

Provider Weekly Reports

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Provider Weekly Reports

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View	DEC14D_12-17-14
View	DEC14C_12-10-14
View	DEC14B_12-03-14
View	DEC14A_11-26-14
View	NOV14D_11-19-14
View	NOV14C_11-12-14
View	NOV14B_11-05-14
View	NOV14A_10-29-14
View	OCT14E_10-22-14
View	OCT14D_10-15-14
View	OCT14C_10-08-14
View	OCT14B_10-01-14
View	OCT14A_09-24-14
View	SEP14D_09-17-14
View	SEP14C_09-10-14

Provider reports allow you to monitor the progress of your claims.

BILLED CLAIM

Individual claims without errors that will be submitted to Ohio Department of Medicaid for adjudication, by billing program and month billed.

ERROR SUMMED

Summary listing of claims submitted past the allowed submission date (error 4), claims entered more than once in a given week (error 28), and claims identical to claims from prior weeks (error 32), by error type.

ERROR SUMMED DETAIL

The error summed report broken out by specific claims.

ERROR DETAIL

Detailed listing of claims with billing errors (including error description).

PENDING PRIOR CLAIM

Claims that are identical to claims submitted in the previous week. These claims will be processed when the original claims are approved or denied by ODM

REIMB APPROVED

Individual claims approved for payment by ODM, by adjudication date, billing program, and month billed.

REIMB DENIED

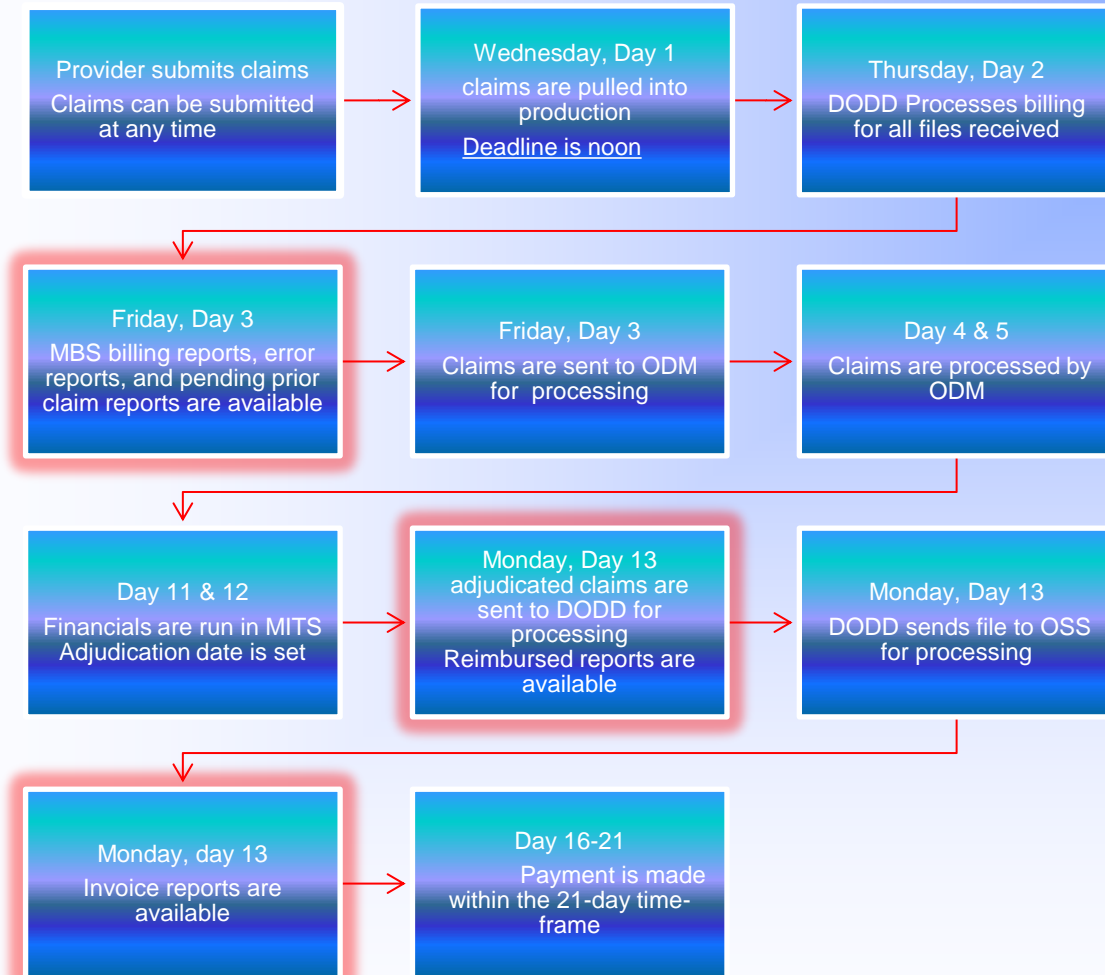
Individual claims denied payment by ODM, by adjudication date, billing program, and month billed.

INVOICE

Individual claims vouchered for payment, by invoice number, billing program, fiscal year, and month billed.

Provider weekly reports

Different reports come out at different times during the billing cycle



Billed Report

- This is a list of claims that were successfully processed and that will be forwarded to ODM for approval.
- This report includes original claims, as well as adjustments.

BILLED_CLAIM_JAN15A_TRAINING - Notepad

File Edit Format View Help

DEPARTMENT OF DEVELOPMENTAL DISABILITIES
DIVISION OF INFORMATION SYSTEMS

11:38 Friday, January 2, 2015 9593

(MBSDHSTP)

MEDICAID BILLING SYSTEM
TOTAL NET AMOUNT BILLED TO OHIO DEPARTMENT OF MEDICAID
DURING THE CURRENT BILLING CYCLE OF JAN15A
BY CONTRACTOR, PROGRAM, AND MONTH/YEAR BILLED

----- CONTRACT NUMBER=8600000 NAME=JOHN JOHNSON PROGRAM=INDIV OPTION WAIVER YEAR/MONTH BILLED=2014/12 -----

RECIPIENT NAME	MEDICAID RECIPIENT NUMBER	SERVICE DATE	SERV CODE	GROUP SIZE	STAFF SIZE	SERVICE COUNTY	INPUT RATE	BILLED RATE	UNITS OF SERV	CLM TYPE	AMOUNT BILLED	OTHER SOURCE AMOUNT	NET AMOUNT BILLED	CLAIM REFERENCE NUMBER
WILLIAMSON, WILLIAM	112233445566	12/01/2014	APC	1	1	WARREN	\$4.15	\$4.15	-16	R	-\$66.40		-\$66.40	
WILLIAMSON, WILLIAM	112233445566	12/01/2014	APC	1	1	WARREN	\$4.15	\$4.15	12	A	\$49.80		\$49.80	
WILLIAMSON, WILLIAM	112233445566	12/02/2014	APC	1	1	WARREN	\$4.15	\$4.15	-16	R	-\$66.40		-\$66.40	
WILLIAMSON, WILLIAM	112233445566	12/02/2014	APC	1	1	WARREN	\$4.15	\$4.15	24	A	\$99.60		\$99.60	
WILLIAMSON, WILLIAM	112233445566	12/03/2014	APC	1	1	WARREN	\$4.15	\$4.15	-24	R	-\$99.60		-\$99.60	
WILLIAMSON, WILLIAM	112233445566	12/03/2014	APC	1	1	WARREN	\$4.65	\$4.15	24	A	\$99.60		\$99.60	
WILLIAMSON, WILLIAM	112233445566	12/15/2014	APC	1	1	WARREN	\$4.15	\$4.15	16	C	\$66.40		\$66.40	
WILLIAMSON, WILLIAM	112233445566	12/16/2014	APC	1	1	WARREN	\$4.15	\$4.15	21	C	\$87.15		\$87.15	
WILLIAMSON, WILLIAM	112233445566	12/17/2014	APC	1	1	WARREN	\$4.15	\$4.15	16	C	\$66.40		\$66.40	
WILLIAMSON, WILLIAM	112233445566	12/18/2014	APC	1	1	WARREN	\$4.15	\$4.15	21	C	\$87.15		\$87.15	
WILLIAMSON, WILLIAM	112233445566	12/19/2014	APC	1	1	WARREN	\$4.15	\$4.15	16	C	\$66.40		\$66.40	
PROGRAM											\$390.10	\$0.00	\$390.10	
CNTRNAME											\$390.10	\$0.00	\$390.10	
CNTRNUM											\$390.10	\$0.00	\$390.10	
											=====	=====	=====	
											\$390.10	\$0.00	\$390.10	

N = 11
Total N = 11

The input rate is the rate the provider entered into eMBS as their Usual and Customary Rate. The billed rate is the rate the amount billed is based on, taking into account the Medicaid maximum rate for the service being delivered.

Billed Report

BILLED_CLAIM_JAN15A_TRAINING - Notepad

File Edit Format View Help

(MBSDHSTP) DEPARTMENT OF DEVELOPMENTAL DISABILITIES DIVISION OF INFORMATION SYSTEMS 11:38 Friday, January 2, 2015 9593

MEDICAID BILLING SYSTEM
TOTAL NET AMOUNT BILLED TO OHIO DEPARTMENT OF MEDICAID
DURING THE CURRENT BILLING CYCLE OF JAN15A
BY CONTRACTOR, PROGRAM, AND MONTH/YEAR BILLED

----- CONTRACT NUMBER=8600000 NAME=JOHN JOHNSON PROGRAM=INDIV OPTION WAIVER YEAR/MONTH BILLED=2014/12 -----

RECIPIENT NAME	MEDICAID RECIPIENT NUMBER	SERVICE DATE	SERV CODE	GROUP SIZE	STAFF SIZE	SERVICE COUNTY	INPUT RATE	BILLED RATE	UNITS OF SERV	CLM TYPE	AMOUNT BILLED	OTHER SOURCE AMOUNT	NET AMOUNT BILLED	CLAIM REFERENCE NUMBER
WILLIAMSON, WILLIAM	112233445566	12/01/2014	APC	1	1	WARREN	\$4.15	\$4.15	-16	R	-\$66.40		-\$66.40	
WILLIAMSON, WILLIAM	112233445566	12/01/2014	APC	1	1	WARREN	\$4.15	\$4.15	12	A	\$49.80		\$49.80	
WILLIAMSON, WILLIAM	112233445566	12/02/2014	APC	1	1	WARREN	\$4.15	\$4.15	-16	R	-\$66.40		-\$66.40	
WILLIAMSON, WILLIAM	112233445566	12/02/2014	APC	1	1	WARREN	\$4.15	\$4.15	24	A	\$99.60		\$99.60	
WILLIAMSON, WILLIAM	112233445566	12/03/2014	APC	1	1	WARREN	\$4.15	\$4.15	-24	R	-\$99.60		-\$99.60	
WILLIAMSON, WILLIAM	112233445566	12/03/2014	APC	1	1	WARREN	\$4.65	\$4.15	24	A	\$99.60		\$99.60	
WILLIAMSON, WILLIAM	112233445566	12/15/2014	APC	1	1	WARREN	\$4.15	\$4.15	16	C	\$66.40		\$66.40	

C-Claim

R-Reversal

A-Adjustment

'C' indicates a claim that is being processed for the first time.

'R' indicates a previous claim that is being adjusted. The original claim would have been paid on a previous billing cycle, which is why it does not show up on the current billed report.

'A' indicates what the claim is being adjusted to.

Billed Report

Examples:

12/01/2014 APC	1	1	WARREN	\$4.15	\$4.15	-16 R	-\$66.40	-\$66.40
12/01/2014 APC	1	1	WARREN	\$4.15	\$4.15	12 A	\$49.80	\$49.80

On the original claim, 16 units were paid for a total of \$66.40. The provider realized that only 12 units should have been paid, and so submitted an adjustment for the correct number of units. The net difference will be that \$16.60 will be held back from her next payment.

12/02/2014 APC	1	1	WARREN	\$4.15	\$4.15	-16 R	-\$66.40	-\$66.40
12/02/2014 APC	1	1	WARREN	\$4.15	\$4.15	24 A	\$99.60	\$99.60

On the original claim, 16 units were paid for a total of \$66.40, as in the first example. This time the provider realized that 24 units should have been paid, and again submitted an adjustment for the correct number of units. The net difference will be that an additional \$33.20 will be paid on her next payment.

12/03/2014 APC	1	1	WARREN	\$4.15	\$4.15	-24 R	-\$99.60	-\$99.60
12/03/2014 APC	1	1	WARREN	\$4.65	\$4.15	24 A	\$99.60	\$99.60

In this example, the provider submitted a claim that had previously been paid, but changed the input rate, causing MBS to process the claim as an adjustment. The billed rate on the adjustment is the same as the original claim, as is the number of units. No additional money will be paid out or held back. The net result is zero.

Error Summed and Error Summed Detail Reports

These reports are for 3 specific errors

(4) Claim submitted past the allowed submission date.

Error 4 indicates that the claim was older than what Medicaid rules allow for at the time of processing

(28) Service duplicated for recipient and date.

Error 28 indicates that you entered two or more claims for the same individual, service date, and service code in the current billing cycle

(32) Service is identical to prior billing.

Error 32 indicates that the claim has been paid in a previous cycle

Error summed detail report breaks out the specific claims on the error summed report

Error Summed Detail Report

ERROR_SUMMED_DETAIL_JAN15A_TRAINING - Notepad														
(MBSERROR)											January 2, 2015			
OHIO DEPARTMENT OF DEVELOPMENTAL DISABILITIES														
MEDICAID BILLING SYSTEM											PAGE: 1			
TOTAL UNITS: 81		SUMMED ERRORS DETAIL REPORT FOR BILLING CYCLE JAN15A												

CONTRACT NUMBER: 8600000							CONTRACTOR NAME: JOHN JOHNSON							

CONTRACT NUMBER	LAST NAME	INITIAL	MEDICAID BILLING NUMBER	BILLING DATE	SERVICE DATE	SERVICE CODE	GROUP SIZE	STAFF SIZE	SERVICE COUNTY	INPUT UNIT RATE	UNITS BILLED	OTHER SOURCE CODE	OTHER SOURCE AMOUNT	CONTRACTOR REFERENCE NUMBER

8600000	WILLI	W	112233445566	12/31/2014	01/02/2014	APC	1	1	WARR	4.83	81			
(4) CLAIM SUBMITTED PAST THE ALLOWED SUBMISSION DATE														

8600000	WILLI	W	112233445566	12/15/2014	12/15/2014	APC	1	1	WARR	4.15	20			
(28) SERVICE DUPLICATED FOR RECIP AND DATE														

8600000	WILLI	W	112233445566	12/31/2014	11/10/2014	APC	1	1	WARR	4.27	32			
(32) SERVICE IS IDENTICAL TO PRIOR BILLING														

WILLIAMSON, WILLIAM 112233445566 12/15/2014 APC 1 1 WARREN \$4.15 \$4.15 16 C

The error 28 on the error summed report is a duplicate of the above claim. Notice that the number of units is different. You cannot enter two claims for an individual with the same date of service ,service code, service county, and group size. This is true even if you change the number of units. MBS will error the second claim.

Error Detail Reports

ERROR_DETAIL_JAN15A_TRAINING - Notepad

File Edit Format View Help

(MBSERROR) January 2, 2015

TOTAL UNITS: 51 MEDICAID BILLING SYSTEM PAGE: 1
CLAIM INPUT ERRORS FOR BILLING CYCLE JAN15A

CONTRACT NUMBER: 8600000 CONTRACTOR NAME: JOHN JOHNSON

CONTRACT NUMBER	LAST NAME	INITIAL	MEDICAID BILLING NUMBER	BILLING DATE	SERVICE DATE	SERVICE CODE	GROUP SIZE	STAFF SIZE	SERVICE COUNTY	INPUT UNIT RATE	UNITS BILLED	OTHER SOURCE CODE	OTHER SOURCE AMOUNT	CONTRACTOR REFERENCE NUMBER
8600000	AARON	A	223344556677	12/31/2014	11/15/2014	FTT	1	1	WARR	39.80	2			
(8) SVC DATE NOT FOUND IN CERTIFICATION SPAN														
8600000	AARON	A	112233445566	12/31/2014	12/15/2014	ATN	1	1	WARR	0.45	24			
(35) LAST NAME DIFFERS FROM RECIPIENT FILE (36) INITIAL DIFFERS FROM RECIPIENT FILE CASE LAST NAME: WILLIAMSON CASE FIRST NAME: WILLIAM														
8600000	AARON	A	112233445580	12/31/2014	12/08/2014	ATB	1	1	WARR	18.93	2			
(37) INDIVIDUAL NOT FOUND ON RECIPIENT FILE														
8600000	AARON	A	223344556677	12/31/2014	12/23/2014	FPC	1	1	WARR	4.76	8			
(9) CLAIM DOES NOT MATCH USEABLE PAWS RECORD														
8600000	WILLI	W	112233445566	12/31/2014	11/24/2014	APC	1	1	WARR	4.27	32			
(22) PAWS TOTAL UNIT LIMIT IS EXCEEDED (25) PAWS TOTAL COST LIMIT IS EXCEEDED														
8600000	WILLI	W	112233445566	12/31/2014	12/14/2014	ADL	1	1	WARR	238.38	1	S		
(57) INDIV SUSPENDED FROM PAWS ON THIS DATE														

A complete list of error codes is available in eMBS User Guides

Error Detail Reports

1. Errors not related to PAWS

- a. Error 8-Service date not found in certification span:
 - i. Failure to renew your certification prior to your expiration date will result in periods where reimbursement may be delayed or denied
 - ii. You may submit your application for recertification up to 90 days out from your expiration date
 - iii. You are responsible for knowing your expiration date
- b. Error 35-Last name differs from recipient file;
- c. Error 36-Initial differs from recipient file; or
- d. Error 37-Recipient not found on recipient file:
 - i. All claims submitted to DODD are adjudicated through the ODM Medicaid system-MITS
 - ii. If MBS cannot match what you have submitted to the information in the MITS system, you will get one or more of these errors
 - iii. Check your individual's Medicaid card to ensure the correct Medicaid number, and spelling of the name

A complete list of error codes is available in eMBS User Guides

Error Detail Reports

1. PAWS related errors

- a. Error 9-claim does not match useable PAWS
 - i. PAWS has not been entered by the county board of developmental disabilities
 - ii. PAWS has been entered but not enrolled
 - iii. You are using the incorrect service code
 - iv. You are submitting a date that is outside the authorized span
- b. Error 22-PAWS total unit limit is exceeded
 - i. The claim submitted is over what the county board of developmental disabilities has authorized for the PAWS span
 - ii. Contact the county board of developmental disabilities for assistance.
- c. Error 25-PAWS total cost limit is exceeded
 - i. The claim is over what the county board of developmental disabilities has authorized for the PAWS span
 - ii. Contact the county board of developmental disabilities for assistance
- d. Error 57-Individual suspended from PAWS on this date
 - i. The individual's PAWS has been suspended due to entry into a hospital, nursing facility, etc.
 - ii. Contact the county board of developmental disabilities for assistance

A complete list of error codes is available in eMBS User Guides

Pending Prior Claim

PENDING_PRIOR_CLAIM_JAN15A_TRAINING - Notepad

File Edit Format View Help

DEPARTMENT OF DEVELOPMENTAL DISABILITIES
DIVISION OF INFORMATION SYSTEMS

11:38 Friday, January 2, 2015 20771

(MBSEDIT1)

MEDICAID BILLING SYSTEM

Listing of claims entered in billing cycle JAN15A
that cannot be processed until a matching claim submitted in a previous billing cycle is approved/denied by the Ohio Department of Medicaid.
Claims listed below will be resubmitted automatically in the next billing cycle

----- CONTRACT NUMBER=8600000 NAME=JOHN JOHNSON YEAR/MONTH BILLED=2014/11 -----

CONTRACT NUMBER	LAST NAME	INITIAL	MEDICAID RECIPIENT NUMBER	SERVICE DATE	SERVICE CODE	GROUP SIZE	STAFF SIZE	SERVICE COUNTY	UNITS BILLED	INPUT UNIT RATE	OTHER SOURCE CODE	OTHER SOURCE AMOUNT	CONTRACTOR REFERENCE NUMBER
8600000	WILLI	W	112233445566	11/24/2014	APC	1	1	WARR	4	4.75			
8600000	WILLI	W	112233445566	11/25/2014	APC	1	1	WARR	4	4.75			
8600000	WILLI	W	112233445566	11/26/2014	APC	1	1	WARR	4	4.75			
8600000	WILLI	W	112233445566	11/27/2014	APC	1	1	WARR	4	4.75			
8600000	WILLI	W	112233445566	11/28/2014	APC	1	1	WARR	4	4.75			
8600000	WILLI	W	112233445566	11/29/2014	APC	1	1	WARR	4	4.75			
8600000	WILLI	W	112233445566	11/30/2014	APC	1	1	WARR	4	4.75			

Listing of claims that cannot be processed until a matching claim submitted in a previous billing cycle is approved/denied by the Ohio Department of Medicaid.

Claims will be resubmitted automatically in the next billing cycle

Reimbursed Denied Report

REIMB_DENIED_JAN15A_TRAINING - Notepad

File Edit Format View Help

DEPARTMENT OF DEVELOPMENTAL DISABILITIES 08:13 Monday, January 12, 2015 6905
 DIVISION OF INFORMATION SYSTEMS

(MBSREIMB)

MEDICAID BILLING SYSTEM
 REMITTANCE ADVICE - DENIED CLAIMS
 FROM THE PAY/REJECT TAPE FOR ORIGINAL CLAIMS FROM BILLING CYCLE JAN15A

ADJUD DATE=150114 CONTRACT NO=8600000 NAME=JOHN JOHNSON PROGRAM=INDIV OPTION WAIVER MONTH BILLED=2014/12

RECIPIENT NAME	RECIPIENT BILLING NUMBER	SERV CODE	UNITS OF SERV	GRP SZ	STF SZ	CNTY OF SERVICE DELIVERY	DATE OF SERVICE	AMOUNT CLAIMED	AMOUNT ALLOWED	DENIAL CODE	DENIAL CODE	CLAIM REFERENCE NUMBER	CLM TYP
WILLIAMSON, WILLIAM	112233445566	APC	16	1	1	WARREN	12/19/2014	\$66.40	\$0.00	473	476		C
PROGRAM		1						\$66.40	\$0.00				
CNTRNAME		1						\$66.40	\$0.00				
CNTRNUM		1						\$66.40	\$0.00				
ADJUDDT		1						\$66.40	\$0.00				
		=====						=====	=====				
		1						\$66.40	\$0.00				

N = 1
 Total N = 1

**** COMMON DENIAL CODES ****

102 - DUPLICATE CLAIM DENIAL	120 - SERVICE DATE EXCEEDS FILING LIMIT
169 - STAFF AND/OR GROUP SIZE INVALID	218 - 3rd PARTY LIABILITY DENIAL
244 - RECIPIENT WAS NOT ELIGIBLE ON DOS	278 - RECIPIENT ELIGIBILITY DENIAL
301 - PROVIDER LISTED AS INACTIVE IN MITS	308 - RECIPIENT SERVICES COVERED BY HMO PLAN
473 - RECIPIENT ELIGIBILITY DENIAL	686 - PROVIDER LISTED AS INACTIVE IN MITS
689 - MUTUALLY EXCLUSIVE SERVICES ON SAME DAY	763 - SERVICE LIMITED TO NO MORE THAN 1 UNIT/DAY
999 - MISCELLANEOUS JFS DENIAL (CONTACT DODD)	

For assistance with denied claims, contact Provider Support at 1.800.617.6733.

Reimbursed Approved Report

REIMB_APPROVED_JAN15A_TRAINING - Notepad														
File Edit Format View Help										DEPARTMENT OF DEVELOPMENTAL DISABILITIES DIVISION OF INFORMATION SYSTEMS		11:38 Friday, January 2, 2015 9593		
(MBSDHSTP) MEDICAID BILLING SYSTEM TOTAL NET AMOUNT BILLED TO OHIO DEPARTMENT OF MEDICAID DURING THE CURRENT BILLING CYCLE OF JAN15A BY CONTRACTOR, PROGRAM, AND MONTH/YEAR BILLED														
----- CONTRACT NUMBER=8600000 NAME=JOHN JOHNSON PROGRAM=INDIV OPTION WAIVER YEAR/MONTH BILLED=2014/12 -----														
RECIPIENT NAME	MEDICAID RECIPIENT NUMBER	SERVICE DATE	SERV CODE	GROUP SIZE	STAFF SIZE	SERVICE COUNTY	INPUT RATE	BILLED RATE	UNITS OF SERV	CLM TYPE	AMOUNT BILLED	OTHER SOURCE AMOUNT	NET AMOUNT BILLED	CLAIM REFERENCE NUMBER
WILLIAMSON, WILLIAM	112233445566	12/01/2014	APC	1	1	WARREN	\$4.15	\$4.15	-16	R	-\$66.40		-\$66.40	
WILLIAMSON, WILLIAM	112233445566	12/01/2014	APC	1	1	WARREN	\$4.15	\$4.15	12	A	\$49.80		\$49.80	
WILLIAMSON, WILLIAM	112233445566	12/02/2014	APC	1	1	WARREN	\$4.15	\$4.15	-16	R	-\$66.40		-\$66.40	
WILLIAMSON, WILLIAM	112233445566	12/02/2014	APC	1	1	WARREN	\$4.15	\$4.15	24	A	\$99.60		\$99.60	
WILLIAMSON, WILLIAM	112233445566	12/03/2014	APC	1	1	WARREN	\$4.15	\$4.15	-24	R	-\$99.60		-\$99.60	
WILLIAMSON, WILLIAM	112233445566	12/03/2014	APC	1	1	WARREN	\$4.65	\$4.15	24	A	\$99.60		\$99.60	
WILLIAMSON, WILLIAM	112233445566	12/15/2014	APC	1	1	WARREN	\$4.15	\$4.15	16	C	\$66.40		\$66.40	
WILLIAMSON, WILLIAM	112233445566	12/16/2014	APC	1	1	WARREN	\$4.15	\$4.15	21	C	\$87.15		\$87.15	
WILLIAMSON, WILLIAM	112233445566	12/17/2014	APC	1	1	WARREN	\$4.15	\$4.15	16	C	\$66.40		\$66.40	
WILLIAMSON, WILLIAM	112233445566	12/18/2014	APC	1	1	WARREN	\$4.15	\$4.15	21	C	\$87.15		\$87.15	
PROGRAM											\$323.70	\$0.00	\$323.70	
CNTRNAME											\$323.70	\$0.00	\$323.70	
CNTRNUM											\$323.70	\$0.00	\$323.70	
											=====	=====	=====	
											\$323.70	\$0.00	\$323.70	

N = 10
Total N = 10

You should review your reimbursed report against your service documentation to make certain that the claims you submitted and are being paid for accurately reflect the services you provided.

Invoice reports

INVOICE_JAN15A_TRAINING - Notepad													
DEPARTMENT OF DEVELOPMENTAL DISABILITIES DIVISION OF INFORMATION SYSTEMS										11:38 Friday, January 2, 2015 9593			
(MBSDHSTP)													
MEDICAID BILLING SYSTEM													
TOTAL NET AMOUNT BILLED TO OHIO DEPARTMENT OF MEDICAID DURING THE CURRENT BILLING CYCLE OF JAN15A BY CONTRACTOR, PROGRAM, AND MONTH/YEAR BILLED													
----- CONTRACT NUMBER=8600000 NAME=JOHN JOHNSON PROGRAM=INDIV OPTION WAIVER YEAR/MONTH BILLED=2014/12 -----													
RECIPIENT NAME	MEDICAID RECIPIENT NUMBER	BILLING DATE	SERVICE DATE	SERV CODE	GROUP SIZE	STAFF SIZE	SERVICE COUNTY	SERVICE RATE	UNITS OF SERV	CLM TYPE	VOUCHER AMOUNT	NUMBER OF CLAIMS	CLAIM REFERENCE NUMBER
WILLIAMSON, WILLIAM	112233445566	01/02/2015	12/01/2014	APC	1	1	WARR	\$4.15	-16	R	-\$66.40		
WILLIAMSON, WILLIAM	112233445566	01/02/2015	12/01/2014	APC	1	1	WARR	\$4.15	12	A	\$49.80		
WILLIAMSON, WILLIAM	112233445566	01/02/2015	12/02/2014	APC	1	1	WARR	\$4.15	-16	R	-\$66.40		
WILLIAMSON, WILLIAM	112233445566	01/02/2015	12/02/2014	APC	1	1	WARR	\$4.15	24	A	\$99.60		
WILLIAMSON, WILLIAM	112233445566	01/02/2015	12/03/2014	APC	1	1	WARR	\$4.15	-24	R	-\$99.60		
WILLIAMSON, WILLIAM	112233445566	01/02/2015	12/03/2014	APC	1	1	WARR	\$4.15	24	A	\$99.60		
WILLIAMSON, WILLIAM	112233445566	01/02/2015	12/15/2014	APC	1	1	WARR	\$4.15	16	C	\$66.40		
WILLIAMSON, WILLIAM	112233445566	01/02/2015	12/16/2014	APC	1	1	WARR	\$4.15	21	C	\$87.15		
WILLIAMSON, WILLIAM	112233445566	01/02/2015	12/17/2014	APC	1	1	WARR	\$4.15	16	C	\$66.40		
WILLIAMSON, WILLIAM	112233445566	01/02/2015	12/18/2014	APC	1	1	WARR	\$4.15	21	C	\$87.15		

BILLPERD													
VFY											\$323.70	10	
CNTRNAME											\$323.70	10	
CNTRNUM											\$323.70	10	
MEDIND											\$323.70	10	
PROGRAM											\$323.70	10	
INVCNUM											\$323.70	10	
=====											\$323.70	10	
=====													
N = 10 Total N = 10													

This is the amount that will be deposited into your account, or sent out as a check.