGEON OUTPATIENT	5	3	28380	0	2794.36	0	10529.62	37.1	9.18
	Place of Service Totals:	**27**	**7**	**244437.93**	**0**	**113056.26**	**4540.2**	**114665.65**		
	Place of Service: 41 : AMBULANCE - LAND									
	AMB AMBULANCE	5	5	5905	0	3405	0	2200	37.25	100
	INEL INELIGIBLE CHARGE	4	1	700	0	700	0	0	0	0
	Place of Service Totals:	**9**	**6**	**6605**	**0**	**4105**	**0**	**2200**		
	Place of Service: 81 : INDEPENDENT LABORATORY									
	INEL INELIGIBLE CHARGE	4	2	153.61	0	153.61	0	0	0	0

	REV *** REVIEW *** REVIEW ***	1	1	38.15	0	38.15	0	0	0	0
	Place of Service Totals:	**5**	**2**	**191.76**	**0**	**191.76**	**0**	**0**		
	Place of Service: 99 : OTHER PLACE OF SERVICE									
	INT INTEREST PAYMENT	1	1	3.43	0	0	0	3.43	100	100
	Place of Service Totals:	**1**	**1**	**3.43**	**0**	**0**	**0**	**3.43**		
	Place of Service: PH : PHARMACY									
	INEL INELIGIBLE CHARGE	5	5	41.61	0	41.61	0	0	0	0
	RX PRESCRIPTION	1	1	14.17	0	14.17	0	0	0	0
	Place of Service Totals:	**6**	**6**	**55.78**	**0**	**55.78**	**0**	**0**		
Policy Year: 2010										
										201912
DLVBFB00 - MIAMI DADE FOOTBALL										
	Place of Service: 11 : OFFICE									
	ASRO ASS SURGEON OUTPATIENT	2	2	13744	0	11132.22	0	505.9	3.68	0.68
	CAT CAT SCAN	4	2	954	0	634	0	320	33.54	0.43
	CAT CAT SCAN MVA	4	2	954	0	634	0	320	33.54	0.43
	CF CLAIM FORM RECEIVED	27	26	0.26	0	0.26	0	0	0	0
	CON CONSULTATION	1	1	650	250	328.61	0	71.39	10.98	0.09
	CON CONSULTATION MVA	0	0	650	250	328.61	0	71.39	10.98	0.09
	HSR HSR NETWORK ACCESS FEE	2	2	54.46	0	0	0	54.46	100	0.07
	IC INCOMPLETE CLAIM RECEIVED	6	3	2239.31	0	2239.31	0	0	0	0
	ICF INCOMPLETE CLAIM FORM RECEIVED	7	3	3099.2	0	3099.2	0	0	0	0
	ILBL ILLOGICAL BILLING	2	2	644	0	644	0	0	0	0
	ILL ILLNESS DIAGNOSIS	5	2	1016	0	1016	0	0	0	0
	INEL INELIGIBLE CHARGE	250	71	138707.28	0	138707.28	0	0	0	0
	INJ INJECTION	4	2	392	0	392	0	0	0	0
	INT INTEREST PAYMENT	89	56	237.73	0	0	0	237.73	100	0.32
	MMS MISC, MEDICAL SUPPLY	2	2	66.1	0	66.1	0	0	0	0
	MRI MRI	18	16	49818	3230	22588	0	16934.82	33.99	22.82
	OAP ORTHOPEDIC BRACES/APPLIANCES	12	11	6054.48	0	986.38	0	2875.24	47.48	3.87
	OV MVA OUTPT DOCTOR VISITS	218	106	64514.75	9422.31	50211.79	0	4170.78	6.46	5.62
	OV OUTPATIENT DOCTOR VISITS	218	106	64514.75	9422.31	50211.79	0	4170.78	6.46	5.62
	OV1 OUTPATIENT DOCTOR VISITS	68	66	22578.75	6264.18	14630.57	0	1589	7.03	2.14
	PPO NETWORK ACCESS FEE	3	3	245.37	0	0	0	245.37	100	0.33
	PSYC OUTPATIENT MENTAL NERVOUS	1	1	350	0	350	0	0	0	0
	PT PHYSICAL THERAPY	312	27	158528	2930	140467.68	0	13128.94	8.28	17.69
	RAD RADIOLOGY	195	104	52178	8892.84	30484.08	26.8	8659.1	16.59	11.67
	REV *** REVIEW *** REVIEW ***	2	1	308	0	308	0	0	0	0
	SURO SURGEON OUTPATIENT	44	23	50040.56	3051.12	17450.52	1062.4	20844.12	41.65	28.09
	Place of Service Totals:	**1496**	**170**	**632539**	**43712.76**	**486910.4**	**1089.2**	**74199.02**		
	Place of Service: 12 : HOME									
	HSR HSR NETWORK ACCESS FEE	1	1	24.87	0	0	0	24.87	100	0.09
	INEL INELIGIBLE CHARGE	18	6	7596.43	0	7596.43	0	0	0	0
	INT INTEREST PAYMENT	12	10	65.92	0	0	0	65.92	100	0.25
	OAP ORTHOPEDIC BRACES/APPLIANCES	59	31	55525.94	3940.82	14397.14	497.58	26192.54	47.17	99.42
	PPO NETWORK ACCESS FEE	1	1	59.7	0	0	0	59.7	100	0.22
	Place of Service Totals:	**91**	**33**	**63272.86**	**3940.82**	**21993.57**	**497.58**	**26343.03**		
	Place of Service: 20 : URGENT CARE FACILITY									

	CON CONSULTATION	1	1	40	16.41	23.59	0	0	0	0
	CON CONSULTATION MVA	0	0	40	16.41	23.59	0	0	0	0
	UC URGENT CARE VISIT	2	2	584	314	270	0	0	0	0
	Place of Service Totals:	**3**	**2**	**664**	**346.82**	**317.18**	**0**	**0**		
	Place of Service: 21 : INPATIENT HOSPITAL									
	ANEI ANESTHESIA INPATIENT	2	2	1625	0	682.5	0	776	47.75	5.13
	ANEI ANESTHESIA INPATIENT MVA	2	2	1625	0	682.5	0	776	47.75	5.13
	CON CONSULTATION	1	1	250	0	2.26	0	247.74	99.09	1.63
	CON CONSULTATION MVA	0	0	250	0	2.26	0	247.74	99.09	1.63
	DOC1 INPATIENT DOCTOR	1	1	890	0	845	0	45	5.05	0.29
	DOCI INPATIENT DOCTOR VISIT	2	0	260	0	180	0	80	30.76	0.52
	DOCI INPATIENT DOCTOR VISIT MVA	2	0	260	0	180	0	80	30.76	0.52
	ERA HOSPITAL ER	1	1	15178.16	0	0	0	610.68	4.02	4.03
	HMIS IP HOSP, MISCELLANEOUS	17	7	179299.31	0	177823.21	0	662.97	0.36	4.38
	HRB IP HOSP, ROOM & BOARD	8	6	18678.34	250	10556.34	0	7236	38.74	47.85
	ICU INTENSIVE CARE	2	1	8094	0	6094	0	2000	24.7	13.22
	INEL INELIGIBLE CHARGE	22	5	43522.9	0	43522.9	0	0	0	0
	INT INTEREST PAYMENT	4	3	58.91	0	0	0	58.91	100	0.38
	SURI SURGEON INPATIENT	1	1	2300	0	0	0	2300	100	15.21
	Place of Service Totals:	**65**	**10**	**272291.62**	**250**	**240570.97**	**0**	**15121.04**		
	Place of Service: 22 : OUTPATIENT HOSPITAL									
	ANEO ANESTHESIA OUTPATIENT	16	15	54008	440	30325.5	1150	20107.18	37.23	2.46
	ASRO ASS SURGEON OUTPATIENT	20	15	175848	1211.04	142914.26	0	23765.14	13.51	2.91
	CAT CAT SCAN	2	1	494	0	119	0	375	75.91	0.04
	CAT CAT SCAN MVA	2	0	494	0	119	0	375	75.91	0.04
	ERA HOSPITAL ER	2	2	3184	102.74	0	0	1405.28	44.13	0.17
	HCAT HOSPITAL CAT SCAN	5	2	19678.72	0	19506.72	0	172	0.87	0.02
	HCAT HOSPITAL CAT SCAN MVA	5	2	19678.72	0	19506.72	0	172	0.87	0.02
	HMRI HOSPITAL MRI	17	15	66361.38	1776.16	54535.33	0	6734.83	10.14	0.82
	HOS OP HOSP, MISCELLANEOUS	2	1	161576	0	161576	0	0	0	0
	HPAT PATHOLOGY	2	1	488	0	488	0	0	0	0
	HRAD HOSPITAL RADIOLOGY	17	13	12655.77	1200.76	10691.04	0	695.67	5.49	0.08
	HSR HSR NETWORK ACCESS FEE	18	13	1783.57	0	0	0	1783.57	100	0.21
	ILBL ILLOGICAL BILLING	1	1	93	0	93	0	0	0	0
	ILL ILLNESS DIAGNOSIS	7	3	2390	0	2390	0	0	0	0
	INEL INELIGIBLE CHARGE	154	51	371673.33	0	371673.33	0	0	0	0
	INT INTEREST PAYMENT	53	31	1672.43	0	0	0	1672.43	100	0.2
	MRI MRI	8	5	27206	0	24512.66	0	2351.36	8.64	0.28
	OUTS OUTPATIENT SURGICAL CENTER	32	27	1685922.72	0	646375.2	19514.78	638519.92	37.87	78.43
	OV MVA OUTPT DOCTOR VISITS	19	11	3386.32	732.43	2293.89	0	330	9.74	0.04
	OV OUTPATIENT DOCTOR VISITS	19	11	3386.32	732.43	2293.89	0	330	9.74	0.04
	OV1 OUTPATIENT DOCTOR VISITS	8	8	2348	1087.62	1127.75	0	132.63	5.64	0.01
	PAT PATHOLOGY	13	7	836.9	0	836.9	0	0	0	0
	PPO NETWORK ACCESS FEE	20	12	4124.82	0	0	0	4124.82	100	0.5
	PSYC OUTPATIENT MENTAL NERVOUS	4	4	1120	0	1120	0	0	0	0
	PT PHYSICAL THERAPY	199	19	189517.4	1193.66	179423.74	0	7961.6	4.2	0.97
	RAD RADIOLOGY	22	11	10459.92	155.16	9974.76	0	159.48	1.52	0.01
	REV *** REVIEW *** REVIEW ***	4	2	3400.88	0	3400.88	0	0	0	0
	SURO SURGEON OUTPATIENT	50	25	306086.82	1650	141207.6	14904.06	102945.38	33.63	12.64

	Place of Service Totals:	**721**	**85**	**3129875.02**	**10282**	**1826505.17**	**35568.84**	**814113.29**		
	Place of Service: 23 : EMERGENCY ROOM - HOSPITAL									
	CAT CAT SCAN	6	4	1406	250	523	0	633	45.02	0.89
	CAT CAT SCAN MVA	6	4	1406	250	523	0	633	45.02	0.89
	DXP DIAGNOSTIC SERVICES	1	1	40	0	40	0	0	0	0
	ERA HOSPITAL ER	38	31	143685.04	4770	15843.32	3201.8	62866.96	43.75	88.57
	HCAT HOSPITAL CAT SCAN	11	6	37027	250	35277	551	1175	3.17	1.65
	HCAT HOSPITAL CAT SCAN MVA	11	6	37027	250	35277	551	1175	3.17	1.65
	HPAT PATHOLOGY	9	4	1623	250	1373	56.2	0	0	0
	HRAD HOSPITAL RADIOLOGY	27	22	19711.6	1546.98	16733.77	0	1195.58	6.06	1.68
	HSR HSR NETWORK ACCESS FEE	7	6	199.18	0	0	0	199.18	100	0.28
	INEL INELIGIBLE CHARGE	53	24	27579.13	0	27579.13	0	0	0	0
	INT INTEREST PAYMENT	17	12	109.64	0	0	0	109.64	100	0.15
	OAP ORTHOPEDIC BRACES/APPLIANCES	1	1	152.24	0	0	0	152.24	100	0.21
	OV MVA OUTPT DOCTOR VISITS	16	16	8542	2008	5974.8	0	542.44	6.35	0.76
	OV OUTPATIENT DOCTOR VISITS	16	16	8542	2008	5974.8	0	542.44	6.35	0.76
	PAT PATHOLOGY	5	2	71	0	71	0	0	0	0
	PPO NETWORK ACCESS FEE	8	7	199.49	0	0	0	199.49	100	0.28
	RAD RADIOLOGY	23	14	6293.4	923.78	4722.78	0	646.84	10.27	0.91
	SURO SURGEON OUTPATIENT	4	4	3612	500	2122.24	0	907.78	25.13	1.27
	Place of Service Totals:	**259**	**51**	**297225.72**	**13006.76**	**152034.84**	**4360**	**70978.59**		
	Place of Service: 24 : AMBULATORY SURGICAL CENTER									
	ANEO ANESTHESIA OUTPATIENT	2	2	7258	0	3712.18	0	3545.82	48.85	3.88
	ASRO ASS SURGEON OUTPATIENT	2	2	3570	0	1508.26	1508.26	491.74	13.77	0.53
	HSR HSR NETWORK ACCESS FEE	4	3	548.24	0	0	0	548.24	100	0.6
	INEL INELIGIBLE CHARGE	10	5	29237	0	29237	0	0	0	0
	INT INTEREST PAYMENT	3	2	33.04	0	0	0	33.04	100	0.03
	OUTS OUTPATIENT SURGICAL CENTER	7	6	175622.2	0	27121.78	16417.12	71054.36	40.45	77.88
	PPO NETWORK ACCESS FEE	8	3	2337.95	0	0	0	2337.95	100	2.56
	SURO SURGEON OUTPATIENT	4	3	28920	500	15202.72	6636.12	13217.28	45.7	14.48
	Place of Service Totals:	**40**	**6**	**247526.43**	**500**	**76781.94**	**24561.5**	**91228.43**		
	Place of Service: 32 : NURSING FACILITY									
	INEL INELIGIBLE CHARGE	1	1	633.96	0	633.96	0	0	0	0
	Place of Service Totals:	**1**	**1**	**633.96**	**0**	**633.96**	**0**	**0**		
	Place of Service: 41 : AMBULANCE - LAND									
	AMB AMBULANCE	4	4	5038.68	1660	1378.68	0	1632.84	32.4	99.98
	INEL INELIGIBLE CHARGE	1	0	840	0	840	0	0	0	0
	INT INTEREST PAYMENT	1	1	0.3	0	0	0	0.3	100	0.01
	Place of Service Totals:	**6**	**4**	**5878.98**	**1660**	**2218.68**	**0**	**1633.14**		
	Place of Service: 81 : INDEPENDENT LABORATORY									
	REV *** REVIEW *** REVIEW ***	4	1	142.26	0	142.26	0	0	0	0
	Place of Service Totals:	**4**	**1**	**142.26**	**0**	**142.26**	**0**	**0**		
	Place of Service: PH : PHARMACY									
	RX PRESCRIPTION	2	1	20	20	0	0	0	0	0
	Place of Service Totals:	**2**	**1**	**20**	**20**	**0**	**0**	**0**		

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DLVBSF00 - MIAMI DADE SPRING FB

	Place of Service: 11 : OFFICE

	CF CLAIM FORM RECEIVED	1	1	0.01	0	0.01	0	0	0	0
	HSR HSR NETWORK ACCESS FEE	1	1	105.4	0	0	0	105.4	100	2.07
	IC INCOMPLETE CLAIM RECEIVED	2	1	2068	0	2068	0	0	0	0
	INEL INELIGIBLE CHARGE	4	3	1000	0	1000	0	0	0	0
	MRI MRI	2	2	6700	500	4308.08	2108.08	1891.92	28.23	37.22
	OV MVA OUTPT DOCTOR VISITS	11	7	3285	576.59	2468.41	0	240	7.3	4.72
	OV OUTPATIENT DOCTOR VISITS	11	7	3285	576.59	2468.41	0	240	7.3	4.72
	OV1 OUTPATIENT DOCTOR VISITS	4	4	1274	132.53	1051.47	0	90	7.06	1.77
	PPO NETWORK ACCESS FEE	1	1	252.97	0	0	0	252.97	100	4.97
	PT PHYSICAL THERAPY	29	2	16452	608.76	14343.24	0	1500	9.11	29.51
	RAD RADIOLOGY	10	6	2032	400.66	1031.34	0	600	29.52	11.8
	SURO SURGEON OUTPATIENT	2	1	3008	0	1920.76	0	162	5.38	3.18
	Place of Service Totals:	**78**	**10**	**39462.38**	**2795.13**	**30659.72**	**2108.08**	**5082.29**		
	Place of Service: 12 : HOME									
	HSR HSR NETWORK ACCESS FEE	1	1	20.26	0	0	0	20.26	100	0.68
	OAP ORTHOPEDIC BRACES/APPLIANCES	6	0	3302.96	0	405.12	405.12	2897.84	87.73	97.67
	PPO NETWORK ACCESS FEE	1	0	48.61	0	0	0	48.61	100	1.63
	Place of Service Totals:	**8**	**1**	**3371.83**	**0**	**405.12**	**405.12**	**2966.71**		
	Place of Service: 22 : OUTPATIENT HOSPITAL									
	ERA HOSPITAL ER	1	1	2838	0	0	0	2838	100	57.46
	HMRI HOSPITAL MRI	1	1	2729	0	1979	0	750	27.48	15.18
	HRAD HOSPITAL RADIOLOGY	3	1	1201	500	551	0	150	12.48	3.03
	ILL ILLNESS DIAGNOSIS	1	1	572	0	572	0	0	0	0
	INEL INELIGIBLE CHARGE	8	0	2194	0	2194	0	0	0	0
	INT INTEREST PAYMENT	2	0	0.68	0	0	0	0.68	100	0.01
	MRI MRI	1	0	380	0	380	0	0	0	0
	PT PHYSICAL THERAPY	28	0	14132	0	12932	0	1200	8.49	24.29
	RAD RADIOLOGY	1	0	60	0	60	0	0	0	0
	Place of Service Totals:	**46**	**2**	**24106.68**	**500**	**18668**	**0**	**4938.68**		
	Place of Service: 23 : EMERGENCY ROOM - HOSPITAL									
	CAT CAT SCAN	2	1	422	0	422	0	0	0	0
	CAT CAT SCAN MVA	2	0	422	0	422	0	0	0	0
	ERA HOSPITAL ER	1	0	640	0	0	0	640	100	20.66
	HCAT HOSPITAL CAT SCAN	2	0	5337	250	4712	0	375	7.02	12.1
	HCAT HOSPITAL CAT SCAN MVA	2	0	5337	250	4712	0	375	7.02	12.1
	HRAD HOSPITAL RADIOLOGY	1	1	636	0	561	0	75	11.79	2.42
	INEL INELIGIBLE CHARGE	2	1	1704	0	1704	0	0	0	0
	OV MVA OUTPT DOCTOR VISITS	2	2	863	49	734	0	80	9.26	2.58
	OV OUTPATIENT DOCTOR VISITS	2	2	863	49	734	0	80	9.26	2.58
	RAD RADIOLOGY	4	3	326	68	258	0	0	0	0
	SURO SURGEON OUTPATIENT	2	2	2596	334	790.36	0	1471.64	56.68	47.52
	Place of Service Totals:	**22**	**4**	**19146**	**1000**	**15049.36**	**0**	**3096.64**		
	Place of Service: PH : PHARMACY									
	RX PRESCRIPTION	4	1	10.34	5.17	5.17	0	0	0	0
	Place of Service Totals:	**4**	**1**	**10.34**	**5.17**	**5.17**	**0**	**0**		
	Policy Year: 2010 Totals:	**7446**	**679**	**9655485.52**	**79569.46**	**5904112.02**	**232453.22**	**2416911.98**		

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	Place of Service: 11 : OFFICE									
	ALLT ALLERGY TESTING (ACCIDENT)	9	1	288	0	288	0	0	0	0
	DXP DIAGNOSTIC SERVICES	4	3	220	0	220	0	0	0	0
	HSR HSR NETWORK ACCESS FEE	1	1	12.54	0	0	0	12.54	100	0.32
	IC INCOMPLETE CLAIM RECEIVED	1	1	100	0	100	0	0	0	0
	INEL INELIGIBLE CHARGE	31	14	3264.58	0	3264.58	0	0	0	0
	INT INTEREST PAYMENT	1	1	1.89	0	0	0	1.89	100	0.04
	OV OUTPATIENT DOCTOR VISITS	24	15	3170.01	290	2355.01	0	525	16.56	13.49
	OV1 OUTPATIENT DOCTOR VISITS	21	21	3185	756.16	1477.14	0	951.7	29.88	24.46
	PAT PATHOLOGY	55	13	3139.66	93.84	1603.28	125.36	1442.54	45.94	37.08
	PPO NETWORK ACCESS FEE	1	1	30.09	0	0	0	30.09	100	0.77
	PT PHYSICAL THERAPY	6	1	1300	0	1140	0	160	12.3	4.11
	RAD RADIOLOGY	3	2	382	0	19.81	0	362.19	94.81	9.31
	REV *** REVIEW *** REVIEW ***	1	1	60	0	60	0	0	0	0
	SURO SURGEON OUTPATIENT	5	1	404	0	0	0	404	100	10.38
	Place of Service Totals:	**163**	**40**	**15557.77**	**1140**	**10527.82**	**125.36**	**3889.95**		
	Place of Service: 20 : URGENT CARE FACILITY									
	DXP DIAGNOSTIC SERVICES	1	1	35	0	35	0	0	0	0
	INEL INELIGIBLE CHARGE	2	1	363	0	363	0	0	0	0
	UC URGENT CARE VISIT	2	2	762	0	722	0	40	5.24	40
	UC1 URGENT CARE VISIT	1	1	233	0	173	0	60	25.75	60
	Place of Service Totals:	**6**	**4**	**1393**	**0**	**1293**	**0**	**100**		
	Place of Service: 21 : INPATIENT HOSPITAL									
	DOCI INPATIENT DOCTOR VISIT	4	1	1653	0	1593	0	60	3.62	2.92
	HMIS IP HOSP, MISCELLANEOUS	7	0	433	0	0	0	433	100	21.08
	HRB IP HOSP, ROOM & BOARD	2	0	15535	0	14067.99	0	1467.01	9.44	71.42
	INEL INELIGIBLE CHARGE	1	0	406	0	406	0	0	0	0
	INT INTEREST PAYMENT	1	0	94.05	0	0	0	94.05	100	4.57
	Place of Service Totals:	**15**	**1**	**18121.05**	**0**	**16066.99**	**0**	**2054.06**		
	Place of Service: 22 : OUTPATIENT HOSPITAL									
	ERA HOSPITAL ER	2	2	2516.5	0	2316.5	0	200	7.94	7.61
	HPAT PATHOLOGY	3	3	3004	50	2754	0	200	6.65	7.61
	HRAD HOSPITAL RADIOLOGY	1	1	387	50	0	0	337	87.08	12.83
	INEL INELIGIBLE CHARGE	4	2	3269	0	3269	0	0	0	0
	INT INTEREST PAYMENT	2	1	60.42	0	0	0	60.42	100	2.3
	OUTS OUTPATIENT SURGICAL CENTER	1	0	8440	0	7490	0	950	11.25	36.18
	OV OUTPATIENT DOCTOR VISITS	1	1	534	0	494	0	40	7.49	1.52
	RAD RADIOLOGY	2	1	68	0	55	0	13	19.11	0.49
	REV *** REVIEW *** REVIEW ***	1	1	460	0	460	0	0	0	0
	SURO SURGEON OUTPATIENT	1	1	825	0	0	0	825	100	31.42
	Place of Service Totals:	**18**	**8**	**19563.92**	**100**	**16838.5**	**0**	**2625.42**		
	Place of Service: 23 : EMERGENCY ROOM - HOSPITAL									
	ERA HOSPITAL ER	11	10	10265.27	100	8823.27	0	1342	13.07	26.08
	HCAT HOSPITAL CAT SCAN	1	1	3245	50	2845	0	350	10.78	6.8
	HMRI HOSPITAL MRI	1	1	6042	0	5692	0	350	5.79	6.8
	HPAT PATHOLOGY	5	3	5736	50	5461.01	0	224.99	3.92	4.37
	HRAD HOSPITAL RADIOLOGY	6	6	2540	50	1032	0	1458	57.4	28.34
	INEL INELIGIBLE CHARGE	26	8	13794.01	0	13794.01	0	0	0	0
	INT INTEREST PAYMENT	3	1	18.23	0	0	0	18.23	100	0.35

	OV OUTPATIENT DOCTOR VISITS	8	6	3813	50	3563	0	200	5.24	3.88
	OV1 OUTPATIENT DOCTOR VISITS	4	4	2075	50	1811.7	0	213.3	10.27	4.14
	PAT PATHOLOGY	20	4	483	20	134	0	329	68.11	6.39
	RAD RADIOLOGY	8	5	497	80	125	0	292	58.75	5.67
	SURO SURGEON OUTPATIENT	2	1	390	0	23.46	0	366.54	93.98	7.12
	UC URGENT CARE VISIT	1	1	501	0	501	0	0	0	0
	Place of Service Totals:	**96**	**16**	**49399.51**	**450**	**43805.45**	**0**	**5144.06**		
	Place of Service: 81 : INDEPENDENT LABORATORY									
	INEL INELIGIBLE CHARGE	6	1	277.66	0	277.66	0	0	0	0
	REV *** REVIEW *** REVIEW ***	8	0	398.66	0	398.66	0	0	0	0
	Place of Service Totals:	**14**	**1**	**676.32**	**0**	**676.32**	**0**	**0**		
	Place of Service: 99 : OTHER PLACE OF SERVICE									
	INT INTEREST PAYMENT	33	18	134.06	0	0	0	134.06	100	100
	Place of Service Totals:	**33**	**18**	**134.06**	**0**	**0**	**0**	**134.06**		
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DLVB2400 - FLMBAHSRMD09 BASIC 24 HOUR										
	Place of Service: 11 : OFFICE									
	CAT CAT SCAN	3	2	659	0	284	0	375	56.9	2.55
	CAT CAT SCAN MVA	3	2	659	0	284	0	375	56.9	2.55
	CF CLAIM FORM RECEIVED	13	11	0.13	0	0.13	0	0	0	0
	CON CONSULTATION	1	1	265	0	225	0	40	15.09	0.27
	CON CONSULTATION MVA	0	0	265	0	225	0	40	15.09	0.27
	DENR REVIEW DENTAL SERVICES	1	1	650	0	650	0	0	0	0
	DENT DENTAL SERVICES	7	2	3020	0	1400	0	1620	53.64	11.05
	DENT DENTAL SERVICES MVA	7	2	3020	0	1400	0	1620	53.64	11.05
	HSR HSR NETWORK ACCESS FEE	1	1	203.68	0	0	0	203.68	100	1.39
	IC INCOMPLETE CLAIM RECEIVED	3	2	2938	0	2938	0	0	0	0
	ICF INCOMPLETE CLAIM FORM RECEIVED	6	6	0.06	0	0.06	0	0	0	0
	ILBL ILLOGICAL BILLING	2	1	581	0	581	0	0	0	0
	ILL ILLNESS DIAGNOSIS	4	2	566	0	566	0	0	0	0
	INEL INELIGIBLE CHARGE	47	24	6658.01	0	6658.01	0	0	0	0
	INT INTEREST PAYMENT	4	3	2.83	0	0	0	2.83	100	0.01
	OAP ORTHOPEDIC BRACES/APPLIANCES	3	3	350	0	0	0	350	100	2.38
	OV MVA OUTPT DOCTOR VISITS	54	28	11543.55	0	9703.55	0	1730	14.98	11.8
	OV OUTPATIENT DOCTOR VISITS	54	28	11543.55	0	9703.55	0	1730	14.98	11.8
	OV1 OUTPATIENT DOCTOR VISITS	12	11	2554	0	2059	0	470	18.4	3.2
	PPO NETWORK ACCESS FEE	1	1	488.84	0	0	0	488.84	100	3.33
	PT PHYSICAL THERAPY	1	1	324	0	264	0	60	18.51	0.4
	RAD RADIOLOGY	43	23	10770	0	8074.08	0	2036.94	18.91	13.9
	REV *** REVIEW *** REVIEW ***	2	1	256	0	256	0	0	0	0
	SURO SURGEON OUTPATIENT	14	12	10468	0	6072.76	4073.68	3509.18	33.52	23.95
	Place of Service Totals:	**286**	**65**	**67785.65**	**0**	**51344.14**	**4073.68**	**14651.47**		
	Place of Service: 12 : HOME									
	INEL INELIGIBLE CHARGE	4	3	418.69	0	418.69	0	0	0	0
	OAP ORTHOPEDIC BRACES/APPLIANCES	4	2	2267.5	0	1767.5	0	500	22.05	100
	Place of Service Totals:	**8**	**4**	**2686.19**	**0**	**2186.19**	**0**	**500**		
	Place of Service: 20 : URGENT CARE FACILITY									

	ILL ILLNESS DIAGNOSIS	1	1	186	0	186	0	0	0	0
	INEL INELIGIBLE CHARGE	8	7	1958	0	1958	0	0	0	0
	INT INTEREST PAYMENT	1	0	6.41	0	0	0	6.41	100	0.28
	RAD RADIOLOGY	4	3	978	0	678	0	300	30.67	13.48
	SURO SURGEON OUTPATIENT	6	5	1696	0	367.08	0	1328.92	78.35	59.71
	UC URGENT CARE VISIT	8	6	3850	0	3530	0	320	8.31	14.37
	UC1 URGENT CARE VISIT	7	7	1885	0	1615	0	270	14.32	12.13
	Place of Service Totals:	**35**	**15**	**10559.41**	**0**	**8334.08**	**0**	**2225.33**		
	Place of Service: 21 : INPATIENT HOSPITAL									
	CON CONSULTATION	1	1	260	0	220	0	40	15.38	0.28
	CON CONSULTATION MVA	0	0	260	0	220	0	40	15.38	0.28
	DOCI INPATIENT DOCTOR VISIT	3	0	1880	0	1760	0	120	6.38	0.85
	DOCI INPATIENT DOCTOR VISIT MVA	3	0	1880	0	1760	0	120	6.38	0.85
	HMIS IP HOSP, MISCELLANEOUS	10	0	13385	0	2601	2601	10784	80.56	76.66
	HRB IP HOSP, ROOM & BOARD	1	0	2695	0	1695	0	1000	37.1	7.1
	HSR HSR NETWORK ACCESS FEE	1	0	260.1	0	0	0	260.1	100	1.84
	ICU INTENSIVE CARE	1	0	7505	0	6505	0	1000	13.32	7.1
	INEL INELIGIBLE CHARGE	13	0	1304	0	1304	0	0	0	0
	INT INTEREST PAYMENT	5	0	78.56	0	0	0	78.56	100	0.55
	PPO NETWORK ACCESS FEE	1	0	624.24	0	0	0	624.24	100	4.43
	Place of Service Totals:	**39**	**1**	**30131.9**	**0**	**16065**	**2601**	**14066.9**		
	Place of Service: 22 : OUTPATIENT HOSPITAL									
	ANEO ANESTHESIA OUTPATIENT	4	4	10620	0	6909.54	0	3710.46	34.93	2.97
	ASRO ASS SURGEON OUTPATIENT	2	2	16056	0	14216.06	0	609.42	3.79	0.48
	ERA HOSPITAL ER	5	5	12073.44	0	1468	466	10605.44	87.84	8.5
	HCAT HOSPITAL CAT SCAN	1	1	1125	0	1125	0	0	0	0
	HCAT HOSPITAL CAT SCAN MVA	0	0	1125	0	1125	0	0	0	0
	HMRI HOSPITAL MRI	6	4	21390	0	18390	0	2273.78	10.63	1.82
	HPAT PATHOLOGY	5	2	1261	0	1261	0	0	0	0
	HRAD HOSPITAL RADIOLOGY	17	14	6920	0	6173.6	0	624.15	9.01	0.5
	HSR HSR NETWORK ACCESS FEE	5	3	889.44	0	0	0	889.44	100	0.71
	ILL ILLNESS DIAGNOSIS	4	2	1236	0	1236	0	0	0	0
	INEL INELIGIBLE CHARGE	27	15	67697	0	67697	0	0	0	0
	INT INTEREST PAYMENT	12	5	58.15	0	0	0	58.15	100	0.04
	MRI MRI	5	3	2492	0	2072	0	420	16.85	0.33
	OT OCCUPATIONAL THERAPY	1	1	6880	0	6880	0	0	0	0
	OUTS OUTPATIENT SURGICAL CENTER	4	4	242508	0	99933.3	11498.8	95977.62	39.57	76.96
	OV MVA OUTPT DOCTOR VISITS	2	2	676	0	596	0	77.58	11.47	0.06
	OV OUTPATIENT DOCTOR VISITS	2	2	676	0	596	0	77.58	11.47	0.06
	PAT PATHOLOGY	2	2	137	0	137	0	0	0	0
	PPO NETWORK ACCESS FEE	5	3	2134.66	0	0	0	2134.66	100	1.71
	PT PHYSICAL THERAPY	64	4	32260	0	28540	0	1789.84	5.54	1.43
	RAD RADIOLOGY	18	12	3170	0	2477.6	0	692.4	21.84	0.55
	REV *** REVIEW *** REVIEW ***	3	1	1177	0	1177	0	0	0	0
	SURO SURGEON OUTPATIENT	6	4	41880	0	30184	5824	4766.5	11.38	3.82
	Place of Service Totals:	**200**	**39**	**474441.69**	**0**	**292194.1**	**17788.8**	**124707.02**		
	Place of Service: 23 : EMERGENCY ROOM - HOSPITAL									
	CAT CAT SCAN	4	1	908	0	908	0	0	0	0
	CAT CAT SCAN MVA	4	0	908	0	908	0	0	0	0

	ERA HOSPITAL ER	40	33	84713.62	0	6479.5	2031.5	53235.58	62.84	85.28
	HCAT HOSPITAL CAT SCAN	5	3	16512	0	15585.8	0	573.8	3.47	0.91
	HCAT HOSPITAL CAT SCAN MVA	5	3	16512	0	15585.8	0	573.8	3.47	0.91
	HPAT PATHOLOGY	2	1	110	0	110	0	0	0	0
	HRAD HOSPITAL RADIOLOGY	32	23	18491	0	17369.28	0	968.71	5.23	1.55
	HSR HSR NETWORK ACCESS FEE	4	4	136.33	0	0	0	136.33	100	0.21
	INEL INELIGIBLE CHARGE	37	18	17833.08	0	17833.08	0	0	0	0
	INT INTEREST PAYMENT	5	4	53.05	0	0.72	0.72	52.33	98.64	0.08
	OV MVA OUTPT DOCTOR VISITS	4	4	712	0	552	0	160	22.47	0.25
	OV OUTPATIENT DOCTOR VISITS	4	4	712	0	552	0	160	22.47	0.25
	PAT PATHOLOGY	1	1	240	0	240	0	0	0	0
	PPO NETWORK ACCESS FEE	4	4	209.04	0	0	0	209.04	100	0.33
	RAD RADIOLOGY	14	8	1586	0	1267.1	0	318.9	20.1	0.51
	SURO SURGEON OUTPATIENT	6	5	6700	0	666.12	0	6033.88	90.05	9.66
	Place of Service Totals:	**171**	**46**	**166336.12**	**0**	**78057.4**	**2032.22**	**62422.37**		
	Place of Service: 41 : AMBULANCE - LAND									
	AMB AMBULANCE	4	3	2630.68	0	1630.68	0	1000	38.01	100
	INEL INELIGIBLE CHARGE	1	1	438.67	0	438.67	0	0	0	0
	Place of Service Totals:	**5**	**3**	**3069.35**	**0**	**2069.35**	**0**	**1000**		
	Place of Service: 81 : INDEPENDENT LABORATORY									
	INEL INELIGIBLE CHARGE	5	1	34	0	34	0	0	0	0
	Place of Service Totals:	**5**	**1**	**34**	**0**	**34**	**0**	**0**		
	Place of Service: 99 : OTHER PLACE OF SERVICE									
	INT INTEREST PAYMENT	71	29	262.31	0	0	0	262.31	100	100
	Place of Service Totals:	**71**	**29**	**262.31**	**0**	**0**	**0**	**262.31**		
Policy Year: 2009										
										201912
DLVB240D - FLMBAHSRMD09 24 HOUR W/EXT										
	Place of Service: 11 : OFFICE									
	INEL INELIGIBLE CHARGE	3	1	7925	0	7925	0	0	0	0
	Place of Service Totals:	**3**	**1**	**7925**	**0**	**7925**	**0**	**0**		
	Place of Service: 22 : OUTPATIENT HOSPITAL									
	INEL INELIGIBLE CHARGE	3	1	2617	0	2617	0	0	0	0
	Place of Service Totals:	**3**	**1**	**2617**	**0**	**2617**	**0**	**0**		
Policy Year: 2009										
										201912
DLVBAT00 - FLMBAHSRMD09 BASIC AT SCHOOL										
	Place of Service: 11 : OFFICE									
	CAT CAT SCAN	6	4	2138	0	525	0	726.24	33.96	0.69
	CAT CAT SCAN MVA	6	4	2138	0	525	0	726.24	33.96	0.69
	CF CLAIM FORM RECEIVED	31	31	0.28	0	0.28	0	0	0	0
	CHIR CHIROPRACTIC	20	2	1430	0	980	0	450	31.46	0.43
	CHIR CHIROPRACTIC MVA	20	2	1430	0	980	0	450	31.46	0.43
	CON CONSULTATION	15	11	5240	0	4840	0	400	7.63	0.38
	CON CONSULTATION MVA	15	11	5240	0	4840	0	400	7.63	0.38
	DENR REVIEW DENTAL SERVICES	4	1	1800	0	1800	0	0	0	0
	DENT DENTAL SERVICES	23	5	3545.5	0	85	0	3093	87.23	2.97
	DENT DENTAL SERVICES MVA	23	5	3545.5	0	85	0	3093	87.23	2.97
	DXP DIAGNOSTIC SERVICES	4	3	475	0	475	0	0	0	0

	HSR HSR NETWORK ACCESS FEE	11	8	146.77	0	0	0	146.77	100	0.14
	IC INCOMPLETE CLAIM RECEIVED	18	14	16055.37	0	16055.37	0	0	0	0
	ICF INCOMPLETE CLAIM FORM RECEIVED	11	9	9826.51	0	9826.51	0	0	0	0
	ILBL ILLOGICAL BILLING	7	6	1864	0	1864	0	0	0	0
	ILL ILLNESS DIAGNOSIS	19	12	2029.67	0	2029.67	0	0	0	0
	INEL INELIGIBLE CHARGE	465	131	119432.42	0	119432.42	0	0	0	0
	INT INTEREST PAYMENT	46	26	184.54	0	0	0	184.54	100	0.17
	MMS MISC, MEDICAL SUPPLY	2	2	178.75	0	178.75	0	0	0	0
	MRI MRI	14	12	44866	0	28366	0	13834.9	30.83	13.3
	OAP ORTHOPEDIC BRACES/APPLIANCES	11	9	8129.5	0	6279.6	0	1849.9	22.75	1.77
	OT OCCUPATIONAL THERAPY	1	1	323	0	323	0	0	0	0
	OV MVA OUTPT DOCTOR VISITS	260	127	57815.38	0	49825.38	0	7040.85	12.17	6.77
	OV OUTPATIENT DOCTOR VISITS	260	127	57815.38	0	49825.38	0	7040.85	12.17	6.77
	OV1 OUTPATIENT DOCTOR VISITS	121	118	32569.47	0	27709.47	3	4559.84	14	4.38
	PAT PATHOLOGY	2	2	293	0	293	0	0	0	0
	PPO NETWORK ACCESS FEE	14	8	352.24	0	0	0	352.24	100	0.33
	PSYC OUTPATIENT MENTAL NERVOUS	2	2	280	0	280	0	0	0	0
	PT PHYSICAL THERAPY	519	44	228031.2	0	212490.2	0	14300	6.27	13.75
	RAD RADIOLOGY	247	131	62108.66	0	42181.46	688.26	14740.28	23.73	14.17
	REV *** REVIEW *** REVIEW ***	6	3	1037.95	0	1037.95	0	0	0	0
	SURO SURGEON OUTPATIENT	81	38	103059.04	0	48789.98	4611.66	30575.9	29.66	29.4
	Place of Service Totals:	**2284**	**326**	**773381.13**	**0**	**631923.42**	**5302.92**	**103964.55**		
	Place of Service: 12 : HOME									
	HSR HSR NETWORK ACCESS FEE	1	1	0	0	0	0	0	0	0
	ILBL ILLOGICAL BILLING	1	1	1153	0	1153	0	0	0	0
	INEL INELIGIBLE CHARGE	27	15	16387.5	0	16387.5	0	0	0	0
	INT INTEREST PAYMENT	4	3	12.4	0	0	0	12.4	100	0.11
	OAP ORTHOPEDIC BRACES/APPLIANCES	86	30	58885.6	0	47042.46	49.96	10612.74	18.02	99.88
	PPO NETWORK ACCESS FEE	1	1	118.92	0	118.92	118.92	0	0	0
	Place of Service Totals:	**120**	**37**	**76557.42**	**0**	**64701.88**	**168.88**	**10625.14**		
	Place of Service: 20 : URGENT CARE FACILITY									
	DXP DIAGNOSTIC SERVICES	1	1	35	0	35	0	0	0	0
	ILBL ILLOGICAL BILLING	1	1	266	0	266	0	0	0	0
	ILL ILLNESS DIAGNOSIS	6	3	1792	0	1792	0	0	0	0
	INEL INELIGIBLE CHARGE	11	7	3093	0	3093	0	0	0	0
	INT INTEREST PAYMENT	1	1	0.58	0	0	0	0.58	100	0.02
	RAD RADIOLOGY	4	4	298	0	239.22	0	58.78	19.72	2.12
	REV *** REVIEW *** REVIEW ***	2	1	352	0	352	0	0	0	0
	SURO SURGEON OUTPATIENT	4	4	1692	0	0	0	1692	100	61.3
	UC URGENT CARE VISIT	12	10	6794	0	5994	0	783.62	11.53	28.39
	UC1 URGENT CARE VISIT	5	5	3027	0	2802	0	225	7.43	8.15
	Place of Service Totals:	**47**	**22**	**17349.58**	**0**	**14573.22**	**0**	**2759.98**		
	Place of Service: 21 : INPATIENT HOSPITAL									
	ANEI ANESTHESIA INPATIENT	3	2	3939	0	3603.61	0	335.39	8.51	0.43
	ANEI ANESTHESIA INPATIENT MVA	3	2	3939	0	3603.61	0	335.39	8.51	0.43
	DOC1 INPATIENT DOCTOR	1	1	221	0	176	0	45	20.36	0.05
	DOCI INPATIENT DOCTOR VISIT	1	1	450	0	410	0	40	8.88	0.05
	DOCI INPATIENT DOCTOR VISIT MVA	0	0	450	0	410	0	40	8.88	0.05

	HMIS IP HOSP, MISCELLANEOUS	19	7	121735.51	0	42328.81	5070.25	62214.5	51.1	79.88
	HRB IP HOSP, ROOM & BOARD	12	7	74401.3	0	64971.3	1320	8680	11.66	11.14
	HSR HSR NETWORK ACCESS FEE	2	2	0	0	0	0	0	0	0
	ICU INTENSIVE CARE	1	1	3925	0	3675	0	250	6.36	0.32
	INEL INELIGIBLE CHARGE	16	5	67134.31	0	67134.31	0	0	0	0
	INT INTEREST PAYMENT	1	1	1.98	0	0	0	1.98	100	0
	PPO NETWORK ACCESS FEE	3	2	848.68	0	0	0	848.68	100	1.08
	SURI SURGEON INPATIENT	3	2	18690.38	0	13597.26	13597.26	5093.12	27.24	6.53
	Place of Service Totals:	**65**	**11**	**295736.16**	**0**	**199909.9**	**19987.51**	**77884.06**		
	Place of Service: 22 : OUTPATIENT HOSPITAL									
	ANEO ANESTHESIA OUTPATIENT	12	11	33314	0	25511.58	0	7802.42	23.42	1.17
	ASRO ASS SURGEON OUTPATIENT	27	14	169460	0	144720.74	0	19767.12	11.66	2.97
	CAT CAT SCAN	1	1	192	0	0	0	192	100	0.02
	CAT CAT SCAN MVA	0	0	192	0	0	0	192	100	0.02
	CON CONSULTATION	1	1	165	0	125	0	40	24.24	0
	CON CONSULTATION MVA	0	0	165	0	125	0	40	24.24	0
	ERA HOSPITAL ER	20	16	45465.42	0	11611.26	2717.26	16769.82	36.88	2.52
	HMRI HOSPITAL MRI	32	29	101597.2	0	84993.4	265.5	13772.53	13.55	2.07
	HOS OP HOSP, MISCELLANEOUS	3	3	2904	0	2904	0	0	0	0
	HRAD HOSPITAL RADIOLOGY	37	26	20547.57	0	19309.54	225	1119.13	5.44	0.16
	HSR HSR NETWORK ACCESS FEE	17	14	5960.12	0	2660.25	2660.25	3299.87	55.36	0.49
	ILBL ILLOGICAL BILLING	1	1	1530	0	1530	0	0	0	0
	ILL ILLNESS DIAGNOSIS	15	11	12873.15	0	12873.15	0	0	0	0
	INEL INELIGIBLE CHARGE	268	79	497917.87	0	497917.87	0	0	0	0
	INT INTEREST PAYMENT	14	13	1317.76	0	0.27	0	1317.49	99.97	0.19
	MRI MRI	13	12	9950	0	6126.98	383.2	2058.62	20.68	0.3
	OT OCCUPATIONAL THERAPY	1	1	499	0	499	0	0	0	0
	OUTS OUTPATIENT SURGICAL CENTER	36	29	1352493	0	474255.14	13415.4	504574.6	37.3	75.92
	OV MVA OUTPT DOCTOR VISITS	23	14	5956.08	0	5276.08	0	650	10.91	0.09
	OV OUTPATIENT DOCTOR VISITS	23	14	5956.08	0	5276.08	0	650	10.91	0.09
	OV1 OUTPATIENT DOCTOR VISITS	8	8	3759.64	0	3399.64	0	360	9.57	0.05
	PAT PATHOLOGY	9	6	755	0	755	0	0	0	0
	PPO NETWORK ACCESS FEE	22	16	6342.41	0	0	0	6342.41	100	0.95
	PSYC OUTPATIENT MENTAL NERVOUS	1	1	280	0	280	0	0	0	0
	PT PHYSICAL THERAPY	251	15	238102	0	232822	0	5030	2.11	0.75
	RAD RADIOLOGY	35	22	5136	0	3774.82	100.6	1361.18	26.5	0.2
	REV *** REVIEW *** REVIEW ***	13	10	34856.04	0	34856.04	0	0	0	0
	SURO SURGEON OUTPATIENT	61	27	389941	0	247045.46	58045	79267.84	20.32	11.92
	Place of Service Totals:	**944**	**157**	**2947627.34**	**0**	**1818648.3**	**77812.21**	**664607.03**		
	Place of Service: 23 : EMERGENCY ROOM - HOSPITAL									
	CAT CAT SCAN	4	3	786	0	0	0	397.46	50.56	0.32
	CAT CAT SCAN MVA	4	3	786	0	0	0	397.46	50.56	0.32
	ERA HOSPITAL ER	71	58	158941.72	0	20496.76	6067.1	98171.86	61.76	80.12
	HCAT HOSPITAL CAT SCAN	6	6	19359.77	0	17507.23	0	1289.1	6.65	1.05
	HCAT HOSPITAL CAT SCAN MVA	6	6	19359.77	0	17507.23	0	1289.1	6.65	1.05
	HRAD HOSPITAL RADIOLOGY	59	41	39429.55	0	37514.15	257	1676	4.25	1.36
	HSR HSR NETWORK ACCESS FEE	13	10	570.35	0	0	0	570.35	100	0.46
	ILBL ILLOGICAL BILLING	3	3	1053	0	1053	0	0	0	0
	ILL ILLNESS DIAGNOSIS	3	3	1816	0	1816	0	0	0	0

	INEL INELIGIBLE CHARGE	91	47	70979.11	0	70979.11	0	0	0	0
	INT INTEREST PAYMENT	14	11	1733.21	0	0	0	1733.21	100	1.41
	OV MVA OUTPT DOCTOR VISITS	22	19	9460.03	0	8700.03	0	720	7.61	0.58
	OV OUTPATIENT DOCTOR VISITS	22	19	9460.03	0	8700.03	0	720	7.61	0.58
	PAT PATHOLOGY	1	1	6	0	6	0	0	0	0
	PPO NETWORK ACCESS FEE	18	12	3275.77	0	0	0	3275.77	100	2.67
	RAD RADIOLOGY	30	23	4386	0	3321.14	0	902	20.56	0.73
	REV *** REVIEW *** REVIEW ***	2	2	3705	0	3705	0	0	0	0
	SURO SURGEON OUTPATIENT	18	15	19604	0	6778.16	3084.9	11388.18	58.09	9.29
	Place of Service Totals:	**387**	**97**	**364711.31**	**0**	**198083.84**	**9409**	**122530.49**		
	Place of Service: 24 : AMBULATORY SURGICAL CENTER									
	ANEO ANESTHESIA OUTPATIENT	6	5	28242	0	22687.5	0	3996.14	14.14	3.64
	INEL INELIGIBLE CHARGE	1	1	150	0	150	0	0	0	0
	INT INTEREST PAYMENT	1	1	0.22	0	0	0	0.22	100	0
	OUTS OUTPATIENT SURGICAL CENTER	7	6	225855.58	0	47897.34	8935.32	90300.64	39.98	82.31
	PPO NETWORK ACCESS FEE	4	1	3332.07	0	0	0	3332.07	100	3.03
	SURO SURGEON OUTPATIENT	19	6	75839.88	0	39634.78	10664.48	12070.54	15.91	11
	Place of Service Totals:	**38**	**7**	**333419.75**	**0**	**110369.62**	**19599.8**	**109699.61**		
	Place of Service: 41 : AMBULANCE - LAND									
	AMB AMBULANCE	7	6	8401.16	0	6377.48	0	2023.68	24.08	100
	ILBL ILLOGICAL BILLING	2	1	1217.34	0	1217.34	0	0	0	0
	INEL INELIGIBLE CHARGE	1	1	508.67	0	508.67	0	0	0	0
	Place of Service Totals:	**10**	**8**	**10127.17**	**0**	**8103.49**	**0**	**2023.68**		
	Place of Service: 81 : INDEPENDENT LABORATORY									
	ILL ILLNESS DIAGNOSIS	6	1	753.65	0	753.65	0	0	0	0
	INEL INELIGIBLE CHARGE	4	1	410.3	0	410.3	0	0	0	0
	Place of Service Totals:	**10**	**2**	**1163.95**	**0**	**1163.95**	**0**	**0**		
	Place of Service: 99 : OTHER PLACE OF SERVICE									
	INEL INELIGIBLE CHARGE	6	1	1915.06	0	1915.06	0	0	0	0
	INT INTEREST PAYMENT	481	161	6617.08	0	0	0	6617.08	100	100
	Place of Service Totals:	**487**	**162**	**8532.14**	**0**	**1915.06**	**0**	**6617.08**		
	Place of Service: PH : PHARMACY									
	RX PRESCRIPTION	1	1	12.3	0	12.3	0	0	0	0
	Place of Service Totals:	**1**	**1**	**12.3**	**0**	**12.3**	**0**	**0**		
Policy Year: 2009										
										201912
DLVBAT0D - FLMBAHSRMD09 AT SCHL W/EXT										
	Place of Service: 11 : OFFICE									
	OV MVA OUTPT DOCTOR VISITS	3	1	784	0	664	0	120	15.3	20.51
	OV OUTPATIENT DOCTOR VISITS	3	0	784	0	664	0	120	15.3	20.51
	OV1 OUTPATIENT DOCTOR VISITS	1	1	203	0	158	0	45	22.16	7.69
	RAD RADIOLOGY	4	3	736	0	436	0	300	40.76	51.28
	Place of Service Totals:	**11**	**3**	**2507**	**0**	**1922**	**0**	**585**		
	Place of Service: 12 : HOME									
	OAP ORTHOPEDIC BRACES/APPLIANCES	1	1	1036	0	882.86	0	153.14	14.78	100
	Place of Service Totals:	**1**	**1**	**1036**	**0**	**882.86**	**0**	**153.14**		
	Place of Service: 22 : OUTPATIENT HOSPITAL									
	HSR HSR NETWORK ACCESS FEE	1	1	44.7	0	0	0	44.7	100	0.54
	INT INTEREST PAYMENT	1	0	31.74	0	0	0	31.74	100	0.38

	PPO NETWORK ACCESS FEE	1	0	107.28	0	0	0	107.28	100	1.3
	SURO SURGEON OUTPATIENT	1	0	8940	0	894	894	8046	90	97.76
	Place of Service Totals:	**4**	**1**	**9123.72**	**0**	**894**	**894**	**8229.72**		
	Place of Service: 23 : EMERGENCY ROOM - HOSPITAL									
	ERA HOSPITAL ER	1	1	3744.02	0	0	0	3744.02	100	52.26
	HRAD HOSPITAL RADIOLOGY	2	0	1976.39	0	1976.39	0	0	0	0
	INEL INELIGIBLE CHARGE	3	0	3929.4	0	3929.4	0	0	0	0
	OV MVA OUTPT DOCTOR VISITS	1	0	747	0	707	0	40	5.35	0.55
	OV OUTPATIENT DOCTOR VISITS	0	0	747	0	707	0	40	5.35	0.55
	RAD RADIOLOGY	5	2	430	0	131.92	0	298.08	69.32	4.16
	SURO SURGEON OUTPATIENT	1	0	3616	0	574.62	0	3041.38	84.1	42.45
	Place of Service Totals:	**13**	**2**	**15189.81**	**0**	**8026.33**	**0**	**7163.48**		
	Place of Service: 41 : AMBULANCE - LAND									
	AMB AMBULANCE	1	1	817.34	0	317.34	0	500	61.17	100
	Place of Service Totals:	**1**	**1**	**817.34**	**0**	**317.34**	**0**	**500**		
	Place of Service: 99 : OTHER PLACE OF SERVICE									
	INT INTEREST PAYMENT	7	3	61.56	0	0	0	61.56	100	100
	Place of Service Totals:	**7**	**3**	**61.56**	**0**	**0**	**0**	**61.56**		
Policy Year: 2009										
										201912
DLVBFB00 - MIAMI DADE FOOTBALL										
	Place of Service: 11 : OFFICE									
	ANEO ANESTHESIA OUTPATIENT	2	2	6394	0	5074.82	0	1319.18	20.63	1.62
	ASRO ASS SURGEON OUTPATIENT	4	1	7980	0	6113.48	0	1866.52	23.38	2.29
	CF CLAIM FORM RECEIVED	14	13	0.11	0	0.11	0	0	0	0
	CON CONSULTATION	1	1	200	200	0	0	0	0	0
	CON CONSULTATION MVA	0	0	200	200	0	0	0	0	0
	DXP DIAGNOSTIC SERVICES	1	1	38	0	38	0	0	0	0
	HSR HSR NETWORK ACCESS FEE	11	10	235.96	0	0	0	235.96	100	0.29
	IC INCOMPLETE CLAIM RECEIVED	3	3	1026.01	0	1026.01	0	0	0	0
	ICF INCOMPLETE CLAIM FORM RECEIVED	8	6	3416.05	0	3416.05	0	0	0	0
	ILBL ILLOGICAL BILLING	1	1	378	0	378	0	0	0	0
	ILL ILLNESS DIAGNOSIS	5	4	613	0	613	0	0	0	0
	INEL INELIGIBLE CHARGE	223	53	71065.36	0	71065.36	0	0	0	0
	INJ INJECTION	3	2	30	0	30	0	0	0	0
	INT INTEREST PAYMENT	26	17	217.76	0	0	0	217.76	100	0.26
	MMS MISC, MEDICAL SUPPLY	1	1	36	0	36	0	0	0	0
	MRI MRI	15	13	49750	2035.36	28181.98	2540	14757.62	29.66	18.15
	OAP ORTHOPEDIC BRACES/APPLIANCES	14	9	11398.72	600	2410.84	394.62	7648.96	67.1	9.4
	OT OCCUPATIONAL THERAPY	1	1	323	0	293	0	30	9.28	0.03
	OV MVA OUTPT DOCTOR VISITS	203	105	49230.03	9127.9	35655.29	106.66	4048.87	8.22	4.97
	OV OUTPATIENT DOCTOR VISITS	203	105	49230.03	9127.9	35655.29	106.66	4048.87	8.22	4.97
	OV1 OUTPATIENT DOCTOR VISITS	91	76	24738.25	7417.51	15589.46	0	1582.65	6.39	1.94
	PAT PATHOLOGY	2	2	141	0	141	0	0	0	0
	PPO NETWORK ACCESS FEE	12	10	568.54	0	0	0	568.54	100	0.69
	PSYC OUTPATIENT MENTAL NERVOUS	1	1	280	0	280	0	0	0	0
	PT PHYSICAL THERAPY	211	22	89042.2	3505.2	80150.16	0	4540.08	5.09	5.58
	RAD RADIOLOGY	182	89	47039.06	8573.8	28128.1	491.44	8092.18	17.2	9.95

	REV *** REVIEW *** REVIEW ***	1	1	143	0	143	0	0	0	0
	SURO SURGEON OUTPATIENT	59	25	81170.32	4712.1	36415.64	2951.16	32347.54	39.85	39.78
	Place of Service Totals:	**1298**	**164**	**494884.4**	**45499.77**	**350834.59**	**6590.54**	**81304.73**		
	Place of Service: 12 : HOME									
	HSR HSR NETWORK ACCESS FEE	7	5	133.89	0	0	0	133.89	100	0.41
	INEL INELIGIBLE CHARGE	12	7	5845.33	0	5845.33	0	0	0	0
	INT INTEREST PAYMENT	4	4	40.68	0	0.83	0	39.85	97.95	0.12
	OAP ORTHOPEDIC BRACES/APPLIANCES	90	35	70262.88	2796.42	24417.66	2727.6	31489.72	44.81	98.58
	PPO NETWORK ACCESS FEE	7	5	276.83	0	0	0	276.83	100	0.86
	Place of Service Totals:	**120**	**36**	**76559.61**	**2796.42**	**30263.82**	**2727.6**	**31940.29**		
	Place of Service: 20 : URGENT CARE FACILITY									
	HSR HSR NETWORK ACCESS FEE	1	1	18.06	0	0	0	18.06	100	2.27
	ILL ILLNESS DIAGNOSIS	1	0	233	0	233	0	0	0	0
	INEL INELIGIBLE CHARGE	1	1	266	0	266	0	0	0	0
	PPO NETWORK ACCESS FEE	1	1	43.34	0	0	0	43.34	100	5.45
	REV *** REVIEW *** REVIEW ***	1	1	695	0	695	0	0	0	0
	SURO SURGEON OUTPATIENT	5	3	888	444	268	0	176	19.81	22.15
	UC URGENT CARE VISIT	10	7	9630	1556	7562	361.2	512	5.31	64.45
	UC1 URGENT CARE VISIT	1	0	266	0	221	0	45	16.91	5.66
	Place of Service Totals:	**21**	**8**	**12039.4**	**2000**	**9245**	**361.2**	**794.4**		
	Place of Service: 21 : INPATIENT HOSPITAL									
	DOCI INPATIENT DOCTOR VISIT	1	1	400	0	400	0	0	0	0
	DOCI INPATIENT DOCTOR VISIT MVA	0	0	400	0	400	0	0	0	0
	ERA HOSPITAL ER	1	1	1410	0	211.5	211.5	1198.5	85	15.15
	HMIS IP HOSP, MISCELLANEOUS	14	3	75281.3	0	75174.3	0	107	0.14	1.35
	HRB IP HOSP, ROOM & BOARD	4	3	7986	250	3736	0	4000	50.08	50.58
	HSR HSR NETWORK ACCESS FEE	2	2	172.28	0	0	0	172.28	100	2.17
	INEL INELIGIBLE CHARGE	18	4	734.5	0	734.5	0	0	0	0
	INT INTEREST PAYMENT	3	1	10.72	0	0	0	10.72	100	0.13
	PPO NETWORK ACCESS FEE	2	2	413.46	0	0	0	413.46	100	5.22
	SURI SURGEON INPATIENT	2	1	5740	500	3234	3234	2006	34.94	25.36
	Place of Service Totals:	**47**	**7**	**92548.26**	**750**	**83890.3**	**3445.5**	**7907.96**		
	Place of Service: 22 : OUTPATIENT HOSPITAL									
	ANEO ANESTHESIA OUTPATIENT	12	12	36090	0	19911.98	0	13126.16	36.37	1.53
	ASRO ASS SURGEON OUTPATIENT	24	12	232584	331.12	195623.44	0	30697.3	13.19	3.59
	CAT CAT SCAN	1	1	287.75	0	287.75	0	0	0	0
	CAT CAT SCAN MVA	0	0	287.75	0	287.75	0	0	0	0
	ERA HOSPITAL ER	4	4	13202	0	727.8	727.8	12474.2	94.48	1.46
	HCAT HOSPITAL CAT SCAN	7	5	20318	500	18318	1615.8	1342.35	6.6	0.15
	HCAT HOSPITAL CAT SCAN MVA	7	5	20318	500	18318	1615.8	1342.35	6.6	0.15
	HMRI HOSPITAL MRI	16	15	73403.84	940	62610.65	0	7755.49	10.56	0.9
	HOS OP HOSP, MISCELLANEOUS	2	2	565	0	565	0	0	0	0
	HPAT PATHOLOGY	1	1	335	0	335	0	0	0	0
	HRAD HOSPITAL RADIOLOGY	21	14	12552.77	1020.87	10617.49	179.7	752.87	5.99	0.08
	HSR HSR NETWORK ACCESS FEE	17	13	4589.75	0	0	0	4589.75	100	0.53
	ILBL ILLOGICAL BILLING	2	1	300	0	300	0	0	0	0
	ILL ILLNESS DIAGNOSIS	4	3	20382.79	0	20382.79	0	0	0	0
	INEL INELIGIBLE CHARGE	108	30	115711.12	0	115711.12	0	0	0	0
	INT INTEREST PAYMENT	26	15	1346.17	0	0	0	1346.17	100	0.15

	MRI MRI	9	6	5694	746.14	3512.4	986.4	1013.6	17.8	0.11
	OT OCCUPATIONAL THERAPY	1	1	639.46	250	359.46	0	30	4.69	0
	OUTS OUTPATIENT SURGICAL CENTER	30	24	1591424.3	2031.66	544573.18	25321.08	630510.78	39.61	73.88
	OV MVA OUTPT DOCTOR VISITS	13	6	2521.38	74.92	2274.37	0	172.08	6.82	0.02
	OV OUTPATIENT DOCTOR VISITS	13	6	2521.38	74.92	2274.37	0	172.08	6.82	0.02
	OV1 OUTPATIENT DOCTOR VISITS	4	4	1182	181.33	910.67	0	90	7.61	0.01
	PAT PATHOLOGY	4	4	326	0	326	0	0	0	0
	PPO NETWORK ACCESS FEE	20	14	12830.94	0	0	0	12830.94	100	1.5
	PT PHYSICAL THERAPY	126	10	91447.22	383.22	86704.8	0	4239.2	4.63	0.49
	RAD RADIOLOGY	16	8	4024.32	120	3672.32	0	232	5.76	0.02
	REV *** REVIEW *** REVIEW ***	3	3	848.04	0	848.04	0	0	0	0
	SURO SURGEON OUTPATIENT	54	24	308556	1246.24	153052.7	73004.5	130614.64	42.33	15.3
	Place of Service Totals:	**545**	**71**	**2574288.98**	**8400.42**	**1262505.08**	**103451.08**	**853331.96**		
	Place of Service: 23 : EMERGENCY ROOM - HOSPITAL									
	ERA HOSPITAL ER	23	22	42240.44	4316.26	2137.48	255.48	28211.84	66.78	73.29
	HCAT HOSPITAL CAT SCAN	5	5	16395.86	250	14270.86	0	1500	9.14	3.89
	HCAT HOSPITAL CAT SCAN MVA	5	5	16395.86	250	14270.86	0	1500	9.14	3.89
	HMRI HOSPITAL MRI	1	1	4542.48	0	3792.48	0	140.01	3.08	0.36
	HRAD HOSPITAL RADIOLOGY	23	17	14204.61	1485.33	11600.18	0	894.98	6.3	2.32
	HSR HSR NETWORK ACCESS FEE	2	2	12.77	0	0	0	12.77	100	0.03
	INEL INELIGIBLE CHARGE	32	18	26834.82	0	26834.82	0	0	0	0
	INT INTEREST PAYMENT	3	2	236.21	0	0	0	236.21	100	0.61
	OV MVA OUTPT DOCTOR VISITS	6	6	2422	719.26	1502.74	0	200	8.25	0.51
	OV OUTPATIENT DOCTOR VISITS	6	6	2422	719.26	1502.74	0	200	8.25	0.51
	PPO NETWORK ACCESS FEE	2	2	30.65	0	0	0	30.65	100	0.07
	RAD RADIOLOGY	9	7	590	286.9	83.58	0	219.52	37.2	0.57
	SURO SURGEON OUTPATIENT	3	3	7264	500	1417.98	0	5346.02	73.59	13.88
	Place of Service Totals:	**120**	**41**	**133591.7**	**8527.01**	**77413.72**	**255.48**	**38492**		
	Place of Service: 24 : AMBULATORY SURGICAL CENTER									
	INEL INELIGIBLE CHARGE	1	1	26532	0	26532	0	0	0	0
	INT INTEREST PAYMENT	1	1	438.45	0	0	0	438.45	100	1.15
	OUTS OUTPATIENT SURGICAL CENTER	2	2	112591.36	0	25594.42	0	37466.94	33.27	98.84
	Place of Service Totals:	**4**	**3**	**139561.81**	**0**	**52126.42**	**0**	**37905.39**		
	Place of Service: 41 : AMBULANCE - LAND									
	AMB AMBULANCE	2	1	2000.68	500	1000.68	0	500	24.99	100
	Place of Service Totals:	**2**	**1**	**2000.68**	**500**	**1000.68**	**0**	**500**		
	Place of Service: 42 : AMBULANCE - AIR OR WATER									
	AIR AIR AMBULANCE	1	1	10454	500	9454	0	500	4.78	100
	Place of Service Totals:	**1**	**1**	**10454**	**500**	**9454**	**0**	**500**		
	Place of Service: 81 : INDEPENDENT LABORATORY									
	INEL INELIGIBLE CHARGE	1	1	105	0	105	0	0	0	0
	REV *** REVIEW *** REVIEW ***	4	1	153	0	153	0	0	0	0
	Place of Service Totals:	**5**	**2**	**258**	**0**	**258**	**0**	**0**		
	Place of Service: 99 : OTHER PLACE OF SERVICE									
	INEL INELIGIBLE CHARGE	3	1	12.77	0	12.77	0	0	0	0
	INT INTEREST PAYMENT	302	87	5264.23	0	0	0	5264.23	100	100
	Place of Service Totals:	**305**	**88**	**5277**	**0**	**12.77**	**0**	**5264.23**		

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	Place of Service: 11 : OFFICE									
	CF CLAIM FORM RECEIVED	1	1	0.01	0	0.01	0	0	0	0
	CON CONSULTATION	2	2	266	200	0.42	0	65.58	24.65	1.44
	CON CONSULTATION MVA	2	2	266	200	0.42	0	65.58	24.65	1.44
	HSR HSR NETWORK ACCESS FEE	1	1	84.28	0	0	0	84.28	100	1.85
	INEL INELIGIBLE CHARGE	33	5	8895.55	0	8895.55	0	0	0	0
	INT INTEREST PAYMENT	4	3	6.46	0	0	0	6.46	100	0.14
	MRI MRI	2	2	6306	1000	3254	1654	2052	32.54	45.22
	OAP ORTHOPEDIC BRACES/APPLIANCES	1	1	90	0	31.5	31.5	58.5	65	1.28
	OV MVA OUTPT DOCTOR VISITS	9	7	2855	792.76	1942.24	0	120	4.2	2.64
	OV OUTPATIENT DOCTOR VISITS	9	7	2855	792.76	1942.24	0	120	4.2	2.64
	OV1 OUTPATIENT DOCTOR VISITS	5	5	1206	467.83	648.17	0	90	7.46	1.98
	PPO NETWORK ACCESS FEE	1	1	202.26	0	0	0	202.26	100	4.45
	PT PHYSICAL THERAPY	8	2	4846	146.96	4279.04	0	420	8.66	9.25
	RAD RADIOLOGY	14	8	3212	979.8	1347.44	0	884.76	27.54	19.49
	SURO SURGEON OUTPATIENT	1	1	550	0	181.62	0	368.38	66.97	8.11
	Place of Service Totals:	**93**	**14**	**31640.56**	**4580.11**	**22522.65**	**1685.5**	**4537.8**		
	Place of Service: 12 : HOME									
	HSR HSR NETWORK ACCESS FEE	1	1	38.66	0	0	0	38.66	100	1.46
	INEL INELIGIBLE CHARGE	5	1	1559	0	1559	0	0	0	0
	INT INTEREST PAYMENT	1	1	0.96	0	0	0	0.96	100	0.03
	OAP ORTHOPEDIC BRACES/APPLIANCES	4	4	4832	0	2317.08	773.08	2514.92	52.04	94.99
	PPO NETWORK ACCESS FEE	1	1	92.77	0	0	0	92.77	100	3.5
	Place of Service Totals:	**12**	**5**	**6523.39**	**0**	**3876.08**	**773.08**	**2647.31**		
	Place of Service: 20 : URGENT CARE FACILITY									
	ILBL ILLOGICAL BILLING	1	1	250	0	250	0	0	0	0
	INEL INELIGIBLE CHARGE	2	2	425	0	425	0	0	0	0
	INT INTEREST PAYMENT	1	1	1.85	0	0	0	1.85	100	3.94
	RAD RADIOLOGY	1	0	200	0	200	0	0	0	0
	REV *** REVIEW *** REVIEW ***	1	1	100	0	100	0	0	0	0
	UC1 URGENT CARE VISIT	1	1	575	0	530	0	45	7.82	96.05
	Place of Service Totals:	**7**	**2**	**1551.85**	**0**	**1505**	**0**	**46.85**		
	Place of Service: 22 : OUTPATIENT HOSPITAL									
	ERA HOSPITAL ER	1	1	1688	0	0	0	1688	100	2.59
	HCAT HOSPITAL CAT SCAN	1	1	2415	0	2040	0	375	15.52	0.57
	HCAT HOSPITAL CAT SCAN MVA	0	0	2415	0	2040	0	375	15.52	0.57
	HMRI HOSPITAL MRI	1	0	3874	0	3124	0	750	19.35	1.15
	HRAD HOSPITAL RADIOLOGY	3	3	1008	392.17	465.83	0	150	14.88	0.23
	INEL INELIGIBLE CHARGE	3	2	8726	0	8726	0	0	0	0
	INT INTEREST PAYMENT	2	2	542.32	0	0	0	542.32	100	0.83
	OUTS OUTPATIENT SURGICAL CENTER	1	1	61024	0	12942	0	48082	78.79	74
	PT PHYSICAL THERAPY	12	1	7180	0	6820	0	360	5.01	0.55
	SURO SURGEON OUTPATIENT	3	0	12646	0	0	0	12646	100	19.46
	Place of Service Totals:	**27**	**4**	**101518.32**	**392.17**	**36157.83**	**0**	**64968.32**		
	Place of Service: 23 : EMERGENCY ROOM - HOSPITAL									
	ERA HOSPITAL ER	2	1	8617.36	0	1524.4	1524.4	7092.96	82.31	95.12
	HRAD HOSPITAL RADIOLOGY	3	1	1730.78	250	1435.17	0	45.61	2.63	0.61
	HSR HSR NETWORK ACCESS FEE	2	1	76.22	0	0	0	76.22	100	1.02

	INEL INELIGIBLE CHARGE	5	2	4756	0	4756	0	0	0	0
	PPO NETWORK ACCESS FEE	2	1	182.92	0	0	0	182.92	100	2.45
	RAD RADIOLOGY	2	1	60	0	1.22	0	58.78	97.96	0.78
	Place of Service Totals:	**16**	**3**	**15423.28**	**250**	**7716.79**	**1524.4**	**7456.49**		
	Place of Service: 62 : OUTPATIET REHABILITATION FACIL									
	OT OCCUPATIONAL THERAPY	1	1	325.58	0	295.58	0	30	9.21	100
	Place of Service Totals:	**1**	**1**	**325.58**	**0**	**295.58**	**0**	**30**		
	Place of Service: 81 : INDEPENDENT LABORATORY									
	INEL INELIGIBLE CHARGE	1	1	105	0	105	0	0	0	0
	Place of Service Totals:	**1**	**1**	**105**	**0**	**105**	**0**	**0**		
	Place of Service: 99 : OTHER PLACE OF SERVICE									
	INT INTEREST PAYMENT	12	6	28.85	0	0	0	28.85	100	100
	Place of Service Totals:	**12**	**6**	**28.85**	**0**	**0**	**0**	**28.85**		
	Policy Totals:	**15684**	**1473**	**19082114.12**	**155455.36**	**11464777.18**	**513062.98**	**4905756.03**		
	Policy Year: 2009 Totals:	**8238**	**794**	**9426628.6**	**75885.9**	**5560665.16**	**280609.76**	**2488844.05**		
	Grand Totals:	**15684**	**1473**	**19082114.12**	**155455.36**	**11464777.18**	**513062.98**	**4905756.03**		