

BEFORE THE BOARD OF COUNTY COMMISSIONERS
OF LANCASTER COUNTY, NEBRASKA

RESOLUTION REGARDING REMOVING)
UNCOLLECTIBLE ACCOUNT BALANCES)
FROM THE ACCOUNTS RECEIVABLE OF THE) RESOLUTION NO. R-17-0012
FOLLOWING COUNTY DEPARTMENTS:)
LANCASTER COUNTY GENERAL)
ASSISTANCE)

WHEREAS, pursuant to Neb. Rev. Stat. § 23-106, the Lancaster County Board of County Commissioners (“Board”) has the power to manage Lancaster County (“County”) funds and County business;

WHEREAS, pursuant to Neb. Rev. Stat. § 23-109, the Board has the power to examine and settle all accounts concerning the receipts and expenditures of the County;

WHEREAS, the Human Services Department (“Human Services”) has reported to the Board a total of \$67,671.48 of accounts contained within General Assistance (“GA”) Accounts Receivable (“Accounts Receivable”) related to the County’s not being reimbursed by providers and/or other counties for GA expenditures arising out of providing eligible services to the indigent population, which accounts are described in more detail in Attachment A to this Agreement;

WHEREAS, Human Services has advised the Board that the aforementioned Accounts Receivable balance is uncollectible; and

WHEREAS, the Board has accepted the advice of Human Services with respect its Accounts Receivable balance;

NOW, THEREFORE, BE IT RESOLVED, by the Board of County Commissioners of Lancaster County, Nebraska, that the Accounts Receivable balance of Lancaster County General Assistance ("GA"), described in Attachment A, which Attachment hereby is incorporated into this Resolution by this reference, is deemed uncollectible; and

BE IT FURTHER RESOLVED, that this uncollectible Accounts Receivable balance shall be removed from the Accounts Receivable of GA as of the date of this Resolution.

DATED this 14 day of Feb, 2017, in the County-City Building, Lincoln, Lancaster County, Nebraska.

BY THE BOARD OF COUNTY
COMMISSIONERS OF
LANCASTER COUNTY, NEBRASKA

Deb Schorr
Bill Atkey
Jennifer J. Bunkeme
Wiltgen Absent
AMUNDSON ABSENT

APPROVED AS TO FORM
this 14 day of
Feb, 2017.

[Signature]

Deputy County Attorney

for JOE KELLY
Lancaster County Attorney

ATTACHMENT A

Provider Name:	Advanced Medical Imaging 5170				
Address:	PO Box 82568				
City, State, Zip:	Lincoln, NE 68501-2568				
	CR Number	Date of Service	Billed Amount	Paid Amount	Reason
	336379	9/30/2011	\$1,413.00	\$363.22	
	336607	4/9/2012	\$1,413.00	\$363.22	medicaid denied for not meeting medical necessity
	501030	10/22/2014	\$1,481.00	\$380.07	medicaid denied as provider will not provide medical documentation to AMI for Authorization despite repeated requests
Total			\$4,307.00	\$1,106.51	

Provider Name:	Arthritis Center of Nebraska 5226				
Address:	3901 Pine Lake Rd STE 120				
City, State, Zip:	Lincoln, NE 68516				
	CR Number	Date of Service	Billed Amount	Paid Amount	Reason
	336379	12/30/2010	\$347.00	\$131.51	
	336379	12/30/2010	\$235.00	\$48.47	
	336379	12/30/2010	\$87.00	\$34.97	
Total			\$669.00	\$214.95	

Provider Name:	Bryan Heart Institute 5308				
Address:	PO Box 82653				
City, State, Zip:	Lincoln, NE 68501-2653				
	CR Number	Date of Service	Billed Amount	Paid Amount	Reason
	500867	11/13/2014	\$150.00	\$98.50	
	500867	11/13/2014	\$355.00	\$162.00	
	500867	12/2/2014	\$118.00	\$45.07	
	500867	2/24/2015	\$118.00	\$45.07	
	500867	5/7/2015	\$187.00	\$90.89	
	500867	6/8/2015	\$118.00	\$45.07	
	332746	9/22/2009	\$35.00	\$21.40	
	322945	1/10/2011	\$35.00	\$21.86	
	322945	1/11/2011	\$266.00	\$104.22	
	322945	1/14/2011	\$225.00	\$141.67	
	322945	1/26/2011	\$1,263.00	\$318.44	
Total			\$2,870.00	\$1,094.19	

Provider Name:	Consultants in Gastroenterology 5448				
Address:	1730 South 70th St #110				
City, State, Zip:	Lincoln, NE 68506				
	CR Number	Date of Service	Billed Amount	Paid Amount	Reason
	322945	9/20/2010	\$287.00	\$83.60	
	322945	11/1/2010	\$120.00	\$45.07	
	322945	12/6/2010	\$120.00	\$45.07	
	322945	2/2/2011	\$804.00	\$216.01	
	322945	2/17/2011	\$126.00	\$45.07	
	322945	4/19/2011	\$126.00	\$45.07	
	322945	7/8/2011	\$126.00	\$45.07	
	322945	7/25/2011	\$126.00	\$45.07	

	322945	9/14/2011	\$126.00	\$45.07	
Total			\$1,961.00	\$615.10	

Provider Name:	Consultants in Infectious Disease 5449				
Address:	1500 S 48th St #506				
City, State, Zip:	Lincoln, NE 68506				
	CR Number	Date of Service	Billed Amount	Paid Amount	Reason
	336379	10/22/2010	\$265.00	\$83.60	
	336796	8/16/2011	\$197.00	\$67.78	as of 10/19/16 provider never notified client ssi/medicaid approved
Total			\$462.00	\$151.38	

Provider Name:	Gastroenterology Specialties P.C. 5647				
Address:	4545 R St #100				
City, State, Zip:	Lincoln, NE 68503				
	CR Number	Date of Service	Billed Amount	Paid Amount	Reason
	500867	2/9/2015	\$411.00	\$149.72	
	500867	3/30/2015	\$975.00	\$200.25	
Total			\$1,386.00	\$349.97	

Provider Name:	Inpatient Physician Assoc, LLC 5803				
Address:	PO Box 6971				
City, State, Zip:	Lincoln, NE 68506				
	CR Number	Date of Service	Billed Amount	Paid Amount	Reason
	332746	9/22/2009	\$748.00	\$221.13	
Total			\$748.00	\$221.13	

Provider Name:	Lincoln Anesthesiology Group 5938				
Address:	575 S 70th St STE 305				
City, State, Zip:	Lincoln, NE 68510-2471				
	CR Number	Date of Service	Billed Amount	Paid Amount	Reason
	322945	10/20/2010	\$910.00	\$267.55	
Total			\$910.00	\$267.55	

Provider Name:	Lincoln Fire & Rescue 5951				
Address:	ATTN: Joel - City Treasurer's Office				
City, State, Zip:	County/City Building				
	CR Number	Date of Service	Billed Amount	Paid Amount	Reason
	336796	8/15/2011	\$824.75	\$340.38	No contract in place
Total			\$824.75	\$340.38	

Provider Name:	Lincoln Nephrology & Hypertension PC 5964				
Address:	7441 O St #304				
City, State, Zip:	Lincoln NE 68510				
	CR Number	Date of Service	Billed Amount	Paid Amount	Reason
	332746	9/22/2009	\$770.00	\$468.30	
	332746	9/24/2009	\$108.00	\$44.64	
Total			\$878.00	\$512.94	

Provider Name:	Lincoln Radiology Group 5984				
Address:	PO Box 7239				

City, State, Zip:		Loveland CO 80537		
CR Number	Date of Service	Billed Amount	Paid Amount	Reason
336379	8/12/2011	\$39.00	\$8.06	
500867	11/21/2014	\$259.00	\$60.14	
500798	6/17/2015	\$616.00	\$123.95	denied by medicaid no prior authorization
501429	10/19/2015	\$45.00	\$10.68	county is disputing residency
332746	9/23/2009	\$152.00	\$33.87	
154877	12/3/2014	\$252.00	\$58.83	neb medicaid denied no prior authorization
501364	7/27/2015	\$252.00	\$60.00	denied by medicaid/no prior authorization
322945	10/4/2010	\$485.00	\$107.49	
322945	1/10/2011	\$415.00	\$96.05	
Total		\$2,515.00	\$559.07	

Provider Name:	Nebraska Emergency Medicine PC 6131				
Address:	PO Box 310457				
City, State, Zip:	Des Moines IA 50331-0457				
	CR Number	Date of Service	Billed Amount	Paid Amount	Reason
	336949	6/8/2013	\$595.00	\$98.02	
	500133	9/20/2013	\$595.00	\$102.44	
	500133	10/2/2013	\$404.00	\$63.04	
	332746	9/22/2009	\$425.00	\$96.72	
	322945	1/10/2011	\$360.00	\$60.80	
Total			\$2,379.00	\$421.02	

Provider Name:	Nebraska O & P Services 6151				
Address:	5401 South St Rm 0169				
City, State, Zip:	Lincoln NE 68505-2150				
	CR Number	Date of Service	Billed Amount	Paid Amount	Reason
	501016	11/14/2014	\$1,110.00	\$760.59	received medicaid denial from provider for timely filing
Total			\$1,110.00	\$760.59	

Provider Name:	Nebrasak Orthopaedic & Sports Medicine 6154				
Address:	575 S 70th St #200				
City, State, Zip:	Lincoln NE 68510				
	CR Number	Date of Service	Billed Amount	Paid Amount	Reason
	336379	2/3/2011	\$310.00	\$105.70	
	501429	6/2/2015	\$515.00	\$132.01	county is disputing residency
	501429	7/7/2015	\$129.00	\$45.07	county is disputing residency
	501429	8/18/2015	\$224.00	\$77.19	county is disputing residency
	501429	8/24/2015	\$1,208.00	\$250.56	county is disputing residency
	501429	8/24/2015	\$1,316.00	\$383.65	county is disputing residency
	501429	9/1/2015	\$261.00	\$57.87	county is disputing residency
	501429	10/1/2015	\$131.00	\$45.07	county is disputing residency
	323060	3/3/2015	\$191.00	\$69.58	client never applied for medicaid
	323060	4/3/2015	\$77.00	\$28.92	client never applied for medicaid
	323060	4/30/2015	\$939.00	\$345.47	client never applied for medicaid
	323060	4/30/2015	\$4,757.00	\$1,737.78	client never applied for medicaid
	323060	5/12/2015	\$95.00	\$31.50	client never applied for medicaid
Total			\$10,153.00	\$3,310.37	

Provider Name:	Nebraska Surgery Center 6171				
Address:	625 S 70th St				
City, State, Zip:	Lincoln NE 68510				
	CR Number	Date of Service	Billed Amount	Paid Amount	Reason
	335681	8/12/2009	\$4,904.00	\$649.00	
Total			\$4,904.00	\$649.00	

Provider Name:	Neurology Associates PC 6179				
Address:	2631 S 70th St				
City, State, Zip:	Lincoln NE 68506				
	CR Number	Date of Service	Billed Amount	Paid Amount	Reason
	322645	5/26/2011	\$487.00	\$201.40	
Total			\$487.00	\$201.40	

Provider Name:	Neurological & Spinal Surgery 6181				
Address:	2222 S 16th St #305				
City, State, Zip:	Lincoln NE 68502				
	CR Number	Date of Service	Billed Amount	Paid Amount	Reason
	332945	9/27/2010	\$200.00	\$83.60	
	332945	10/5/2010	\$210.00	\$75.93	
	332945	10/13/2010	\$1,160.00	\$289.31	
	332945	1/5/2011	\$117.00	\$45.07	
	332945	1/17/2011	\$681.00	\$235.40	
	332945	3/21/2011	\$247.00	\$79.37	
Total			\$2,615.00	\$808.68	

Provider Name:	Pathology Medical Services 6242				
Address:	PO Box 82653				
City, State, Zip:	Lincoln NE 68504				
	CR Number	Date of Service	Billed Amount	Paid Amount	Reason
	500867	3/30/2015	\$540.00	\$286.41	
	322945	10/20/2010	\$695.90	\$360.56	
Total			\$1,235.90	\$646.97	

Provider Name:	Radiology Associates PC 6316				
Address:	PO Box 82568				
City, State, Zip:	Lincoln NE 6850-2568				
	CR Number	Date of Service	Billed Amount	Paid Amount	Reason
	322945	9/23/2010	\$156.00	\$37.16	
	322945	9/28/2010	\$152.00	\$38.64	
	322945	10/19/2010	\$52.00	\$10.12	
	322945	12/9/2010	\$138.00	\$31.47	
	337366	11/15/2012	\$257.00	\$60.83	
	337366	11/15/2012	\$514.00	\$121.66	
Total			\$1,269.00	\$299.88	

Provider Name:	Star Tran 6546				
Address:	710 J St				
City, State, Zip:	Lincoln NE 68508				
	CR Number	Date of Service	Billed Amount	Paid Amount	Reason
	501429	6/1/2015	\$8.00	\$8.00	county is disputing residency
	501085	7/29/2014	\$8.00	\$8.00	
	501085	8/29/2014	\$8.00	\$8.00	
	501085	9/29/2014	\$8.00	\$8.00	
	501085	10/31/2014	\$8.00	\$8.00	
	501085	2/17/2015	\$8.00	\$8.00	
	187925	2/28/2011	\$7.50	\$7.50	
	187925	2/11/2014	\$8.00	\$8.00	
	337366	8/31/2013	\$8.00	\$8.00	
	337366	9/30/2013	\$8.00	\$8.00	
	337366	10/31/2013	\$8.00	\$8.00	
	337366	11/30/2013	\$8.00	\$8.00	

	337366	12/31/2013	\$8.00	\$8.00	
	337366	2/27/2014	\$8.00	\$8.00	
	337366	3/31/2014	\$8.00	\$8.00	
	337366	6/2/2014	\$8.00	\$8.00	
	337366	7/1/2014	\$8.00	\$8.00	
	337366	7/11/2014	\$8.00	\$8.00	
Total			\$143.50	\$143.50	

Provider Name:	Urology PC 6660				
Address:	5500 Pine Lake Rd				
City, State, Zip:	Lincoln NE 68516				
	CR Number	Date of Service	Billed Amount	Paid Amount	Reason
	501245	12/26/2014	\$190.00	\$57.85	
Total			\$190.00	\$57.85	

Provider Name:	Wagey Drug 6694			
Address:	800 N 27th St			
City, State, Zip:	Lincoln NE 68503			
CR Number	Date of Service	Billed Amount	Paid Amount	Reason
272488	8/7/2014	\$7.03	\$7.03	anti-diarrhea/OTC not billable to medicaid
336379	10/5/2011	\$52.97	\$52.97	
336379	10/5/2011	\$9.69	\$9.69	
336379	10/5/2011	\$12.08	\$12.08	
336379	1/13/2011	\$12.12	\$12.12	
336379	10/25/2011	\$12.12	\$12.12	
336379	10/25/2011	\$23.60	\$23.60	
336379	10/25/2011	\$26.83	\$26.83	
336379	10/25/2011	\$52.97	\$52.97	
336379	10/25/2011	\$12.08	\$12.08	
336379	10/25/2011	\$30.54	\$30.54	
336379	10/25/2011	\$35.35	\$35.35	
336379	10/25/2011	\$9.69	\$9.69	
500133	11/13/2013	\$40.00	\$40.00	filling fee - not medicaid reimbursable
500133	12/10/2013	\$40.00	\$40.00	filling fee - not medicaid reimbursable
500133	9/17/2014	\$40.00	\$40.00	filling fee - not medicaid reimbursable
269413	5/16/2013	\$7.69	\$7.69	preparation h/not reimbursable by medicaid
337376	12/18/2012	\$49.21	\$49.21	no medicare part d
337376	12/18/2012	\$15.86	\$15.86	no medicare part d
337376	12/18/2012	\$55.62	\$55.62	no medicare part d
337376	12/18/2012	\$41.76	\$41.76	no medicare part d
337376	12/18/2012	\$87.41	\$87.41	no medicare part d
337376	12/18/2012	\$11.59	\$11.59	no medicare part d
337376	12/18/2012	\$11.32	\$11.32	no medicare part d
337376	12/31/2012	\$10.09	\$10.09	no medicare part d
337376	1/14/2013	\$19.33	\$19.33	no medicare part d
337376	1/14/2013	\$8.80	\$8.80	no medicare part d
337376	1/23/2013	\$10.09	\$10.09	no medicare part d
337376	1/23/2013	\$20.93	\$20.93	no medicare part d
336796	12/2/2011	\$40.00	\$40.00	filling fee - not reimbursable by medicaid
336796	12/30/2011	\$40.00	\$40.00	filling fee - not reimbursable by medicaid
336796	7/16/2012	\$40.00	\$40.00	filling fee - not reimbursable by medicaid
336796	7/30/2012	\$8.67	\$8.67	distilled water/not reimbursable by medicaid
336796	8/13/2012	\$40.00	\$40.00	filling fee - not reimbursable by medicaid
336796	9/10/2012	\$40.00	\$40.00	filling fee - not reimbursable by medicaid
336796	10/8/2012	\$40.00	\$40.00	filling fee - not reimbursable by medicaid
336796	11/5/2012	\$40.00	\$40.00	filling fee - not reimbursable by medicaid
336796	11/12/2012	\$9.31	\$9.31	distilled water/not reimbursable by medicaid
336796	11/12/2012	\$8.67	\$8.67	distilled water/not reimbursable by medicaid
336796	11/16/2012	\$23.71	\$23.71	neck pillow/not reimbursable by medicaid
336796	12/3/2012	\$29.10	\$29.10	traction unit for neck/not reimbursable by medicaid
336796	12/3/2012	\$40.00	\$40.00	filling fee - not reimbursable by medicaid
336796	12/31/2012	\$40.00	\$40.00	filling fee - not reimbursable by medicaid
336796	1/28/2013	\$40.00	\$40.00	filling fee - not reimbursable by medicaid
336796	2/12/2013	\$9.31	\$9.31	distilled water/not reimbursable by medicaid
336796	2/25/2013	\$40.00	\$40.00	filling fee - not reimbursable by medicaid
251924	9/5/2013	\$3.20	\$3.20	calamine lotion

143996	6/3/2014	\$10.28	\$10.28	not reimbursable /client has medicaid part a
143996	6/3/2014	\$22.35	\$22.35	not reimbursable /client has medicaid part a
143996	6/3/2014	\$12.92	\$12.92	not reimbursable /client has medicaid part a
143996	6/27/2014	\$36.68	\$36.68	not reimbursable /client has medicaid part a
143996	6/27/2014	\$7.58	\$7.58	not reimbursable /client has medicaid part a
143996	7/1/2014	\$22.35	\$22.35	not reimbursable /client has medicaid part a
143996	7/15/2014	\$12.92	\$12.92	not reimbursable /client has medicaid part a
143996	7/15/2014	\$10.28	\$10.28	not reimbursable /client has medicaid part a
143996	7/16/2014	\$12.08	\$12.08	not reimbursable /client has medicaid part a
143996	7/18/2014	\$7.58	\$7.58	not reimbursable /client has medicaid part a
143996	7/19/2014	\$7.58	\$7.58	not reimbursable /client has medicaid part a
143996	7/21/2014	\$12.08	\$12.08	not reimbursable /client has medicaid part a
143996	7/31/2014	\$22.35	\$22.35	not reimbursable /client has medicaid part a
143996	8/1/2014	\$10.89	\$10.89	not reimbursable /client has medicaid part a
143996	8/1/2014	\$5.92	\$5.92	not reimbursable /client has medicaid part a
143996	8/12/2014	\$36.68	\$36.68	not reimbursable /client has medicaid part a
143996	8/20/2014	\$12.92	\$12.92	not reimbursable /client has medicaid part a
143996	8/20/2014	\$7.58	\$7.58	not reimbursable /client has medicaid part a
143996	8/20/2014	\$10.28	\$10.28	not reimbursable /client has medicaid part a
143996	8/20/2014	\$7.58	\$7.58	not reimbursable /client has medicaid part a
143996	8/29/2014	\$22.35	\$22.35	not reimbursable /client has medicaid part a
143996	9/17/2014	\$36.68	\$36.68	not reimbursable /client has medicaid part a
143996	9/17/2014	\$12.92	\$12.92	not reimbursable /client has medicaid part a
143996	9/26/2014	\$22.35	\$22.35	not reimbursable /client has medicaid part a
143996	9/26/2014	\$7.58	\$7.58	not reimbursable /client has medicaid part a
143996	10/11/2014	\$10.28	\$10.28	not reimbursable /client has medicaid part a
143996	10/11/2014	\$7.58	\$7.58	not reimbursable /client has medicaid part a
143996	10/21/2014	\$12.92	\$12.92	not reimbursable /client has medicaid part a
143996	10/21/2014	\$22.35	\$22.35	not reimbursable /client has medicaid part a
143996	10/23/2014	\$7.58	\$7.58	not reimbursable /client has medicaid part a
143996	11/14/2014	\$36.68	\$36.68	not reimbursable /client has medicaid part a
143996	11/26/2014	\$22.35	\$22.35	not reimbursable /client has medicaid part a
143996	12/1/2014	\$10.28	\$10.28	not reimbursable /client has medicaid part a
143996	12/1/2014	\$12.92	\$12.92	not reimbursable /client has medicaid part a
143996	12/15/2014	\$7.58	\$7.58	not reimbursable /client has medicaid part a
143996	12/15/2014	\$7.58	\$7.58	not reimbursable /client has medicaid part a
143996	1/6/2015	\$22.35	\$22.35	not reimbursable /client has medicaid part a
143996	1/16/2015	\$12.92	\$12.92	not reimbursable /client has medicaid part a
143996	1/24/2015	\$7.58	\$7.58	not reimbursable /client has medicaid part a
501016	1/2/2015	\$12.92	\$12.92	not reimbursable /client has medicaid part a
501016	1/2/2015	\$36.95	\$36.95	not reimbursable /client has medicaid part a
501016	1/5/2015	\$26.27	\$26.27	not reimbursable /client has medicaid part a
501016	1/28/2015	\$7.31	\$7.31	not reimbursable /client has medicaid part a
501016	1/28/2015	\$36.95	\$36.95	not reimbursable /client has medicaid part a
501016	1/28/2015	\$12.92	\$12.92	not reimbursable /client has medicaid part a
336160	7/26/2012	\$17.97	\$17.97	aquaphilic cream
336579	10/21/2014	\$12.00	\$12.00	not reimbursable /client has medicaid part a
336579	10/21/2014	\$7.02	\$7.02	not reimbursable /client has medicaid part a
336579	10/30/2014	\$6.58	\$6.58	not reimbursable /client has medicaid part a
336579	10/30/2014	\$6.25	\$6.25	not reimbursable /client has medicaid part a
336579	10/30/2014	\$31.61	\$31.61	not reimbursable /client has medicaid part a
336579	10/30/2014	\$254.83	\$254.83	not reimbursable /client has medicaid part a
336579	10/30/2014	\$22.27	\$22.27	not reimbursable /client has medicaid part a

336579	11/6/2014	\$12.92	\$12.92	not reimbursable /client has medicaid part a
336579	11/8/2014	\$19.91	\$19.91	not reimbursable /client has medicaid part a
336579	11/17/2014	\$8.25	\$8.25	not reimbursable /client has medicaid part a
336579	11/17/2014	\$20.93	\$20.93	not reimbursable /client has medicaid part a
336579	11/28/2014	\$6.25	\$6.25	not reimbursable /client has medicaid part a
336579	11/28/2014	\$307.94	\$307.94	not reimbursable /client has medicaid part a
336579	11/28/2014	\$6.58	\$6.58	not reimbursable /client has medicaid part a
336579	11/28/2014	\$31.61	\$31.61	not reimbursable /client has medicaid part a
336579	12/1/2014	\$21.52	\$21.52	not reimbursable /client has medicaid part a
336579	12/1/2014	\$26.27	\$26.27	not reimbursable /client has medicaid part a
336579	12/2/2014	\$14.52	\$14.52	not reimbursable /client has medicaid part a
336579	12/9/2014	\$19.91	\$19.91	not reimbursable /client has medicaid part a
336579	12/12/2014	\$22.50	\$22.50	not reimbursable /client has medicaid part a
336579	12/15/2014	\$12.92	\$12.92	not reimbursable /client has medicaid part a
336579	12/16/2014	\$12.08	\$12.08	not reimbursable /client has medicaid part a
336579	12/16/2014	\$8.25	\$8.25	not reimbursable /client has medicaid part a
336579	12/29/2014	\$14.52	\$14.52	not reimbursable /client has medicaid part a
336579	12/29/2014	\$72.80	\$72.80	not reimbursable /client has medicaid part a
336579	12/29/2014	\$21.52	\$21.52	not reimbursable /client has medicaid part a
336579	1/12/2015	\$12.08	\$12.08	not reimbursable /client has medicaid part a
336579	1/12/2015	\$22.50	\$22.50	not reimbursable /client has medicaid part a
336579	1/12/2015	\$12.92	\$12.92	not reimbursable /client has medicaid part a
336579	1/21/2015	\$14.52	\$14.52	not reimbursable /client has medicaid part a
336579	1/26/2015	\$28.94	\$28.94	not reimbursable /client has medicaid part a
336579	1/26/2015	\$8.25	\$8.25	not reimbursable /client has medicaid part a
336579	1/28/2015	\$15.66	\$15.66	not reimbursable /client has medicaid part a
336579	1/29/2015	\$20.93	\$20.93	not reimbursable /client has medicaid part a
220621	1/17/2014	\$20.49	\$20.49	spend down not met
220621	1/27/2014	\$17.19	\$17.19	spend down not met
220621	2/4/2014	\$214.55	\$214.55	spend down not met
220621	2/6/2014	\$81.48	\$81.48	spend down not met
220621	2/6/2014	\$9.69	\$9.69	spend down not met
220621	2/6/2014	\$7.40	\$7.40	spend down not met
220621	2/7/2014	\$5.39	\$5.39	spend down not met
220621	2/17/2014	\$12.92	\$12.92	spend down not met
220621	2/20/2014	\$72.80	\$72.80	spend down not met
220621	2/20/2014	\$6.59	\$6.59	spend down not met
220621	3/7/2014	\$214.55	\$214.55	spend down not met
220621	3/7/2014	\$13.80	\$13.80	spend down not met
220621	3/10/2014	\$6.59	\$6.59	spend down not met
220621	3/13/2014	\$7.31	\$7.31	spend down not met
220621	3/31/2014	\$214.55	\$214.55	spend down not met
220621	3/31/2014	\$20.93	\$20.93	spend down not met
220621	3/31/2014	\$11.59	\$11.59	spend down not met
220621	3/31/2014	\$12.08	\$12.08	spend down not met
220621	3/31/2014	\$12.92	\$12.92	spend down not met
501030	8/5/2014	\$1.98	\$1.98	1.98 left co-pay
501030	9/23/2014	\$1.98	\$1.98	1.98 left co-pay
501030	10/14/2014	\$1.98	\$1.98	1.98 left co-pay
501030	11/25/2014	\$1.98	\$1.98	1.98 left co-pay
501030	1/5/2015	\$1.98	\$1.98	1.98 left co-pay
255203	4/6/2012	\$40.00	\$40.00	filling fee - not reimbursable by medicaid
116047	5/7/2014	\$23.68	\$23.68	aquaphil/not reimbursable by medicaid

500699	8/29/2014	\$8.98	\$8.98	tablet cutter/not reimbursable by medicaid
322945	9/8/2011	\$22.85	\$22.85	
217606	12/27/2012	\$40.00	\$40.00	filling fee - not reimbursable by medicaid
217606	10/3/2013	\$40.00	\$40.00	filling fee - not reimbursable by medicaid
217606	11/28/2013	\$40.00	\$40.00	filling fee - not reimbursable by medicaid
287934	12/17/2003	\$13.65	\$13.65	pharmacy/medicaid had her locked into walgreens
287934	12/17/2003	\$51.95	\$51.95	pharmacy/medicaid had her locked into walgreens
287934	12/17/2003	\$65.83	\$65.83	pharmacy/medicaid had her locked into walgreens
287934	12/17/2003	\$17.03	\$17.03	pharmacy/medicaid had her locked into walgreens
287934	12/22/2003	\$82.88	\$82.88	pharmacy/medicaid had her locked into walgreens
287934	12/22/2003	\$1,106.65	\$1,054.09	pharmacy/medicaid had her locked into walgreens
287934	12/24/2003	\$7.28	\$7.28	pharmacy/medicaid had her locked into walgreens
287934	12/24/2003	\$39.49	\$39.49	pharmacy/medicaid had her locked into walgreens
287934	12/24/2003	\$21.53	\$21.53	pharmacy/medicaid had her locked into walgreens
287934	12/24/2003	\$23.98	\$23.98	pharmacy/medicaid had her locked into walgreens
287934	12/24/2003	\$64.78	\$64.78	pharmacy/medicaid had her locked into walgreens
287934	12/24/2003	\$114.19	\$114.19	pharmacy/medicaid had her locked into walgreens
287934	12/24/2003	\$10.28	\$10.28	pharmacy/medicaid had her locked into walgreens
287934	12/24/2003	\$76.18	\$76.18	pharmacy/medicaid had her locked into walgreens
Total		\$6,063.23	\$6,010.67	

Provider Name:	Southeast Nebraska Hematology & Oncology Consultants, PC 7540				
Address:	201 S 68th St #200				
City, State, Zip:	Lincoln NE				
	CR Number	Date of Service	Billed Amount	Paid Amount	Reason
	501245	10/31/2014	\$175.00	\$69.58	
Total			\$175.00	\$69.58	

Provider Name:	Spine and Pain Center of Nebraska 8686				
Address:	6940 Van Dorn St #201				
City, State, Zip:	Lincoln NE 68506				
	CR Number	Date of Service	Billed Amount	Paid Amount	Reason
	336379	3/14/2011	\$250.00	\$104.22	
	336379	9/8/2011	\$105.00	\$45.07	
	336379	10/6/2011	\$852.00	\$280.72	
	336379	10/26/2011	\$852.00	\$280.72	
Total			\$2,059.00	\$710.73	

Provider Name:	Crossroads Physical Therapy PC				
Address:	6101 S 56th St #1				
City, State, Zip:	Lincoln NE 68516				
	CR Number	Date of Service	Billed Amount	Paid Amount	Reason
	322645	11/3/2010	\$234.00	\$117.80	
	322945	11/5/2010	\$150.00	\$64.60	
	322945	11/8/2010	\$150.00	\$64.60	
	322945	11/11/2010	\$150.00	\$57.00	
	322645	11/15/2010	\$150.00	\$60.80	
	322945	11/22/2010	\$125.00	\$60.80	
	322945	11/24/2010	\$220.00	\$100.70	
	322945	11/29/2010	\$275.00	\$125.40	
	322645	12/3/2010	\$100.00	\$38.00	
	322945	12/13/2010	\$125.00	\$57.00	
	322945	12/22/2010	\$125.00	\$57.00	
	322945	12/27/2010	\$150.00	\$60.80	
	322945	12/29/2010	\$150.00	\$64.60	
Total			\$2,104.00	\$929.10	

Provider Name:	Husker Rehab and Wellness Center PC 10938				
Address:	4911 N 26th St #100				
City, State, Zip:	Lincoln NE 68521				
	CR Number	Date of Service	Billed Amount	Paid Amount	Reason
	336379	4/11/2011	\$212.24	\$104.50	
	336379	4/28/2011	\$156.45	\$74.10	
	336379	7/19/2011	\$156.45	\$64.92	
	336379	8/4/2011	\$156.45	\$64.92	
Total			\$681.59	\$308.44	

Provider Name:	Nebraska Lablinc LLC 15655				
Address:	PO Box 82643				
City, State, Zip:	Lincoln NE 68501-2643				
	CR Number	Date of Service	Billed Amount	Paid Amount	Reason
	500867	11/13/2014	\$150.34	\$68.35	
Total			\$150.34	\$68.35	

Provider Name:	Videtich, DPM, Wayne V 16160				
Address:	2710 South St				
City, State, Zip:	Lincoln NE 68502				
	CR Number	Date of Service	Billed Amount	Paid Amount	Reason
	33668	12/17/2015	\$52.00	\$48.86	spend down not met
	323060	6/24/2015	\$730.00	\$714.74	client never applied for medicaid
Total			\$782.00	\$763.60	

Provider Name:	Sutton Ryan Dermatology 23609				
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Address:	PO Box 6068				
City, State, Zip:	Lincoln NE 68506				
	CR Number	Date of Service	Billed Amount	Paid Amount	Reason
	336379	2/24/2011	\$108.00	\$31.26	
	336379	2/24/2011	\$382.00	\$144.94	
Total			\$490.00	\$176.20	

Provider Name:	Lincoln Surgery Center - Endoscopy 25529				
Address:	1730 S 70th St				
City, State, Zip:	Lincoln NE 68506				
	CR Number	Date of Service	Billed Amount	Paid Amount	Reason
	322945	2/2/2011	\$1,080.00	\$345.00	
Total			\$1,080.00	\$345.00	

Provider Name:	Fyzicall Therapy & Balance Center c/o Physical Therapy Solutions 26193				
Address:	2130 S 17th St #200				
City, State, Zip:	Lincoln, NE				
	CR Number	Date of Service	Billed Amount	Paid Amount	Reason
	337274	3/21/2013	\$275.00	\$141.37	provider not notified ssi/medicaid approved
	337274	3/22/2013	\$162.00	\$81.05	provider not notified ssi/medicaid approved
	337274	3/25/2013	\$162.00	\$81.05	provider not notified ssi/medicaid approved
	337274	3/27/2013	\$162.00	\$81.05	provider not notified ssi/medicaid approved
	337274	3/28/2013	\$162.00	\$81.05	provider not notified ssi/medicaid approved
	337274	4/1/2013	\$162.00	\$81.05	provider not notified ssi/medicaid approved
	337274	4/4/2013	\$162.00	\$81.05	provider not notified ssi/medicaid approved
	337274	4/5/2013	\$162.00	\$81.05	provider not notified ssi/medicaid approved
	337274	4/8/2013	\$162.00	\$81.05	provider not notified ssi/medicaid approved
	337274	4/10/2013	\$162.00	\$81.05	provider not notified ssi/medicaid approved
	337274	4/12/2013	\$162.00	\$81.05	provider not notified ssi/medicaid approved
	337274	4/15/2013	\$162.00	\$81.05	provider not notified ssi/medicaid approved
	337274	4/17/2013	\$162.00	\$81.05	provider not notified ssi/medicaid approved
	337274	4/19/2013	\$162.00	\$81.05	provider not notified ssi/medicaid approved
	337274	4/22/2013	\$162.00	\$81.05	provider not notified ssi/medicaid approved
	337274	4/24/2013	\$162.00	\$81.05	provider not notified ssi/medicaid approved
	337274	2/26/2013	\$162.00	\$81.05	provider not notified ssi/medicaid approved
	337274	4/29/2013	\$162.00	\$81.05	provider not notified ssi/medicaid approved
	337274	5/2/2013	\$162.00	\$81.05	provider not notified ssi/medicaid approved
	337274	5/6/2013	\$162.00	\$81.05	provider not notified ssi/medicaid approved
	337274	9/18/2013	\$294.00	\$159.77	provider not notified ssi/medicaid approved
	337274	9/20/2013	\$294.00	\$159.77	provider not notified ssi/medicaid approved
	337274	9/25/2013	\$294.00	\$159.77	provider not notified ssi/medicaid approved
	337274	10/7/2013	\$294.00	\$159.77	provider not notified ssi/medicaid approved
	337274	10/9/2013	\$294.00	\$159.77	provider not notified ssi/medicaid approved
	337274	10/14/2013	\$162.00	\$82.77	provider not notified ssi/medicaid approved
	337274	10/16/2013	\$162.00	\$82.77	provider not notified ssi/medicaid approved
	337274	10/30/2013	\$162.00	\$82.77	provider not notified ssi/medicaid approved
	337274	11/18/2013	\$162.00	\$82.77	provider not notified ssi/medicaid approved

337274	2/18/2014	\$275.00	\$144.37	provider not notified ssi/medicaid approved
337274	2/26/2014	\$162.00	\$82.77	provider not notified ssi/medicaid approved
337274	3/10/2014	\$162.00	\$82.77	provider not notified ssi/medicaid approved
337274	3/12/2014	\$162.00	\$82.77	provider not notified ssi/medicaid approved
337274	5/28/2014	\$162.00	\$82.77	provider not notified ssi/medicaid approved
337274	5/30/2014	\$162.00	\$82.77	provider not notified ssi/medicaid approved
337274	6/2/2014	\$162.00	\$82.77	provider not notified ssi/medicaid approved
337274	6/4/2014	\$162.00	\$82.77	provider not notified ssi/medicaid approved
337274	6/5/2014	\$162.00	\$82.77	provider not notified ssi/medicaid approved
337274	6/11/2014	\$162.00	\$82.77	provider not notified ssi/medicaid approved
337274	6/13/2014	\$162.00	\$82.77	provider not notified ssi/medicaid approved
337274	7/1/2014	\$162.00	\$76.83	provider not notified ssi/medicaid approved
337274	7/22/2014	\$162.00	\$76.83	provider not notified ssi/medicaid approved
337274	7/23/2014	\$162.00	\$76.83	provider not notified ssi/medicaid approved
337274	7/29/2014	\$162.00	\$76.83	provider not notified ssi/medicaid approved
337274	7/30/2014	\$162.00	\$57.13	provider not notified ssi/medicaid approved
337274	8/6/2014	\$162.00	\$76.83	provider not notified ssi/medicaid approved
337274	8/8/2014	\$162.00	\$76.83	provider not notified ssi/medicaid approved
337274	8/11/2014	\$162.00	\$76.83	provider not notified ssi/medicaid approved
337274	8/19/2014	\$162.00	\$76.83	provider not notified ssi/medicaid approved
337274	8/21/2014	\$162.00	\$76.83	provider not notified ssi/medicaid approved
337274	8/27/2014	\$162.00	\$76.83	provider not notified ssi/medicaid approved
337274	9/2/2014	\$162.00	\$76.83	provider not notified ssi/medicaid approved
337274	9/5/2014	\$162.00	\$76.83	provider not notified ssi/medicaid approved
337274	9/10/2014	\$162.00	\$76.83	provider not notified ssi/medicaid approved
337274	9/16/2014	\$162.00	\$76.83	provider not notified ssi/medicaid approved
500914	5/15/2014	\$231.00	\$125.12	provider not notified ssi/medicaid approved
500914	5/19/2014	\$137.00	\$78.92	provider not notified ssi/medicaid approved
500914	5/21/2014	\$137.00	\$72.89	provider not notified ssi/medicaid approved
500914	5/27/2014	\$137.00	\$72.89	provider not notified ssi/medicaid approved
500914	5/29/2014	\$137.00	\$72.89	provider not notified ssi/medicaid approved
Total		\$10,575.00	\$5,338.78	

Provider Name:	Johnson, MD, PC, William c/o NE Pulmonary Critical Care (Do Not USE) 27029				
Address:	1500 S 48th St #800				
City, State, Zip:	Lincoln NE				
	CR Number	Date of Service	Billed Amount	Paid Amount	Reason
	332746	5/11/2009	\$176.00	\$66.15	
Total			\$176.00	\$66.15	

Provider Name:	Chakraborty, MD, Anup K c/o Pulmonary Med of Lincoln 27030				
Address:	1500 S 48th St #800				
City, State, Zip:	Lincoln NE				
	CR Number	Date of Service	Billed Amount	Paid Amount	Reason
	332746	3/26/2009	\$196.00	\$101.70	
	332746	3/30/2009	\$360.00	\$171.12	
Total			\$556.00	\$272.82	

Provider Name:	Super Saver #9 27520				
Address:	2662 Cornhusker Hwy				
City, State, Zip:	Lincoln NE 68521				
	CR Number	Date of Service	Billed Amount	Paid Amount	Reason
	336379	4/17/2011	\$13.88	\$13.88	
	336379	6/22/2011	\$15.00	\$15.00	
	336379	9/3/2011	\$14.24	\$14.24	
	336379	10/10/2011	\$12.99	\$12.99	
Total			\$56.11	\$56.11	

Provider Name:	Russ's Market #1 27773				
Address:	1709 Washington				
City, State, Zip:	Lincoln NE 68502				
	CR Number	Date of Service	Billed Amount	Paid Amount	Reason
	336379	5/3/2011	\$15.00	\$15.00	
	336379	11/1/2011	\$13.23	\$13.23	
	337366	6/3/2014	\$15.00	\$15.00	
Total			\$43.23	\$43.23	

Provider Name:	Super Saver #4 27909				
Address:	233 N 48th St				
City, State, Zip:	Lincoln NE 68504				
	CR Number	Date of Service	Billed Amount	Paid Amount	Reason
	337366	8/4/2013	\$13.79	\$13.79	
Total			\$13.79	\$13.79	

Provider Name:	Advanced Radiology of GI 35755				
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Address:	730 N Diers Ave				
City, State, Zip:	Grand Island, NE 68803				
	CR Number	Date of Service	Billed Amount	Paid Amount	Reason
	332746	8/22/2009	\$683.00	\$92.83	
Total			\$683.00	\$92.83	

Provider Name:	Powell, Dr. Richard 38504				
Address:	3200 O St STE A				
City, State, Zip:	Lincoln NE 68510				
	CR Number	Date of Service	Billed Amount	Paid Amount	Reason
	125609	5/5/2010	\$120.00	\$46.33	as of 10/19/16 provider never notified client ssi/medicaid approved
Total			\$120.00	\$46.33	

Provider Name:	Department of Health & Human Services #DSH - St Elizabeth RMC 41027				
Address:	PO Box 94906				
City, State, Zip:	Lincoln NE 68501				
	CR Number	Date of Service	Billed Amount	Paid Amount	Reason
	322945	9/23/2010	\$1,235.00	\$200.75	
	322945	9/28/2010	\$1,509.00	\$331.98	
	322945	10/19/2010	\$295.00	\$64.90	
	322945	12/9/2010	\$647.00	\$142.34	
	337366	11/15/2012	\$5,847.00	\$1,110.93	
Total			\$9,533.00	\$1,850.90	

Provider Name:	Department of Health & Human Services #DSH - Bryan LGH Medical Center 41370				
Address:	PO Box 94906				
City, State, Zip:	Lincoln, NE 68501				
	CR Number	Date of Service	Billed Amount	Paid Amount	Reason
	336379	8/12/2011	\$305.00	\$64.05	
	336949	6/7/2013	\$5,663.32	\$914.53	
	500876	11/13/2014	\$1,989.00	\$417.69	
	500876	11/21/2014	\$2,492.00	\$523.95	
	500876	3/30/2015	\$5,383.34	\$1,130.50	
	500133	8/22/2013	\$676.00	\$141.96	
	500133	9/12/2013	\$11,305.82	\$3,309.83	
	500133	9/12/2013	\$532.00	\$111.72	
	500133	9/20/2013	\$5,281.33	\$1,399.16	
	500133	10/2/2013	\$5,725.80	\$2,045.85	
	500133	10/17/2013	\$5,403.90	\$3,087.38	
	500133	11/5/2013	\$6,351.00	\$1,333.71	
	251924	9/10/2013	\$5,171.50	\$1,086.01	medicaid denied no preauth
	210359	9/12/2011	\$5,404.00	\$1,134.84	approved for medicaid on 5/2012
	501429	10/19/2015	\$378.00	\$75.60	county is disputing residency
	332746	3/30/2009	\$2,300.00	\$598.00	
	332746	9/22/2009	\$17,406.78	\$8,566.69	

	322945	10/4/2010	\$3,575.50	\$778.48	
	322945	1/10/2011	\$5,589.12	\$1,093.20	
	322945	1/14/2011	\$5,534.05	\$1,217.49	
	322945	1/26/2011	\$16,946.62	\$3,728.25	
Total			\$113,414.08	\$32,758.89	

Provider Name:	Department of Health & Human Services #DSH - Madonna Center 52123				
Address:	PO Box 94906				
City, State, Zip:	Lincoln NE 68501				
	CR Number	Date of Service	Billed Amount	Paid Amount	Reason
	501429	7/22/2015	\$319.00	\$118.03	county is disputing residency
	501429	8/5/2015	\$617.00	\$228.29	county is disputing residency
	501429	11/10/2015	\$758.00	\$280.46	county is disputing residency
Total			\$1,694.00	\$626.78	

Provider Name:	Surgical Specialists LLC 53267				
Address:	1500 S 48th St STE 708				
City, State, Zip:	Lincoln NE 68506				
	CR Number	Date of Service	Billed Amount	Paid Amount	Reason
	322945	10/4/2010	\$361.00	\$144.40	
	322945	10/20/2010	\$1,000.00	\$700.00	
Total			\$1,361.00	\$844.40	

Provider Name:	Nebraska Specialty Network LLC 57912				
Address:	2000 Q St STE 501				
City, State, Zip:	Lincoln NE 68503-3610				
	CR Number	Date of Service	Billed Amount	Paid Amount	Reason
	269413	2/16/2012	\$179.00	\$59.36	timely filing
	269413	2/16/2012	\$33.00	\$21.34	timely filing
	269413	6/5/2012	\$72.00	\$37.10	timely filing
	269413	10/14/2012	\$33.00	\$21.68	timely filing
	269413	1/4/2013	\$47.00	\$18.85	timely filing
	269413	1/15/2013	\$72.00	\$37.70	timely filing
	269413	4/3/2013	\$47.00	\$18.85	timely filing
	269413	4/14/2013	\$47.00	\$18.85	timely filing
Total			\$530.00	\$233.73	

Provider Name:	TwinCities Dermatopathlogy				
Address:	PO Box 281177				
City, State, Zip:	Atlanta GA 30384				
	CR Number	Date of Service	Billed Amount	Paid Amount	Reason
	336379	2/24/2011	\$218.00	\$116.77	
Total			\$218.00	\$116.77	

Provider Name:	Lincoln Lancaster County Health/Dental Department 72893				
Address:	3140 N St				
City, State, Zip:	Lincoln NE 68510-1514				
	CR Number	Date of Service	Billed Amount	Paid Amount	Reason
	500867	5/18/2015	\$30.00	\$30.00	
Total			\$30.00	\$30.00	

Provider Name:	Kohl's Pharmacy & Homecare 74866				
Address:	12759 Q St				
City, State, Zip:	Omaha NE 68137				
	CR Number	Date of Service	Billed Amount	Paid Amount	Reason
	501410	11/19/2015	\$11.25	\$11.25	medicaid PD other pharmacy
	501410	11/19/2015	\$20.40	\$20.40	medicaid PD other pharmacy
	501410	11/19/2015	\$16.03	\$16.03	medicaid PD other pharmacy
	501410	12/15/2015	\$40.00	\$40.00	repackaging fee
	155639	6/16/2015	\$10.25	\$10.25	medic alert bracelet
	500867	2/9/2015	\$96.35	\$96.35	
	500867	2/12/2015	\$17.55	\$17.55	
	500867	4/6/2015	\$12.34	\$12.34	
	500867	4/6/2015	\$18.00	\$18.00	
	500867	4/6/2015	\$13.09	\$13.09	
	500867	4/6/2015	\$19.75	\$19.75	
	500867	4/6/2015	\$16.42	\$16.42	
	500867	4/22/2015	\$13.61	\$13.61	

500867	4/22/2015	\$25.00	\$22.23	
500867	6/8/2015	\$12.34	\$12.34	
500867	6/8/2015	\$16.66	\$16.66	
500867	6/8/2015	\$10.91	\$10.91	
500867	6/8/2015	\$13.61	\$13.61	
500867	6/22/2015	\$12.34	\$12.34	
500867	6/22/2015	\$12.30	\$12.30	
500867	6/22/2015	\$13.61	\$13.61	
500867	6/22/2015	\$19.75	\$19.75	
33668	12/3/2015	\$11.16	\$11.16	spend down not met
33668	12/3/2015	\$11.75	\$11.75	spend down not met
33668	12/10/2015	\$44.27	\$44.27	spend down not met
33668	12/10/2015	\$18.47	\$18.47	spend down not met
33668	12/10/2015	\$6.97	\$6.97	spend down not met
33668	12/10/2015	\$15.32	\$15.32	spend down not met
33668	12/10/2015	\$14.72	\$14.72	spend down not met
33668	12/17/2015	\$20.32	\$20.32	spend down not met
33668	12/28/2015	\$10.10	\$10.10	spend down not met
33668	1/5/2016	\$5.82	\$5.82	spend down not met
242072	7/9/2015	\$12.91	\$12.91	medicaid rejected early refill
242072	9/24/2015	\$11.06	\$11.06	medicaid rejected early refill
242072	9/24/2015	\$11.12	\$11.12	medicaid rejected early refill
242072	10/16/2015	\$121.31	\$121.31	medicaid rejected early refill
242072	10/30/2015	\$121.31	\$121.31	medicaid rejected early refill
500613	11/27/2015	\$347.20	\$347.20	other payer - medicaid will not pay
500613	11/27/2015	\$20.37	\$20.37	other payer - medicaid will not pay
500613	11/27/2015	\$11.71	\$11.71	other payer - medicaid will not pay
500613	11/27/2015	\$14.92	\$14.92	other payer - medicaid will not pay
500613	11/30/2015	\$15.73	\$15.73	other payer - medicaid will not pay
500613	11/30/2015	\$12.91	\$12.91	other payer - medicaid will not pay
501429	5/21/2015	\$14.42	\$14.42	county is disputing residency
501429	5/28/2015	\$33.20	\$33.20	county is disputing residency
501429	5/28/2015	\$35.57	\$35.57	county is disputing residency
501429	6/11/2015	\$6.12	\$6.12	county is disputing residency
501429	6/18/2015	\$11.86	\$11.86	county is disputing residency
501429	7/7/2015	\$11.30	\$11.30	county is disputing residency
501429	7/9/2015	\$6.12	\$6.12	county is disputing residency
501429	7/16/2015	\$11.86	\$11.86	county is disputing residency
501429	7/30/2015	\$11.30	\$11.30	county is disputing residency
501429	8/3/2015	\$11.31	\$11.31	county is disputing residency
501429	8/4/2015	\$5.74	\$5.74	county is disputing residency
501429	8/6/2015	\$6.12	\$6.12	county is disputing residency
501429	8/20/2015	\$11.03	\$11.03	county is disputing residency
501429	8/27/2015	\$5.74	\$5.74	county is disputing residency
501429	8/29/2015	\$18.35	\$18.35	county is disputing residency
501429	9/3/2015	\$6.12	\$6.12	county is disputing residency
501429	9/17/2015	\$11.61	\$11.61	county is disputing residency
501429	9/24/2015	\$55.81	\$55.81	county is disputing residency
501429	9/24/2015	\$5.74	\$5.74	county is disputing residency
501429	10/8/2015	\$13.53	\$13.53	county is disputing residency
501429	10/8/2015	\$20.28	\$20.28	county is disputing residency
501429	10/12/2015	\$37.30	\$37.30	county is disputing residency
501429	10/15/2015	\$11.61	\$11.61	county is disputing residency

501429	10/15/2015	\$11.03	\$11.03	county is disputing residency
501429	10/23/2015	\$30.07	\$30.07	county is disputing residency
501429	10/29/2015	\$5.74	\$5.74	county is disputing residency
501429	11/4/2015	\$11.44	\$11.44	county is disputing residency
501429	11/5/2015	\$13.53	\$13.53	county is disputing residency
501429	11/13/2015	\$10.84	\$10.84	county is disputing residency
501429	11/13/2015	\$11.61	\$11.61	county is disputing residency
323060	3/24/2015	\$14.51	\$14.51	client never applied for medicaid
323060	3/24/2015	\$11.10	\$11.10	client never applied for medicaid
323060	3/24/2015	\$12.08	\$12.08	client never applied for medicaid
323060	4/2/2015	\$6.12	\$6.12	client never applied for medicaid
323060	4/3/2015	\$22.16	\$22.16	client never applied for medicaid
323060	4/8/2015	\$13.98	\$13.98	client never applied for medicaid
323060	4/8/2015	\$11.30	\$11.30	client never applied for medicaid
323060	4/8/2015	\$11.31	\$11.31	client never applied for medicaid
323060	4/8/2015	\$11.74	\$11.74	client never applied for medicaid
323060	4/27/2015	\$12.08	\$12.08	client never applied for medicaid
323060	4/27/2015	\$11.10	\$11.10	client never applied for medicaid
323060	5/4/2015	\$13.10	\$13.10	client never applied for medicaid
323060	5/4/2015	\$41.45	\$41.45	client never applied for medicaid
323060	5/4/2015	\$6.21	\$6.21	client never applied for medicaid
323060	5/4/2015	\$11.30	\$11.30	client never applied for medicaid
323060	5/4/2015	\$16.72	\$16.72	client never applied for medicaid
323060	5/4/2015	\$13.45	\$13.45	client never applied for medicaid
323060	5/4/2015	\$5.72	\$5.72	client never applied for medicaid
323060	5/8/2015	\$12.36	\$12.36	client never applied for medicaid
323060	5/12/2015	\$6.12	\$6.12	client never applied for medicaid
323060	5/14/2015	\$13.10	\$13.10	client never applied for medicaid
323060	5/19/2015	\$16.72	\$16.72	client never applied for medicaid
323060	5/19/2015	\$12.08	\$12.08	client never applied for medicaid
323060	5/26/2015	\$13.54	\$13.54	client never applied for medicaid
323060	6/15/2015	\$6.12	\$6.12	client never applied for medicaid
323060	7/13/2015	\$11.84	\$11.84	client never applied for medicaid
323060	7/13/2015	\$10.91	\$10.91	client never applied for medicaid
323060	7/13/2015	\$78.00	\$78.00	client never applied for medicaid
323060	7/16/2015	\$6.12	\$6.12	client never applied for medicaid
323060	7/28/2015	\$7.52	\$7.52	client never applied for medicaid
323060	7/28/2015	\$26.84	\$26.84	client never applied for medicaid
323060	8/13/2015	\$10.91	\$10.91	client never applied for medicaid
501364	7/29/2015	\$207.49	\$187.81	oxygen/nebulizer rental won't be reimbursed
501364	7/29/2015	\$180.92	\$180.92	oxygen/nebulizer rental won't be reimbursed
501364	8/29/2015	\$180.92	\$180.92	oxygen/nebulizer rental won't be reimbursed
501364	9/29/2015	\$180.92	\$180.92	oxygen/nebulizer rental won't be reimbursed
501364	10/29/2015	\$180.92	\$180.92	oxygen/nebulizer rental won't be reimbursed
501103	6/3/2015	\$25.00	\$22.23	not medicaid covered
Total		\$3,191.09	\$3,165.87	

TOTAL **\$67,671.48**