



March 5, 2019



\*\*\*ALL FOR ADC

**CONDITIONAL PAYMENT NOTICE**  
This is NOT a BILL

**Current Conditional Payment Amount: \$52,076.76**  
**RESPONSE DUE BY: April 04, 2019**

Beneficiary Name:  
Medicare ID:  
Date of Incident:  
Case Identification Number:

**THIS IS NOT A BILL. DO NOT SEND PAYMENT AT THIS TIME.**  
**Please also be advised the enclosed listing of current conditional payments may not be final.**

Subject: Beneficiary Conditional Payment Notification

Dear :

*If we know you have a representative for this matter, we are sending him/her a copy of this letter. If you have any questions regarding this letter and are represented by an attorney or other individual in this matter, you may wish to talk to your representative before contacting us.*

This letter follows a previous letter notifying you/your attorney of Medicare's priority right of recovery as defined under the Medicare Secondary Payer provisions. Conditional Medicare payments for Medicare Part A and Part B Fee-for-Service claims have been made that we believe are related to your case for the Date of Incident listed above.

The Centers for Medicare & Medicaid Services (CMS) has been notified that you have received a settlement, judgment, award, or other payment related to your case for the Date of Incident listed above; therefore, these conditional payments are subject to reimbursement. If you fail to respond to this Conditional Payment Notice, or if after reviewing your response we still determine that Medicare has made conditional payments that must be repaid, you will get a demand letter. The demand letter will explain how Medicare calculated the amount it needs to be repaid. It also explains your appeal and waiver of recovery rights. If you paid attorney fees and costs in order to get your settlement, please send us an itemized list of those fees and costs by April 04, 2019. If we do not get this information by the due date, the demand amount will not be reduced by a share of your fees and costs.

As of the date of this letter, and the information provided to us, Medicare has identified \$52,076.76 in conditional payments that we believe are associated with your case. Currently, the Benefits Coordination & Recovery Center (BCRC) has the following information that will be used to calculate the Medicare demand amount for this case. If this information is inaccurate, please provide the correct information by the response date at the top of this letter.

Settlement Date: **May 08, 2018**

Settlement Amount: \$1,500,000.00

Attorney Fees: \$0.00

Attorney Percentage: 0%

Procurement costs: \$0.00

A listing of Part A and Part B Fee-for-Service claims that comprise this total is enclosed with this letter; please review this listing and the amounts above carefully and let us know as soon as possible if this information is incorrect or inaccurate.

If you believe the enclosed itemization of conditional payments is incomplete, inaccurate, or that you are not responsible for repaying Medicare for these payments, please provide written documentation along with an explanation to support your dispute/rebuttal, to the address listed below by April 04, 2019. Please include a description of the injury with your response. The following is a list of documents (not all inclusive) that could assist in processing your dispute request:

- Physicians statement or discharge summary
- Medical records, including independent medical exams

- Written statement defining similar injuries or pre-existing conditions

You are able to access the most up-to-date Conditional Payment information on [www.MyMedicare.gov](http://www.MyMedicare.gov) under the "My MSP" tab, as well as current claims information using the MyMedicare.gov "blue button". If you submit disputes before the BCRC issues a demand letter, you will still have your appeal rights. Your appeal rights will be explained in more detail in the demand letter. *If you decide to appeal or request a waiver of recovery, Medicare will not take any collection action while your appeal or waiver of recovery request is being processed at any level of review.*

### **Fixed Percentage Option for Repaying Medicare's Conditional Payment**

If you have experienced a physical trauma-based injury and you receive a liability insurance settlement, judgment, award, or other payment of \$5,000 or less, Medicare offers the option to pay 25% of your gross settlement, judgment, award, or other payment, instead of the amount that Medicare would otherwise calculate.

If you wish to choose this option, you must formally elect it in writing by April 04, 2019. Please visit the Beneficiary (<http://go.cms.gov/beneficiary>) or Attorney (<http://go.cms.gov/attorney>) sections of the Coordination of Benefits & Recovery (COB&R) website for all of the additional details. If you are eligible and elect the fixed percentage option you can skip the remainder of this letter. Just follow the fixed percentage instructions found at [www.CMS.gov](http://www.CMS.gov).

NOTE: You may not elect the Fixed Percentage Payment Option if you chose to dispute individual claims. If we receive documentation on both, we will ignore your fixed percentage election and calculate your demand using individual claims.

Please mail the Fixed Percentage Payment Election to BCRC, PO Box 138880, Oklahoma City, OK 73113.

For more information, including how you can repay Medicare's Conditional Payment using a Fixed Percentage option, please [visit www.CMS.gov](http://www.CMS.gov) or contact the Benefits Coordination & Recovery Center (BCRC) by phone at 1-855-798-2627 (TTY/TDD for the hearing or speech impaired: 1-855-797-2627), in writing at the address below, or by fax to 405-869-3309. When sending correspondence, please include the Beneficiary Name along with the Medicare ID and Case Identification Number.



Sincerely,

BCRC

Enclosure: Payment Summary Form



1193 3 AB 0.944

\*\*\*ALL FOR ADC





# Payment Summary Form

Report Number: RMCAN - 5-5

Contractor: NGHP

Date:: 03/05/2019

Time: 06:17:34

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Beneficiary Name:

Case ID:

Beneficiary Medicare ID:

Case Type: L - Liability

Date of Incident: 02/10/2012

Reported Diagnosis Codes: V714

TOS	ICN	Line	Processing Contractor	Provider Name/NPI#	ICD Ind	***DX Codes	**HCPCS / DRG	From Date	To Date	Total Charges	Reimbursed Amount	Conditional Payment
81	18075814890000	001	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4185	12/06/2017	12/12/2017	\$182.56	\$81.48	\$81.48
81	18075814890000	002	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4189	12/06/2017	12/12/2017	\$3,171.90	\$966.62	\$966.62
81	18075814890000	003	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4224	12/06/2017	12/12/2017	\$1,050.00	\$135.95	\$135.95
81	18075814890000	004	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4220	12/06/2017	12/12/2017	\$240.00	\$43.51	\$43.51
81	18075814891000	001	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4185	12/13/2017	12/19/2017	\$182.56	\$81.48	\$81.48



TOS	ICN	Line #	Processing Contractor	Provider Name/NPI#	ICD Ind	***DX Codes	**HCPCS / DRG	From Date	To Date	Total Charges	Reimbursed Amount	Conditional Payment
81	18075814891000	002	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4189	12/13/2017	12/19/2017	\$3,171.90	\$966.62	\$966.62
81	18075814891000	003	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4224	12/13/2017	12/19/2017	\$1,050.00	\$135.95	\$135.95
81	18075814891000	004	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4220	12/13/2017	12/19/2017	\$240.00	\$43.51	\$43.51
81	18075814892000	001	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4185	12/20/2017	12/26/2017	\$182.56	\$81.48	\$81.48
81	18075814892000	002	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4189	12/20/2017	12/26/2017	\$3,171.90	\$966.62	\$966.62
81	18075814892000	003	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4224	12/20/2017	12/26/2017	\$1,050.00	\$135.95	\$135.95
81	18075814892000	004	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4220	12/20/2017	12/26/2017	\$240.00	\$43.51	\$43.51
81	18051816932000	001	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B9004	12/26/2017	12/26/2017	\$898.38	\$218.53	\$218.53
81	18075814894000	001	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4185	12/27/2017	12/31/2017	\$182.56	\$61.10	\$61.10
81	18075814894000	002	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4189	12/27/2017	12/31/2017	\$3,171.90	\$0.00	\$0.00
81	18075814894000	003	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4224	12/27/2017	12/31/2017	\$1,050.00	\$0.00	\$0.00
81	18075814894000	004	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4220	12/27/2017	12/31/2017	\$240.00	\$0.00	\$0.00
81	18011819329000	001	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4185	01/04/2018	01/10/2018	\$193.54	\$0.00	\$0.00
81	18011819329000	002	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4189	01/04/2018	01/10/2018	\$2,643.25	\$753.26	\$753.26



TOS	ICN	Line #	Processing Contractor	Provider Name/NPI#	ICD Ind	***DX Codes	**HCPCS / DRG	From Date	To Date	Total Charges	Reimbursed Amount	Conditional Payment
81	18011819329000	003	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4224	01/04/2018	01/10/2018	\$875.00	\$114.54	\$114.54
81	18011819329000	004	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4220	01/04/2018	01/10/2018	\$200.00	\$36.65	\$36.65
81	18029813511000	001	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4189	01/10/2018	01/16/2018	\$3,171.90	\$977.26	\$977.26
81	18029813511000	002	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4185	01/10/2018	01/16/2018	\$193.54	\$82.35	\$82.35
81	18029813511000	003	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4224	01/10/2018	01/16/2018	\$1,050.00	\$137.45	\$137.45
81	18029813511000	004	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4220	01/10/2018	01/16/2018	\$240.00	\$43.98	\$43.98
81	18030817802000	001	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4189	01/17/2018	01/23/2018	\$3,171.90	\$977.26	\$977.26
81	18030817802000	002	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4185	01/17/2018	01/23/2018	\$193.54	\$82.35	\$82.35
81	18030817802000	003	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4224	01/17/2018	01/23/2018	\$1,050.00	\$137.45	\$137.45
81	18030817802000	004	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4220	01/17/2018	01/23/2018	\$240.00	\$43.98	\$43.98
81	18033823682000	001	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4189	01/24/2018	01/30/2018	\$3,171.90	\$977.26	\$977.26
81	18033823682000	002	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4185	01/24/2018	01/30/2018	\$193.54	\$82.35	\$82.35
81	18033823682000	003	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4224	01/24/2018	01/30/2018	\$1,050.00	\$137.45	\$137.45
81	18033823682000	004	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4220	01/24/2018	01/30/2018	\$240.00	\$43.98	\$43.98



TOS	ICN	Line #	Processing Contractor	Provider Name/NPI#	ICD Ind	***DX Codes	**HCPCS / DRG	From Date	To Date	Total Charges	Reimbursed Amount	Conditional Payment
81	18043815634000	001	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H; B4189	01/31/2018	02/06/2018	\$3,171.90	\$977.26	\$977.26
81	18043815634000	002	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H; B4185	01/31/2018	02/06/2018	\$193.54	\$82.35	\$82.35
81	18043815634000	003	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H; B4224	01/31/2018	02/06/2018	\$1,050.00	\$137.45	\$137.45
81	18043815634000	004	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H; B4220	01/31/2018	02/06/2018	\$240.00	\$43.98	\$43.98
81	18043815618000	001	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H; B4189	02/07/2018	02/07/2018	\$528.65	\$162.88	\$162.88
81	18043815618000	002	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H; B4224	02/07/2018	02/07/2018	\$175.00	\$22.91	\$22.91
81	18043815618000	003	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H; B4220	02/07/2018	02/07/2018	\$40.00	\$7.33	\$7.33
81	18052819107000	001	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H; B4189	02/08/2018	02/13/2018	\$3,171.90	\$814.38	\$814.38
81	18052819107000	002	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H; B4185	02/08/2018	02/13/2018	\$193.54	\$72.06	\$72.06
81	18052819107000	003	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H; B4224	02/08/2018	02/13/2018	\$1,050.00	\$137.45	\$137.45
81	18052819107000	004	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H; B4220	02/08/2018	02/13/2018	\$240.00	\$43.98	\$43.98
81	18061824258000	001	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H; B4189	02/14/2018	02/20/2018	\$3,171.90	\$977.26	\$977.26
81	18061824258000	002	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H; B4185	02/14/2018	02/20/2018	\$193.54	\$82.35	\$82.35
81	18061824258000	003	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H; B4224	02/14/2018	02/20/2018	\$1,050.00	\$137.45	\$137.45



TOS	ICN	Line #	Processing Contractor	Provider Name/NPI#	ICD Ind	***DX Codes	**HCPCS / DRG	From Date	To Date	Total Charges	Reimbursed Amount	Conditional Payment
81	18061824258000	004	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4220	02/14/2018	02/20/2018	\$240.00	\$43.98	\$43.98
81	18170839024000	001	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: J3490	02/28/2018	03/08/2018	\$82.43	\$0.00	\$0.00
81	18170839024000	002	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4189	02/28/2018	03/08/2018	\$7,925.04	\$1,303.01	\$1,303.01
81	18170839024000	003	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4185	02/28/2018	03/08/2018	\$290.30	\$102.94	\$102.94
81	18170839024000	004	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: J3490	02/28/2018	03/04/2018	\$12.40	\$0.00	\$0.00
81	18170839024000	005	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: J3490	02/28/2018	03/04/2018	\$11.55	\$0.00	\$0.00
81	18170839022000	001	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: J3490	03/09/2018	03/14/2018	\$54.95	\$0.00	\$0.00
81	18170839022000	002	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4185	03/09/2018	03/14/2018	\$193.54	\$72.06	\$72.06
81	18170839022000	003	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4189	03/09/2018	03/14/2018	\$5,283.36	\$814.38	\$814.38
81	18170839022000	004	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: A4649	03/09/2018	03/14/2018	\$562.50	\$0.00	\$0.00
81	18170839023000	001	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: J3490	03/15/2018	03/20/2018	\$54.95	\$0.00	\$0.00
81	18170839023000	002	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4185	03/15/2018	03/20/2018	\$193.54	\$72.06	\$72.06
81	18170839023000	003	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4189	03/15/2018	03/20/2018	\$5,283.36	\$814.38	\$814.38
81	18257837714000	001	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4189	07/05/2018	07/10/2018	\$2,643.25	\$814.38	\$814.38

TOS	ICN	Line #	Processing Contractor	Provider Name/NPI#	ICD Ind	***DX Codes	**HCPCS / DRG	From Date	To Date	Total Charges	Reimbursed Amount	Conditional Payment
81	18257837714000	002	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4224	07/05/2018	07/10/2018	\$875.00	\$114.54	\$114.54
81	18257837714000	003	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4220	07/05/2018	07/10/2018	\$200.00	\$36.65	\$36.65
81	18257837714000	004	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4185	07/05/2018	07/10/2018	\$152.74	\$72.06	\$72.06
81	18274821778000	001	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4189	07/11/2018	07/17/2018	\$3,171.90	\$977.26	\$977.26
81	18274821778000	002	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4185	07/11/2018	07/17/2018	\$152.74	\$72.06	\$72.06
81	18274821778000	003	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4224	07/11/2018	07/17/2018	\$1,050.00	\$137.45	\$137.45
81	18274821778000	004	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4220	07/11/2018	07/17/2018	\$240.00	\$43.98	\$43.98
81	18274821764000	001	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4189	07/18/2018	07/24/2018	\$3,171.90	\$977.26	\$977.26
81	18274821764000	002	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4185	07/18/2018	07/24/2018	\$152.74	\$72.06	\$72.06
81	18274821764000	003	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4224	07/18/2018	07/24/2018	\$1,050.00	\$137.45	\$137.45
81	18274821764000	004	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4220	07/18/2018	07/24/2018	\$240.00	\$43.98	\$43.98
81	18274821765000	001	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4189	07/25/2018	07/31/2018	\$3,171.90	\$977.26	\$977.26
81	18274821765000	002	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4185	07/25/2018	07/31/2018	\$152.74	\$72.06	\$72.06
81	18274821765000	003	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4224	07/25/2018	07/31/2018	\$1,050.00	\$137.45	\$137.45



TOS	ICN	Line	Processing Contractor	Provider Name/NPI#	ICD Ind	***DX Codes	**HCPCS / DRG	From Date	To Date	Total Charges	Reimbursed Amount	Conditional Payment
81	18274821765000	004	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4220	07/25/2018	07/31/2018	\$240.00	\$43.98	\$43.98
81	18274821768000	001	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4189	08/01/2018	08/07/2018	\$3,171.90	\$977.26	\$977.26
81	18274821768000	002	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4185	08/01/2018	08/07/2018	\$152.74	\$72.06	\$72.06
81	18274821768000	003	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4224	08/01/2018	08/07/2018	\$1,050.00	\$137.45	\$137.45
81	18274821768000	004	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4220	08/01/2018	08/07/2018	\$240.00	\$43.98	\$43.98
81	18274821771000	001	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4189	08/08/2018	08/14/2018	\$3,171.90	\$977.26	\$977.26
81	18274821771000	002	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4185	08/08/2018	08/14/2018	\$152.74	\$72.06	\$72.06
81	18274821771000	003	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4224	08/08/2018	08/14/2018	\$1,050.00	\$137.45	\$137.45
81	18274821771000	004	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4220	08/08/2018	08/14/2018	\$240.00	\$43.98	\$43.98
81	18274821774000	001	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4189	08/16/2018	08/21/2018	\$3,171.90	\$814.38	\$814.38
81	18274821774000	002	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4185	08/16/2018	08/21/2018	\$152.74	\$72.06	\$72.06
81	18274821774000	003	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4224	08/16/2018	08/21/2018	\$1,050.00	\$137.45	\$137.45
81	18274821774000	004	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4220	08/16/2018	08/21/2018	\$240.00	\$43.98	\$43.98
81	18274821776000	001	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4189	08/22/2018	08/28/2018	\$3,171.90	\$977.26	\$977.26

TOS	ICN	Line #	Processing Contractor	Provider Name/NPI#	ICD Ind	***DX Codes	**HCPCS / DRG	From Date	To Date	Total Charges	Reimbursed Amount	Conditional Payment
81	18274821776000	002	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4185	08/22/2018	08/28/2018	\$152.74	\$72.06	\$72.06
81	18274821776000	003	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4224	08/22/2018	08/28/2018	\$1,050.00	\$137.45	\$137.45
81	18274821776000	004	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4220	08/22/2018	08/28/2018	\$240.00	\$43.98	\$43.98
81	18274821780000	001	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4189	08/29/2018	09/04/2018	\$3,171.90	\$977.26	\$977.26
81	18274821780000	002	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4185	08/29/2018	09/04/2018	\$152.74	\$72.06	\$72.06
81	18274821780000	003	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4224	08/29/2018	09/04/2018	\$1,050.00	\$137.45	\$137.45
81	18274821780000	004	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4220	08/29/2018	09/04/2018	\$240.00	\$43.98	\$43.98
81	18274821782000	001	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4189	09/05/2018	09/11/2018	\$3,171.90	\$977.26	\$977.26
81	18274821782000	002	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4185	09/05/2018	09/11/2018	\$152.74	\$72.06	\$72.06
81	18274821782000	003	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4224	09/05/2018	09/11/2018	\$1,050.00	\$137.45	\$137.45
81	18274821782000	004	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4220	09/05/2018	09/11/2018	\$240.00	\$43.98	\$43.98
81	18274821784000	001	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4189	09/12/2018	09/18/2018	\$3,171.90	\$977.26	\$977.26
81	18274821784000	002	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4185	09/12/2018	09/18/2018	\$152.74	\$72.06	\$72.06
81	18274821784000	003	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4224	09/12/2018	09/18/2018	\$1,050.00	\$137.45	\$137.45

TOS	ICN	Line #	Processing Contractor	Provider Name/NPI#	ICD Ind	***DX Codes	**HCPCS / DRG	From Date	To Date	Total Charges	Reimbursed Amount	Conditional Payment
81	18274821784000	004	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4220	09/12/2018	09/18/2018	\$240.00	\$43.98	\$43.98
81	18276816334000	001	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4189	09/19/2018	09/25/2018	\$3,171.90	\$977.26	\$977.26
81	18276816334000	002	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4185	09/19/2018	09/25/2018	\$152.74	\$72.06	\$72.06
81	18276816334000	003	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4224	09/19/2018	09/25/2018	\$1,050.00	\$137.45	\$137.45
81	18276816334000	004	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4220	09/19/2018	09/25/2018	\$240.00	\$43.98	\$43.98
81	18288815091000	001	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4189	09/26/2018	10/02/2018	\$3,171.90	\$977.26	\$977.26
81	18288815091000	002	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4185	09/26/2018	10/02/2018	\$152.74	\$72.06	\$72.06
81	18288815091000	003	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4224	09/26/2018	10/02/2018	\$1,050.00	\$137.45	\$137.45
81	18288815091000	004	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4220	09/26/2018	10/02/2018	\$240.00	\$43.98	\$43.98
81	18288815078000	001	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4189	10/03/2018	10/09/2018	\$3,171.90	\$977.26	\$977.26
81	18288815078000	002	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4185	10/03/2018	10/09/2018	\$152.74	\$72.06	\$72.06
81	18288815078000	003	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4224	10/03/2018	10/09/2018	\$1,050.00	\$137.45	\$137.45
81	18288815078000	004	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4220	10/03/2018	10/09/2018	\$240.00	\$43.98	\$43.98
81	18299815215000	001	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4189	10/10/2018	10/16/2018	\$3,171.90	\$977.26	\$977.26

TOS	ICN	Line #	Processing Contractor	Provider Name/NPI#	ICD Ind	***DX Codes	**HCPCS / DRG	From Date	To Date	Total Charges	Reimbursed Amount	Conditional Payment
81	18299815215000	002	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4185	10/10/2018	10/16/2018	\$152.74	\$72.06	\$72.06
81	18299815215000	003	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4224	10/10/2018	10/16/2018	\$1,050.00	\$137.45	\$137.45
81	18299815215000	004	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4220	10/10/2018	10/16/2018	\$240.00	\$43.98	\$43.98
81	18299815207000	001	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4189	10/17/2018	10/23/2018	\$3,171.90	\$977.26	\$977.26
81	18299815207000	002	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4185	10/17/2018	10/23/2018	\$152.74	\$72.06	\$72.06
81	18299815207000	003	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4224	10/17/2018	10/23/2018	\$1,050.00	\$137.45	\$137.45
81	18299815207000	004	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4220	10/17/2018	10/23/2018	\$240.00	\$43.98	\$43.98
81	18299815210000	001	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4189	10/24/2018	10/24/2018	\$528.65	\$162.88	\$162.88
81	18299815210000	002	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4224	10/24/2018	10/24/2018	\$175.00	\$22.91	\$22.91
81	18299815210000	003	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4220	10/24/2018	10/24/2018	\$40.00	\$7.33	\$7.33
81	18313816595000	001	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4189	10/25/2018	10/30/2018	\$3,171.90	\$814.38	\$814.38
81	18313816595000	002	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4185	10/25/2018	10/30/2018	\$152.74	\$72.06	\$72.06
81	18313816595000	003	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4224	10/25/2018	10/30/2018	\$1,050.00	\$137.45	\$137.45
81	18313816595000	004	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4220	10/25/2018	10/30/2018	\$240.00	\$43.98	\$43.98



TOS	ICN	Line #	Processing Contractor	Provider Name/NPI#	ICD Ind	***DX Codes	**HCPCS/ DRG	From Date	To Date	Total Charges	Reimbursed Amount	Conditional Payment
81	18313816590000	001	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4189	10/31/2018	11/06/2018	\$3,171.90	\$977.26	\$977.26
81	18313816590000	002	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4185	10/31/2018	11/06/2018	\$152.74	\$72.06	\$72.06
81	18313816590000	003	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4224	10/31/2018	11/06/2018	\$1,050.00	\$137.45	\$137.45
81	18313816590000	004	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4220	10/31/2018	11/06/2018	\$240.00	\$43.98	\$43.98
81	18333816975000	001	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4189	11/07/2018	11/13/2018	\$3,171.90	\$977.26	\$977.26
81	18333816975000	002	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4185	11/07/2018	11/13/2018	\$152.74	\$72.06	\$72.06
81	18333816975000	003	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4224	11/07/2018	11/13/2018	\$1,050.00	\$137.45	\$137.45
81	18333816975000	004	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4220	11/07/2018	11/13/2018	\$240.00	\$43.98	\$43.98
81	18333816980000	001	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4189	11/14/2018	11/20/2018	\$3,171.90	\$977.26	\$977.26
81	18333816980000	002	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4185	11/14/2018	11/20/2018	\$152.74	\$72.06	\$72.06
81	18333816980000	003	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4224	11/14/2018	11/20/2018	\$1,050.00	\$137.45	\$137.45
81	18333816980000	004	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4220	11/14/2018	11/20/2018	\$240.00	\$43.98	\$43.98
81	18334833847000	001	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4189	11/20/2018	11/27/2018	\$3,171.90	\$977.26	\$977.26
81	18334833847000	002	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4185	11/20/2018	11/27/2018	\$152.74	\$72.06	\$72.06



TOS	ICN	Line #	Processing Contractor	Provider Name/NPI#	ICD Ind	***DX Codes	**HCPCS / DRG	From Date	To Date	Total Charges	Reimbursed Amount	Conditional Payment
81	18334833847000	003	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H; B4224	11/20/2018	11/27/2018	\$1,050.00	\$137.45	\$137.45
81	18334833847000	004	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H; B4220	11/20/2018	11/27/2018	\$240.00	\$43.98	\$43.98
81	18348821989000	001	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H; B4189	11/28/2018	12/04/2018	\$3,171.90	\$977.26	\$977.26
81	18348821989000	002	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H; B4185	11/28/2018	12/04/2018	\$152.74	\$72.06	\$72.06
81	18348821989000	003	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H; B4224	11/28/2018	12/04/2018	\$1,050.00	\$137.45	\$137.45
81	18348821989000	004	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H; B4220	11/28/2018	12/04/2018	\$240.00	\$43.98	\$43.98
81	18348821998000	001	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H; B4189	12/05/2018	12/11/2018	\$3,171.90	\$977.26	\$977.26
81	18348821998000	002	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H; B4185	12/05/2018	12/11/2018	\$152.74	\$72.06	\$72.06
81	18348821998000	003	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H; B4224	12/05/2018	12/11/2018	\$1,050.00	\$137.45	\$137.45
81	18348821998000	004	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H; B4220	12/05/2018	12/11/2018	\$240.00	\$43.98	\$43.98
81	18355815820000	001	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H; B4189	12/12/2018	12/18/2018	\$3,171.90	\$977.26	\$977.26
81	18355815820000	002	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H; B4185	12/12/2018	12/18/2018	\$152.74	\$72.06	\$72.06
81	18355815820000	003	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H; B4224	12/12/2018	12/18/2018	\$1,050.00	\$137.45	\$137.45
81	18355815820000	004	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H; B4220	12/12/2018	12/18/2018	\$240.00	\$43.98	\$43.98



TOS	ICN	Line #	Processing Contractor	Provider Name/NPI#	ICD Ind	***DX Codes	**HCPCS / DRG	From Date	To Date	Total Charges	Reimbursed Amount	Conditional Payment
81	18313816590000	001	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4189	10/31/2018	11/06/2018	\$3,171.90	\$977.26	\$977.26
81	18313816590000	002	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4185	10/31/2018	11/06/2018	\$152.74	\$72.06	\$72.06
81	18313816590000	003	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4224	10/31/2018	11/06/2018	\$1,050.00	\$137.45	\$137.45
81	18313816590000	004	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4220	10/31/2018	11/06/2018	\$240.00	\$43.98	\$43.98
81	18333816975000	001	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4189	11/07/2018	11/13/2018	\$3,171.90	\$977.26	\$977.26
81	18333816975000	002	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4185	11/07/2018	11/13/2018	\$152.74	\$72.06	\$72.06
81	18333816975000	003	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4224	11/07/2018	11/13/2018	\$1,050.00	\$137.45	\$137.45
81	18333816975000	004	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4220	11/07/2018	11/13/2018	\$240.00	\$43.98	\$43.98
81	18333816980000	001	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4189	11/14/2018	11/20/2018	\$3,171.90	\$977.26	\$977.26
81	18333816980000	002	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4185	11/14/2018	11/20/2018	\$152.74	\$72.06	\$72.06
81	18333816980000	003	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4224	11/14/2018	11/20/2018	\$1,050.00	\$137.45	\$137.45
81	18333816980000	004	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4220	11/14/2018	11/20/2018	\$240.00	\$43.98	\$43.98
81	18334833847000	001	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4189	11/20/2018	11/27/2018	\$3,171.90	\$977.26	\$977.26
81	18334833847000	002	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4185	11/20/2018	11/27/2018	\$152.74	\$72.06	\$72.06

TOS	ICN	Line #	Processing Contractor	Provider Name/NPI#	ICD Ind	***DX Codes	**HCPCS / DRG	From Date	To Date	Total Charges	Reimbursed Amount	Conditional Payment
81	18334833847000	003	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4224	11/20/2018	11/27/2018	\$1,050.00	\$137.45	\$137.45
81	18334833847000	004	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4220	11/20/2018	11/27/2018	\$240.00	\$43.98	\$43.98
81	18348821989000	001	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4189	11/28/2018	12/04/2018	\$3,171.90	\$977.26	\$977.26
81	18348821989000	002	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4185	11/28/2018	12/04/2018	\$152.74	\$72.06	\$72.06
81	18348821989000	003	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4224	11/28/2018	12/04/2018	\$1,050.00	\$137.45	\$137.45
81	18348821989000	004	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4220	11/28/2018	12/04/2018	\$240.00	\$43.98	\$43.98
81	18348821998000	001	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4189	12/05/2018	12/11/2018	\$3,171.90	\$977.26	\$977.26
81	18348821998000	002	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4185	12/05/2018	12/11/2018	\$152.74	\$72.06	\$72.06
81	18348821998000	003	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4224	12/05/2018	12/11/2018	\$1,050.00	\$137.45	\$137.45
81	18348821998000	004	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4220	12/05/2018	12/11/2018	\$240.00	\$43.98	\$43.98
81	18355815820000	001	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4189	12/12/2018	12/18/2018	\$3,171.90	\$977.26	\$977.26
81	18355815820000	002	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4185	12/12/2018	12/18/2018	\$152.74	\$72.06	\$72.06
81	18355815820000	003	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4224	12/12/2018	12/18/2018	\$1,050.00	\$137.45	\$137.45
81	18355815820000	004	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4220	12/12/2018	12/18/2018	\$240.00	\$43.98	\$43.98



TOS	ICN	Line #	Processing Contractor	Provider Name/NPI#	ICD Ind	***DX Codes	**HCPCS / DRG	From Date	To Date	Total Charges	Reimbursed Amount	Conditional Payment
81	19011817919000	001	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4189	12/19/2018	12/25/2018	\$3,171.90	\$977.26	\$977.26
81	19011817919000	002	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4185	12/19/2018	12/25/2018	\$152.74	\$72.06	\$72.06
81	19011817919000	003	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4224	12/19/2018	12/25/2018	\$1,050.00	\$137.45	\$137.45
81	19011817919000	004	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4220	12/19/2018	12/25/2018	\$240.00	\$43.98	\$43.98
81	19011817918000	001	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4189	12/26/2018	01/01/2019	\$3,171.90	\$977.26	\$977.26
81	19011817918000	002	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4185	12/26/2018	01/01/2019	\$152.74	\$72.06	\$72.06
81	19011817918000	003	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4224	12/26/2018	01/01/2019	\$1,050.00	\$137.45	\$137.45
81	19011817918000	004	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4220	12/26/2018	01/01/2019	\$240.00	\$43.98	\$43.98
81	19011817920000	001	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4189	01/02/2019	01/08/2019	\$3,171.90	\$854.70	\$854.70
81	19011817920000	002	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4185	01/02/2019	01/08/2019	\$152.74	\$73.71	\$73.71
81	19011817920000	003	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4224	01/02/2019	01/08/2019	\$1,050.00	\$140.60	\$140.60
81	19011817920000	004	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4220	01/02/2019	01/08/2019	\$240.00	\$45.02	\$45.02
81	19025818146000	001	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4189	01/09/2019	01/15/2019	\$3,171.90	\$999.74	\$999.74
81	19025818146000	002	19003	NUTRISHARE, INC. / 1619084829	ICD-10	K912	H: B4185	01/09/2019	01/15/2019	\$152.74	\$73.71	\$73.71

TOS	ICN	Line #	Processing Contractor	Provider Name/NPI#	ICD Ind	***DX Codes	**HCPCS/ DRG	From Date	To Date	Total Charges	Reimbursed Amount	Conditional Payment
81	19025818146000	003	19003	NUTRISHARE, INC. / 1619084829	ICD-10	<b>K912</b>	H: B4224	01/09/2019	01/15/2019	\$1,050.00	\$140.60	\$140.60
81	19025818146000	004	19003	NUTRISHARE, INC. / 1619084829	ICD-10	<b>K912</b>	H: B4220	01/09/2019	01/15/2019	\$240.00	\$45.02	\$45.02
81	19025818137000	001	19003	NUTRISHARE, INC. / 1619084829	ICD-10	<b>K912</b>	H: B4189	01/16/2019	01/22/2019	\$3,171.90	\$999.74	\$999.74
81	19025818137000	002	19003	NUTRISHARE, INC. / 1619084829	ICD-10	<b>K912</b>	H: B4185	01/16/2019	01/22/2019	\$152.74	\$73.71	\$73.71
81	19025818137000	003	19003	NUTRISHARE, INC. / 1619084829	ICD-10	<b>K912</b>	H: B4224	01/16/2019	01/22/2019	\$1,050.00	\$140.60	\$140.60
81	19025818137000	004	19003	NUTRISHARE, INC. / 1619084829	ICD-10	<b>K912</b>	H: B4220	01/16/2019	01/22/2019	\$240.00	\$45.02	\$45.02
81	19035816213000	001	19003	NUTRISHARE, INC. / 1619084829	ICD-10	<b>K912</b>	H: B4189	01/23/2019	01/29/2019	\$3,171.90	\$999.74	\$999.74
81	19035816213000	002	19003	NUTRISHARE, INC. / 1619084829	ICD-10	<b>K912</b>	H: B4185	01/23/2019	01/29/2019	\$152.74	\$73.71	\$73.71
81	19035816213000	003	19003	NUTRISHARE, INC. / 1619084829	ICD-10	<b>K912</b>	H: B4224	01/23/2019	01/29/2019	\$1,050.00	\$140.60	\$140.60
81	19035816213000	004	19003	NUTRISHARE, INC. / 1619084829	ICD-10	<b>K912</b>	H: B4220	01/23/2019	01/29/2019	\$240.00	\$45.02	\$45.02

\*\*H - HCPCS Code, D - DRG Code

\*\*\*Part-A Claim Primary Diagnosis Code is denoted in bold font

Sum of Total Charges	\$210,451.42
Total Reimbursed Amount	\$52,076.76
Total Conditional Payments	\$52,076.76