

Manatee County Government

2010 Claims > \$50,000

IDLTT	CLAIM_NO	LN	PROVIDER	DIAG1	DIAGNOSIS	CODE	UBCD	PROCCD	CHGAMT	EERESP	PLNRESP	Rx	Total w/ Rx
110000522103	2010-071000596-0000	8	TAMPA GENERAL HEALTHCARE	996.74	COMP NEC D/T VAS DEV NEC	HRX	259		2,544.00	-	1,653.60		
110000522103	2010-071000596-0000	9	TAMPA GENERAL HEALTHCARE	996.74	COMP NEC D/T VAS DEV NEC	HSUP	271		1,232.00	-	800.80		
110000522103	2010-071000596-0000	10	TAMPA GENERAL HEALTHCARE	996.74	COMP NEC D/T VAS DEV NEC	HSUP	272		25,771.00	-	16,751.15		
110000522103	2010-071000596-0000	11	TAMPA GENERAL HEALTHCARE	996.74	COMP NEC D/T VAS DEV NEC	HSUP	278		2,770.00	-	1,800.50		
110000522103	2010-071000596-0000	12	TAMPA GENERAL HEALTHCARE	996.74	COMP NEC D/T VAS DEV NEC	LAB	300		486.00	-	315.90		
110000522103	2010-071000596-0000	13	TAMPA GENERAL HEALTHCARE	996.74	COMP NEC D/T VAS DEV NEC	LAB	301		6,499.00	-	4,224.35		
110000522103	2010-071000596-0000	14	TAMPA GENERAL HEALTHCARE	996.74	COMP NEC D/T VAS DEV NEC	LAB	305		5,735.00	-	3,727.75		
110000522103	2010-071000596-0000	15	TAMPA GENERAL HEALTHCARE	996.74	COMP NEC D/T VAS DEV NEC	LAB	307		50.00	-	32.50		
110000522103	2010-071000596-0000	16	TAMPA GENERAL HEALTHCARE	996.74	COMP NEC D/T VAS DEV NEC	DXL	320		11,509.00	-	7,480.85		
110000522103	2010-071000596-0000	17	TAMPA GENERAL HEALTHCARE	996.74	COMP NEC D/T VAS DEV NEC	DXL	324		922.00	-	599.30		
110000522103	2010-071000596-0000	18	TAMPA GENERAL HEALTHCARE	996.74	COMP NEC D/T VAS DEV NEC	DXL	350		9,351.00	-	6,078.15		
110000522103	2010-071000596-0000	19	TAMPA GENERAL HEALTHCARE	996.74	COMP NEC D/T VAS DEV NEC	IPSU	360		15,152.00	-	9,848.80		
110000522103	2010-071000596-0000	20	TAMPA GENERAL HEALTHCARE	996.74	COMP NEC D/T VAS DEV NEC	ANES	370		8,428.00	-	5,478.20		
110000522103	2010-071000596-0000	21	TAMPA GENERAL HEALTHCARE	996.74	COMP NEC D/T VAS DEV NEC	HMIS	410		420.00	-	273.00		
110000522103	2010-071000596-0000	22	TAMPA GENERAL HEALTHCARE	996.74	COMP NEC D/T VAS DEV NEC	IPSU	710		4,270.00	-	2,775.50		
110000522103	2010-071000596-0000	23	TAMPA GENERAL HEALTHCARE	996.74	COMP NEC D/T VAS DEV NEC	DXL	761		9,293.00	-	6,040.45		
110000522103	2010-071000596-0000	24	TAMPA GENERAL HEALTHCARE	996.74	COMP NEC D/T VAS DEV NEC	DXL	921		3,880.00	-	2,522.00		
	2010-071000596-0000 Total								\$ 147,540.09	\$ -	\$ 95,901.06	\$3,064.75	\$98,965.81
110000522103	2010-216000536-0000	1	TAMPA GENERAL HOSPITAL	440.22	ATHEROSCL-LIMB&REST PAIN	HRB	120		6,304.00	-	4,097.60		
110000522103	2010-216000536-0000	2	TAMPA GENERAL HOSPITAL	440.22	ATHEROSCL-LIMB&REST PAIN	ICU	200		7,320.00	-	4,758.00		
110000522103	2010-216000536-0000	3	TAMPA GENERAL HOSPITAL	440.22	ATHEROSCL-LIMB&REST PAIN	ICU	206		1,037.00	-	674.05		
110000522103	2010-216000536-0000	4	TAMPA GENERAL HOSPITAL	440.22	ATHEROSCL-LIMB&REST PAIN	HRX	250		20,687.00	-	13,446.55		
110000522103	2010-216000536-0000	5	TAMPA GENERAL HOSPITAL	440.22	ATHEROSCL-LIMB&REST PAIN	HRX	258		5,774.00	-	3,753.10		
110000522103	2010-216000536-0000	6	TAMPA GENERAL HOSPITAL	440.22	ATHEROSCL-LIMB&REST PAIN	HRX	259		4,907.00	-	3,189.55		
110000522103	2010-216000536-0000	7	TAMPA GENERAL HOSPITAL	440.22	ATHEROSCL-LIMB&REST PAIN	HSUP	271		2,639.00	-	1,715.35		
110000522103	2010-216000536-0000	8	TAMPA GENERAL HOSPITAL	440.22	ATHEROSCL-LIMB&REST PAIN	HSUP	272		11,879.00	-	7,721.35		
110000522103	2010-216000536-0000	9	TAMPA GENERAL HOSPITAL	440.22	ATHEROSCL-LIMB&REST PAIN	HSUP	278		1,385.00	-	900.25		
110000522103	2010-216000536-0000	10	TAMPA GENERAL HOSPITAL	440.22	ATHEROSCL-LIMB&REST PAIN	LAB	300		486.00	-	315.90		
110000522103	2010-216000536-0000	11	TAMPA GENERAL HOSPITAL	440.22	ATHEROSCL-LIMB&REST PAIN	LAB	301		14,008.00	-	9,105.20		
110000522103	2010-216000536-0000	12	TAMPA GENERAL HOSPITAL	440.22	ATHEROSCL-LIMB&REST PAIN	LAB	305		6,816.00	-	4,430.40		
110000522103	2010-216000536-0000	13	TAMPA GENERAL HOSPITAL	440.22	ATHEROSCL-LIMB&REST PAIN	LAB	306		1,880.00	-	1,222.00		
110000522103	2010-216000536-0000	14	TAMPA GENERAL HOSPITAL	440.22	ATHEROSCL-LIMB&REST PAIN	LAB	307		286.00	-	185.90		
110000522103	2010-216000536-0000	15	TAMPA GENERAL HOSPITAL	440.22	ATHEROSCL-LIMB&REST PAIN	LAB	312		659.00	-	428.35		
110000522103	2010-216000536-0000	16	TAMPA GENERAL HOSPITAL	440.22	ATHEROSCL-LIMB&REST PAIN	DXL	324		1,383.00	-	898.95		
110000522103	2010-216000536-0000	17	TAMPA GENERAL HOSPITAL	440.22	ATHEROSCL-LIMB&REST PAIN	IPSU	360		34,747.00	-	22,585.55		
110000522103	2010-216000536-0000	18	TAMPA GENERAL HOSPITAL	440.22	ATHEROSCL-LIMB&REST PAIN	ANES	370		16,254.00	-	10,565.10		
110000522103	2010-216000536-0000	19	TAMPA GENERAL HOSPITAL	440.22	ATHEROSCL-LIMB&REST PAIN	HBLD	390		3,588.00	-	2,332.20		
110000522103	2010-216000536-0000	20	TAMPA GENERAL HOSPITAL	440.22	ATHEROSCL-LIMB&REST PAIN	HMIS	420		1,651.00	-	1,073.15		
110000522103	2010-216000536-0000	21	TAMPA GENERAL HOSPITAL	440.22	ATHEROSCL-LIMB&REST PAIN	HMIS	430		1,861.00	-	1,209.65		
110000522103	2010-216000536-0000	22	TAMPA GENERAL HOSPITAL	440.22	ATHEROSCL-LIMB&REST PAIN	IPSU	710		1,050.00	-	682.50		
	2010-216000536-0000 Total								\$ 146,601.00	\$ -	\$ 95,290.65	\$3,064.75	\$98,355.40
110000552600	2010-102000788-0000	1	SARASOTA MEMORIAL HOSPITAL	518.84	ACUTE/CHRONIC RESP FAIL	ICU	200		131,468.15	-	78,880.89		
	2010-102000788-0000 Total								\$ 131,468.15	\$ -	\$ 78,880.89	\$0.00	\$78,880.89
110000712501	2010-014000272-0000	1	MANATEE MEMORIAL HOSPITAL	425.4	PRIM CARDIOMYOPATHY NEC	ICU	214		1,181.00	250.00	222.40		
110000712501	2010-014000272-0000	2	MANATEE MEMORIAL HOSPITAL	425.4	PRIM CARDIOMYOPATHY NEC	HRX	250		187.00	-	74.80		
110000712501	2010-014000272-0000	3	MANATEE MEMORIAL HOSPITAL	425.4	PRIM CARDIOMYOPATHY NEC	HSUP	272		254.00	-	101.60		
110000712501	2010-014000272-0000	4	MANATEE MEMORIAL HOSPITAL	425.4	PRIM CARDIOMYOPATHY NEC	HSUP	275		123,900.00	1,200.00	48,360.00		
110000712501	2010-014000272-0000	5	MANATEE MEMORIAL HOSPITAL	425.4	PRIM CARDIOMYOPATHY NEC	HSUP	278		2,500.00	-	1,000.00		
110000712501	2010-014000272-0000	6	MANATEE MEMORIAL HOSPITAL	425.4	PRIM CARDIOMYOPATHY NEC	LAB	300		116.00	-	46.40		
110000712501	2010-014000272-0000	7	MANATEE MEMORIAL HOSPITAL	425.4	PRIM CARDIOMYOPATHY NEC	LAB	305		230.00	-	92.00		
110000712501	2010-014000272-0000	8	MANATEE MEMORIAL HOSPITAL	425.4	PRIM CARDIOMYOPATHY NEC	LAB	306		336.00	-	134.40		
110000712501	2010-014000272-0000	9	MANATEE MEMORIAL HOSPITAL	425.4	PRIM CARDIOMYOPATHY NEC	DXL	320		414.00	-	165.60		
110000712501	2010-014000272-0000	10	MANATEE MEMORIAL HOSPITAL	425.4	PRIM CARDIOMYOPATHY NEC	IPSU	360		21,426.00	-	8,570.40		
110000712501	2010-014000272-0000	11	MANATEE MEMORIAL HOSPITAL	425.4	PRIM CARDIOMYOPATHY NEC	HCAR	480		1,326.00	-	530.40		
110000712501	2010-014000272-0000	12	MANATEE MEMORIAL HOSPITAL	425.4	PRIM CARDIOMYOPATHY NEC	HRX	636		473.00	-	189.20		
110000712501	2010-014000272-0000	13	MANATEE MEMORIAL HOSPITAL	425.4	PRIM CARDIOMYOPATHY NEC	DXL	730		510.00	-	204.00		
	2010-014000272-0000 Total								\$ 152,853.00	\$ 1,450.00	\$ 59,691.20	\$0.00	\$59,691.20
110000731900	2010-195000681-0000	1	BLAKE MEDICAL CENTER	414.01	CRNRY ATHROSCLRS-NTV ART	ICU	206		4,330.00	-	2,165.03		
110000731900	2010-195000681-0000	2	BLAKE MEDICAL CENTER	414.01	CRNRY ATHROSCLRS-NTV ART	ICU	206		2,165.00	-	1,082.50		
110000731900	2010-195000681-0000	3	BLAKE MEDICAL CENTER	414.01	CRNRY ATHROSCLRS-NTV ART	ICU	219		7,180.00	-	3,590.00		
110000731900	2010-195000681-0000	4	BLAKE MEDICAL CENTER	414.01	CRNRY ATHROSCLRS-NTV ART	HRX	250		3,084.04	-	1,542.02		
110000731900	2010-195000681-0000	5	BLAKE MEDICAL CENTER	414.01	CRNRY ATHROSCLRS-NTV ART	HRX	258		548.46	-	274.23		

Manatee County Government

2010 Claims > \$50,000

IDALT	CLAIM_NO	LN	PROVIDER	DIAG1	DIAGNOSIS	CODE	UBCD	PROCCD	CHGAMT	EERESP	PLNRESP	Rx	Total w/ Rx			
110000731900	2010-195000681-0000	6	BLAKE MEDICAL CENTER	414.01	CRNRY ATHROSCLRS-NTV ART	HRX	258		324.00	-	162.00					
110000731900	2010-195000681-0000	7	BLAKE MEDICAL CENTER	414.01	CRNRY ATHROSCLRS-NTV ART	HRX	258		162.00	-	81.00					
110000731900	2010-195000681-0000	8	BLAKE MEDICAL CENTER	414.01	CRNRY ATHROSCLRS-NTV ART	HRX	258		162.00	-	81.00					
110000731900	2010-195000681-0000	9	BLAKE MEDICAL CENTER	414.01	CRNRY ATHROSCLRS-NTV ART	HRX	259		1,263.17	-	631.58					
110000731900	2010-195000681-0000	10	BLAKE MEDICAL CENTER	414.01	CRNRY ATHROSCLRS-NTV ART	HSUP	270		683.31	-	341.65					
110000731900	2010-195000681-0000	11	BLAKE MEDICAL CENTER	414.01	CRNRY ATHROSCLRS-NTV ART	HSUP	272		26,818.40	-	13,409.20					
110000731900	2010-195000681-0000	12	BLAKE MEDICAL CENTER	414.01	CRNRY ATHROSCLRS-NTV ART	HSUP	272		759.97	-	379.98					
110000731900	2010-195000681-0000	13	BLAKE MEDICAL CENTER	414.01	CRNRY ATHROSCLRS-NTV ART	HSUP	272		301.50	-	150.75					
110000731900	2010-195000681-0000	14	BLAKE MEDICAL CENTER	414.01	CRNRY ATHROSCLRS-NTV ART	HSUP	272		77.18	-	38.59					
110000731900	2010-195000681-0000	15	BLAKE MEDICAL CENTER	414.01	CRNRY ATHROSCLRS-NTV ART	HSUP	278		59.48	-	29.74					
110000731900	2010-195000681-0000	16	BLAKE MEDICAL CENTER	414.01	CRNRY ATHROSCLRS-NTV ART	LAB	301		13,726.00	-	6,863.00					
110000731900	2010-195000681-0000	17	BLAKE MEDICAL CENTER	414.01	CRNRY ATHROSCLRS-NTV ART	LAB	302		1,980.00	-	990.00					
110000731900	2010-195000681-0000	18	BLAKE MEDICAL CENTER	414.01	CRNRY ATHROSCLRS-NTV ART	LAB	305		6,297.00	-	3,148.50					
110000731900	2010-195000681-0000	19	BLAKE MEDICAL CENTER	414.01	CRNRY ATHROSCLRS-NTV ART	LAB	306		309.00	-	154.50					
110000731900	2010-195000681-0000	20	BLAKE MEDICAL CENTER	414.01	CRNRY ATHROSCLRS-NTV ART	LAB	307		369.00	-	184.50					
110000731900	2010-195000681-0000	21	BLAKE MEDICAL CENTER	414.01	CRNRY ATHROSCLRS-NTV ART	DXL	324		4,050.00	-	2,025.00					
110000731900	2010-195000681-0000	22	BLAKE MEDICAL CENTER	414.01	CRNRY ATHROSCLRS-NTV ART	IPSU	360		55,153.00	-	27,576.50					
110000731900	2010-195000681-0000	23	BLAKE MEDICAL CENTER	414.01	CRNRY ATHROSCLRS-NTV ART	ANES	370		10,060.00	-	5,030.00					
110000731900	2010-195000681-0000	24	BLAKE MEDICAL CENTER	414.01	CRNRY ATHROSCLRS-NTV ART	HBLD	390		717.00	-	358.50					
110000731900	2010-195000681-0000	25	BLAKE MEDICAL CENTER	414.01	CRNRY ATHROSCLRS-NTV ART	HMIS	410		2,471.00	-	1,235.50					
110000731900	2010-195000681-0000	26	BLAKE MEDICAL CENTER	414.01	CRNRY ATHROSCLRS-NTV ART	HMIS	460		196.00	-	98.00					
110000731900	2010-195000681-0000	27	BLAKE MEDICAL CENTER	414.01	CRNRY ATHROSCLRS-NTV ART	HRX	636		2,883.81	-	1,441.90					
110000731900	2010-195000681-0000	28	BLAKE MEDICAL CENTER	414.01	CRNRY ATHROSCLRS-NTV ART	HRX	636		355.63	-	177.81					
110000731900	2010-195000681-0000	29	BLAKE MEDICAL CENTER	414.01	CRNRY ATHROSCLRS-NTV ART	HRX	636		39.25	-	19.62					
110000731900	2010-195000681-0000	30	BLAKE MEDICAL CENTER	414.01	CRNRY ATHROSCLRS-NTV ART	DXL	730		1,644.00	-	822.00					
110000731900	2010-195000681-0000	31	BLAKE MEDICAL CENTER	414.01	CRNRY ATHROSCLRS-NTV ART	DXL	921		1,521.00	-	760.50					
2010-195000681-0000 Total									\$	149,690.20	\$	-	\$	74,845.10	\$1,828.83	\$76,673.93
110000762504	2010-074000750-0000	1	ALL CHILDRENS HOSPITAL	787.3	FLATUL/ERUCTAT/GAS PAIN	SNIP	172		123,458.21	-	98,766.57					
2010-074000750-0000 Total									\$	123,458.21	\$	-	\$	98,766.57	\$0.00	\$98,766.57
110000762504	2010-076002160-0000	1	ALL CHILDRENS HOSPITAL	777.8	PERINAT GI SYS DIS NEC	SNIP	172		63,000.00	-	50,400.00					
110000762504	2010-076002160-0000	2	ALL CHILDRENS HOSPITAL	777.8	PERINAT GI SYS DIS NEC	HRX	250		3,493.13	-	2,794.50					
110000762504	2010-076002160-0000	3	ALL CHILDRENS HOSPITAL	777.8	PERINAT GI SYS DIS NEC	HRX	258		382.12	-	305.70					
110000762504	2010-076002160-0000	4	ALL CHILDRENS HOSPITAL	777.8	PERINAT GI SYS DIS NEC	HSUP	272		3,897.00	-	3,117.60					
110000762504	2010-076002160-0000	5	ALL CHILDRENS HOSPITAL	777.8	PERINAT GI SYS DIS NEC	LAB	300		177.00	-	141.60					
110000762504	2010-076002160-0000	6	ALL CHILDRENS HOSPITAL	777.8	PERINAT GI SYS DIS NEC	LAB	301		1,597.00	-	1,277.60					
110000762504	2010-076002160-0000	7	ALL CHILDRENS HOSPITAL	777.8	PERINAT GI SYS DIS NEC	LAB	302		81.00	-	64.80					
110000762504	2010-076002160-0000	8	ALL CHILDRENS HOSPITAL	777.8	PERINAT GI SYS DIS NEC	LAB	305		392.00	-	313.60					
110000762504	2010-076002160-0000	9	ALL CHILDRENS HOSPITAL	777.8	PERINAT GI SYS DIS NEC	LAB	306		1,081.00	-	864.80					
110000762504	2010-076002160-0000	10	ALL CHILDRENS HOSPITAL	777.8	PERINAT GI SYS DIS NEC	HBLD	390		193.00	-	154.40					
110000762504	2010-076002160-0000	11	ALL CHILDRENS HOSPITAL	777.8	PERINAT GI SYS DIS NEC	HMIS	471		502.00	-	401.60					
110000762504	2010-076002160-0000	12	ALL CHILDRENS HOSPITAL	777.8	PERINAT GI SYS DIS NEC	HRX	636		3,878.65	-	3,102.92					
2010-076002160-0000 Total									\$	78,673.90	\$	-	\$	62,939.12	\$0.00	\$62,939.12
110000762504	2010-166000195-0000	1	ALL CHILDRENS HOSPITAL	777.8	PERINAT GI SYS DIS NEC	SNIP	172		78,673.90	-	62,939.12					
2010-166000195-0000 Total									\$	78,673.90	\$	-	\$	62,939.12	\$0.00	\$62,939.12
110000801601	2010-120000020-0000	1	SARASOTA MEMORIAL HOSPITAL	414.8	CHR ISCHEMIC HRT DIS NEC	HRX	250		195.48	-	97.74					
110000801601	2010-120000020-0000	2	SARASOTA MEMORIAL HOSPITAL	414.8	CHR ISCHEMIC HRT DIS NEC	HRX	250		458.36	-	229.18					
110000801601	2010-120000020-0000	3	SARASOTA MEMORIAL HOSPITAL	414.8	CHR ISCHEMIC HRT DIS NEC	HRX	250		128.88	-	64.44					
110000801601	2010-120000020-0000	4	SARASOTA MEMORIAL HOSPITAL	414.8	CHR ISCHEMIC HRT DIS NEC	HRX	258		84.54	-	42.27					
110000801601	2010-120000020-0000	5	SARASOTA MEMORIAL HOSPITAL	414.8	CHR ISCHEMIC HRT DIS NEC	HRX	258		42.27	-	21.13					
110000801601	2010-120000020-0000	6	SARASOTA MEMORIAL HOSPITAL	414.8	CHR ISCHEMIC HRT DIS NEC	HSUP	272		9,121.25	-	4,560.62					
110000801601	2010-120000020-0000	7	SARASOTA MEMORIAL HOSPITAL	414.8	CHR ISCHEMIC HRT DIS NEC	HSUP	272		4,713.60	-	2,356.80					
110000801601	2010-120000020-0000	8	SARASOTA MEMORIAL HOSPITAL	414.8	CHR ISCHEMIC HRT DIS NEC	HSUP	275		17,625.30	-	8,812.65					
110000801601	2010-120000020-0000	9	SARASOTA MEMORIAL HOSPITAL	414.8	CHR ISCHEMIC HRT DIS NEC	HSUP	275		114,837.50	-	57,418.75					
110000801601	2010-120000020-0000	10	SARASOTA MEMORIAL HOSPITAL	414.8	CHR ISCHEMIC HRT DIS NEC	LAB	300	36415	8.50	-	4.25					
110000801601	2010-120000020-0000	11	SARASOTA MEMORIAL HOSPITAL	414.8	CHR ISCHEMIC HRT DIS NEC	LAB	300	36415	8.50	-	4.25					
110000801601	2010-120000020-0000	12	SARASOTA MEMORIAL HOSPITAL	414.8	CHR ISCHEMIC HRT DIS NEC	LAB	301	80048	31.50	-	15.75					
110000801601	2010-120000020-0000	13	SARASOTA MEMORIAL HOSPITAL	414.8	CHR ISCHEMIC HRT DIS NEC	LAB	301	80048	44.00	-	22.00					
110000801601	2010-120000020-0000	14	SARASOTA MEMORIAL HOSPITAL	414.8	CHR ISCHEMIC HRT DIS NEC	LAB	301	80048	44.00	-	22.00					
110000801601	2010-120000020-0000	15	SARASOTA MEMORIAL HOSPITAL	414.8	CHR ISCHEMIC HRT DIS NEC	LAB	301	82948	32.00	-	16.00					
110000801601	2010-120000020-0000	16	SARASOTA MEMORIAL HOSPITAL	414.8	CHR ISCHEMIC HRT DIS NEC	LAB	301	82948	64.00	-	32.00					
110000801601	2010-120000020-0000	17	SARASOTA MEMORIAL HOSPITAL	414.8	CHR ISCHEMIC HRT DIS NEC	LAB	301	82948	32.00	-	16.00					
110000801601	2010-120000020-0000	18	SARASOTA MEMORIAL HOSPITAL	414.8	CHR ISCHEMIC HRT DIS NEC	LAB	301	83735	33.63	-	16.81					

Manatee County Government

2010 Claims > \$50,000

IDALT	CLAIM_NO	LN	PROVIDER	DIAG1	DIAGNOSIS	CODE	UBCD	PROCCD	CHGAMT	EERESP	PLNRESP	Rx	Total w/ Rx	
C0000071001	2010-076002166-0000	20	DOCTORS HOSPITAL	998.89	OTH SPEC COMP/PROCDR NEC	DXL	320	75962	6,513.00	-	4,233.45			
C0000071001	2010-076002166-0000	21	DOCTORS HOSPITAL	998.89	OTH SPEC COMP/PROCDR NEC	DXL	320	75992	5,926.00	-	3,851.90			
C0000071001	2010-076002166-0000	22	DOCTORS HOSPITAL	998.89	OTH SPEC COMP/PROCDR NEC	DXL	320	75710	4,977.00	-	3,235.05			
C0000071001	2010-076002166-0000	23	DOCTORS HOSPITAL	998.89	OTH SPEC COMP/PROCDR NEC	DXL	320	75945	1,083.00	-	703.95			
C0000071001	2010-076002166-0000	24	DOCTORS HOSPITAL	998.89	OTH SPEC COMP/PROCDR NEC	DXL	320	75946	726.00	-	471.90			
C0000071001	2010-076002166-0000	25	DOCTORS HOSPITAL	998.89	OTH SPEC COMP/PROCDR NEC	OPSU	360	28008	7,018.00	-	4,561.70			
C0000071001	2010-076002166-0000	26	DOCTORS HOSPITAL	998.89	OTH SPEC COMP/PROCDR NEC	OPSU	361	35470	9,982.00	-	6,488.30			
C0000071001	2010-076002166-0000	27	DOCTORS HOSPITAL	998.89	OTH SPEC COMP/PROCDR NEC	OPSU	361	37205	5,212.00	-	3,387.80			
C0000071001	2010-076002166-0000	28	DOCTORS HOSPITAL	998.89	OTH SPEC COMP/PROCDR NEC	OPSU	361	35470	12,704.00	-	8,257.60			
C0000071001	2010-076002166-0000	29	DOCTORS HOSPITAL	998.89	OTH SPEC COMP/PROCDR NEC	OPSU	361	36247	1,590.00	-	1,033.50			
C0000071001	2010-076002166-0000	30	DOCTORS HOSPITAL	998.89	OTH SPEC COMP/PROCDR NEC	OPSU	361	G0269	370.00	-	240.50			
C0000071001	2010-076002166-0000	31	DOCTORS HOSPITAL	998.89	OTH SPEC COMP/PROCDR NEC	ANES	370		1,721.00	-	1,118.65			
C0000071001	2010-076002166-0000	32	DOCTORS HOSPITAL	998.89	OTH SPEC COMP/PROCDR NEC	INJ	636	Q9967	600.00	-	390.00			
C0000071001	2010-076002166-0000	33	DOCTORS HOSPITAL	998.89	OTH SPEC COMP/PROCDR NEC	INJ	636	J1644	139.11	-	90.42			
C0000071001	2010-076002166-0000	34	DOCTORS HOSPITAL	998.89	OTH SPEC COMP/PROCDR NEC	INJ	636	J3010	33.78	-	21.96			
C0000071001	2010-076002166-0000	35	DOCTORS HOSPITAL	998.89	OTH SPEC COMP/PROCDR NEC	INJ	636	J2765	18.29	-	11.89			
C0000071001	2010-076002166-0000	36	DOCTORS HOSPITAL	998.89	OTH SPEC COMP/PROCDR NEC	INJ	636	J2250	16.90	-	10.99			
C0000071001	2010-076002166-0000	37	DOCTORS HOSPITAL	998.89	OTH SPEC COMP/PROCDR NEC	INJ	636	J2275	16.89	-	10.98			
C0000071001	2010-076002166-0000	38	DOCTORS HOSPITAL	998.89	OTH SPEC COMP/PROCDR NEC	OPSU	710		3,983.00	-	2,588.95			
C0000071001	2010-076002166-0000	39	DOCTORS HOSPITAL	998.89	OTH SPEC COMP/PROCDR NEC	HOS	762	G0378	1,012.00	-	657.80			
2010-076002166-0000 Total														
C00000192000	2010-110000315-0000	1	TAMPA GENERAL HEALTHCARE	227.3	BENIGN NEO PITUITARY	HRB	120		788.00	-	512.20			
C00000192000	2010-110000315-0000	2	TAMPA GENERAL HEALTHCARE	227.3	BENIGN NEO PITUITARY	ICU	200		7,320.00	-	4,758.00			
C00000192000	2010-110000315-0000	3	TAMPA GENERAL HEALTHCARE	227.3	BENIGN NEO PITUITARY	HRX	250		12,455.00	-	8,095.75			
C00000192000	2010-110000315-0000	4	TAMPA GENERAL HEALTHCARE	227.3	BENIGN NEO PITUITARY	HRX	258		2,479.00	-	1,611.35			
C00000192000	2010-110000315-0000	5	TAMPA GENERAL HEALTHCARE	227.3	BENIGN NEO PITUITARY	HRX	259		1,754.00	-	1,140.10			
C00000192000	2010-110000315-0000	6	TAMPA GENERAL HEALTHCARE	227.3	BENIGN NEO PITUITARY	HSUP	271		307.00	-	199.55			
C00000192000	2010-110000315-0000	7	TAMPA GENERAL HEALTHCARE	227.3	BENIGN NEO PITUITARY	HSUP	272		5,724.00	-	3,720.60			
C00000192000	2010-110000315-0000	8	TAMPA GENERAL HEALTHCARE	227.3	BENIGN NEO PITUITARY	HSUP	278		1,385.00	-	900.25			
C00000192000	2010-110000315-0000	9	TAMPA GENERAL HEALTHCARE	227.3	BENIGN NEO PITUITARY	LAB	300		243.00	-	157.95			
C00000192000	2010-110000315-0000	10	TAMPA GENERAL HEALTHCARE	227.3	BENIGN NEO PITUITARY	LAB	301		4,177.00	-	2,715.05			
C00000192000	2010-110000315-0000	11	TAMPA GENERAL HEALTHCARE	227.3	BENIGN NEO PITUITARY	LAB	305		1,351.00	-	878.15			
C00000192000	2010-110000315-0000	12	TAMPA GENERAL HEALTHCARE	227.3	BENIGN NEO PITUITARY	LAB	307		1,952.00	-	1,268.80			
C00000192000	2010-110000315-0000	13	TAMPA GENERAL HEALTHCARE	227.3	BENIGN NEO PITUITARY	LAB	312		2,862.00	-	1,860.30			
C00000192000	2010-110000315-0000	14	TAMPA GENERAL HEALTHCARE	227.3	BENIGN NEO PITUITARY	DXL	324		400.00	-	260.00			
C00000192000	2010-110000315-0000	15	TAMPA GENERAL HEALTHCARE	227.3	BENIGN NEO PITUITARY	DXL	350		5,291.00	-	3,439.15			
C00000192000	2010-110000315-0000	16	TAMPA GENERAL HEALTHCARE	227.3	BENIGN NEO PITUITARY	DXL	351		9,186.00	-	5,970.90			
C00000192000	2010-110000315-0000	17	TAMPA GENERAL HEALTHCARE	227.3	BENIGN NEO PITUITARY	IPSU	360		23,785.00	-	15,460.25			
C00000192000	2010-110000315-0000	18	TAMPA GENERAL HEALTHCARE	227.3	BENIGN NEO PITUITARY	ANES	370		10,878.00	-	7,070.70			
C00000192000	2010-110000315-0000	19	TAMPA GENERAL HEALTHCARE	227.3	BENIGN NEO PITUITARY	HBLD	390		1,027.00	-	667.55			
C00000192000	2010-110000315-0000	20	TAMPA GENERAL HEALTHCARE	227.3	BENIGN NEO PITUITARY	HMIS	420		931.00	-	605.15			
C00000192000	2010-110000315-0000	21	TAMPA GENERAL HEALTHCARE	227.3	BENIGN NEO PITUITARY	HMIS	430		656.00	-	426.40			
C00000192000	2010-110000315-0000	22	TAMPA GENERAL HEALTHCARE	227.3	BENIGN NEO PITUITARY	IPSU	710		6,300.00	-	4,095.00			
C00000192000	2010-110000315-0000	23	TAMPA GENERAL HEALTHCARE	227.3	BENIGN NEO PITUITARY	DXL	730		398.00	-	258.70			
2010-110000315-0000 Total														
C00000192000	2010-265000380-0000	1	TAMPA GENERAL HEALTHCARE	434.91	CEREBR ART OCC W INFARCT	HRB	120		173,225.00	-	112,596.25	\$1,147.51	\$67,219.36	
2010-265000380-0000 Total														
C00000352001	2010-309000203-0000	1	ALL CHILDRENS HOSPITAL	331.4	OBSTRUCTIV HYDROCEPHALUS	HRB	123		1,919.00	-	1,535.20			
C00000352001	2010-309000203-0000	2	ALL CHILDRENS HOSPITAL	331.4	OBSTRUCTIV HYDROCEPHALUS	ICU	203		13,608.00	-	10,886.40			
C00000352001	2010-309000203-0000	3	ALL CHILDRENS HOSPITAL	331.4	OBSTRUCTIV HYDROCEPHALUS	HRX	250		6,919.57	-	5,535.66			
C00000352001	2010-309000203-0000	4	ALL CHILDRENS HOSPITAL	331.4	OBSTRUCTIV HYDROCEPHALUS	HRX	258		218.00	-	174.40			
C00000352001	2010-309000203-0000	5	ALL CHILDRENS HOSPITAL	331.4	OBSTRUCTIV HYDROCEPHALUS	HSUP	272		6,624.00	-	5,299.20			
C00000352001	2010-309000203-0000	6	ALL CHILDRENS HOSPITAL	331.4	OBSTRUCTIV HYDROCEPHALUS	LAB	301		1,074.00	-	859.20			
C00000352001	2010-309000203-0000	7	ALL CHILDRENS HOSPITAL	331.4	OBSTRUCTIV HYDROCEPHALUS	LAB	305		465.00	-	372.00			
C00000352001	2010-309000203-0000	8	ALL CHILDRENS HOSPITAL	331.4	OBSTRUCTIV HYDROCEPHALUS	IPSU	360		5,148.00	-	4,118.40			
C00000352001	2010-309000203-0000	9	ALL CHILDRENS HOSPITAL	331.4	OBSTRUCTIV HYDROCEPHALUS	ANES	370		5,498.00	-	4,398.40			
C00000352001	2010-309000203-0000	10	ALL CHILDRENS HOSPITAL	331.4	OBSTRUCTIV HYDROCEPHALUS	ERMD	450		2,401.00	-	1,920.80			
C00000352001	2010-309000203-0000	11	ALL CHILDRENS HOSPITAL	331.4	OBSTRUCTIV HYDROCEPHALUS	HMIS	460		162.00	-	129.60			
C00000352001	2010-309000203-0000	12	ALL CHILDRENS HOSPITAL	331.4	OBSTRUCTIV HYDROCEPHALUS	DXL	611		8,998.00	-	7,198.40			
C00000352001	2010-309000203-0000	13	ALL CHILDRENS HOSPITAL	331.4	OBSTRUCTIV HYDROCEPHALUS	DXL	612		10,602.00	-	8,481.60			
C00000352001	2010-309000203-0000	14	ALL CHILDRENS HOSPITAL	331.4	OBSTRUCTIV HYDROCEPHALUS	HRX	636		914.78	-	731.82			
C00000352001	2010-309000203-0000	15	ALL CHILDRENS HOSPITAL	331.4	OBSTRUCTIV HYDROCEPHALUS	IPSU	710		2,542.00	-	2,033.60			

Manatee County Government

2010 Claims > \$50,000

IDLTT	CLAIM_NO	LN	PROVIDER	DIAG1	DIAGNOSIS	CODE	UBCD	PROCCD	CHGAMT	EERESP	PLNRESP	Rx	Total w/ Rx
M00151200001	2010-007000970-0000	8	BLAKE MEDICAL CENTER	434.11	CEREBRAL EMBOL W INFARCT	LAB	301		16,598.75	-	8,299.38		
M00151200001	2010-007000970-0000	9	BLAKE MEDICAL CENTER	434.11	CEREBRAL EMBOL W INFARCT	LAB	302		1,286.99	-	643.49		
M00151200001	2010-007000970-0000	10	BLAKE MEDICAL CENTER	434.11	CEREBRAL EMBOL W INFARCT	LAB	305		4,657.00	-	2,328.50		
M00151200001	2010-007000970-0000	11	BLAKE MEDICAL CENTER	434.11	CEREBRAL EMBOL W INFARCT	LAB	306		1,225.00	-	612.50		
M00151200001	2010-007000970-0000	12	BLAKE MEDICAL CENTER	434.11	CEREBRAL EMBOL W INFARCT	LAB	307		253.00	-	126.50		
M00151200001	2010-007000970-0000	13	BLAKE MEDICAL CENTER	434.11	CEREBRAL EMBOL W INFARCT	DXL	324		2,664.00	-	1,332.00		
M00151200001	2010-007000970-0000	14	BLAKE MEDICAL CENTER	434.11	CEREBRAL EMBOL W INFARCT	DXL	351		11,454.00	-	5,727.00		
M00151200001	2010-007000970-0000	15	BLAKE MEDICAL CENTER	434.11	CEREBRAL EMBOL W INFARCT	IPSU	361		182.00	-	91.00		
M00151200001	2010-007000970-0000	16	BLAKE MEDICAL CENTER	434.11	CEREBRAL EMBOL W INFARCT	HBLD	390		717.00	-	358.50		
M00151200001	2010-007000970-0000	17	BLAKE MEDICAL CENTER	434.11	CEREBRAL EMBOL W INFARCT	HMSI	410		18,025.00	-	9,012.50		
M00151200001	2010-007000970-0000	18	BLAKE MEDICAL CENTER	434.11	CEREBRAL EMBOL W INFARCT	DXL	424		364.00	-	182.00		
M00151200001	2010-007000970-0000	19	BLAKE MEDICAL CENTER	434.11	CEREBRAL EMBOL W INFARCT	DXL	434		365.00	-	182.50		
M00151200001	2010-007000970-0000	20	BLAKE MEDICAL CENTER	434.11	CEREBRAL EMBOL W INFARCT	DXL	440		542.00	-	271.00		
M00151200001	2010-007000970-0000	21	BLAKE MEDICAL CENTER	434.11	CEREBRAL EMBOL W INFARCT	ERMD	450		1,424.00	-	712.00		
M00151200001	2010-007000970-0000	22	BLAKE MEDICAL CENTER	434.11	CEREBRAL EMBOL W INFARCT	HMSI	460		2,910.00	-	1,455.00		
M00151200001	2010-007000970-0000	23	BLAKE MEDICAL CENTER	434.11	CEREBRAL EMBOL W INFARCT	HCAR	480		3,423.00	-	1,711.50		
M00151200001	2010-007000970-0000	24	BLAKE MEDICAL CENTER	434.11	CEREBRAL EMBOL W INFARCT	HCAR	611		2,538.00	-	1,269.00		
M00151200001	2010-007000970-0000	25	BLAKE MEDICAL CENTER	434.11	CEREBRAL EMBOL W INFARCT	HRX	636		6,539.40	-	3,269.70		
M00151200001	2010-007000970-0000	26	BLAKE MEDICAL CENTER	434.11	CEREBRAL EMBOL W INFARCT	DXL	730		1,233.00	-	616.50		
M00151200001	2010-007000970-0000	27	BLAKE MEDICAL CENTER	434.11	CEREBRAL EMBOL W INFARCT	DXL	740		1,332.00	-	666.00		
M00151200001	2010-007000970-0000	28	BLAKE MEDICAL CENTER	434.11	CEREBRAL EMBOL W INFARCT	DXL	921		3,285.00	-	1,642.50		
	2010-007000970-0000 Total								\$ 128,546.91	\$ -	\$ 64,273.45	\$0.00	\$64,273.45
M00235900002	2010-172000444-0000	1	ALL CHILDRENS HOSPITAL	493.01	EXT ASTHMA W STATUS ASTH	ICU	203		63,000.00	1,450.00	48,950.00		
M00235900002	2010-172000444-0000	2	ALL CHILDRENS HOSPITAL	493.01	EXT ASTHMA W STATUS ASTH	HRX	250		78,384.74	-	62,707.79		
M00235900002	2010-172000444-0000	3	ALL CHILDRENS HOSPITAL	493.01	EXT ASTHMA W STATUS ASTH	HRX	258		12,371.08	-	9,896.86		
M00235900002	2010-172000444-0000	4	ALL CHILDRENS HOSPITAL	493.01	EXT ASTHMA W STATUS ASTH	HSUP	272		22,554.00	-	18,043.20		
M00235900002	2010-172000444-0000	5	ALL CHILDRENS HOSPITAL	493.01	EXT ASTHMA W STATUS ASTH	LAB	300		11,120.00	-	8,896.00		
M00235900002	2010-172000444-0000	6	ALL CHILDRENS HOSPITAL	493.01	EXT ASTHMA W STATUS ASTH	LAB	301		99,664.00	-	79,731.20		
M00235900002	2010-172000444-0000	7	ALL CHILDRENS HOSPITAL	493.01	EXT ASTHMA W STATUS ASTH	LAB	305		12,221.00	-	9,776.80		
M00235900002	2010-172000444-0000	8	ALL CHILDRENS HOSPITAL	493.01	EXT ASTHMA W STATUS ASTH	LAB	306		748.00	-	598.40		
M00235900002	2010-172000444-0000	9	ALL CHILDRENS HOSPITAL	493.01	EXT ASTHMA W STATUS ASTH	LAB	307		52.00	-	41.60		
M00235900002	2010-172000444-0000	10	ALL CHILDRENS HOSPITAL	493.01	EXT ASTHMA W STATUS ASTH	DXL	320		973.00	-	778.40		
M00235900002	2010-172000444-0000	11	ALL CHILDRENS HOSPITAL	493.01	EXT ASTHMA W STATUS ASTH	DXL	324		3,876.00	-	3,100.80		
M00235900002	2010-172000444-0000	12	ALL CHILDRENS HOSPITAL	493.01	EXT ASTHMA W STATUS ASTH	DXL	351		2,046.00	-	1,636.80		
M00235900002	2010-172000444-0000	13	ALL CHILDRENS HOSPITAL	493.01	EXT ASTHMA W STATUS ASTH	IPSU	361		1,900.00	-	1,520.00		
M00235900002	2010-172000444-0000	14	ALL CHILDRENS HOSPITAL	493.01	EXT ASTHMA W STATUS ASTH	HBLD	390		193.00	-	154.40		
M00235900002	2010-172000444-0000	15	ALL CHILDRENS HOSPITAL	493.01	EXT ASTHMA W STATUS ASTH	DXL	402		408.00	-	326.40		
M00235900002	2010-172000444-0000	16	ALL CHILDRENS HOSPITAL	493.01	EXT ASTHMA W STATUS ASTH	HMSI	410		27,275.00	-	21,820.00		
M00235900002	2010-172000444-0000	17	ALL CHILDRENS HOSPITAL	493.01	EXT ASTHMA W STATUS ASTH	HMSI	460		80.00	-	64.00		
M00235900002	2010-172000444-0000	18	ALL CHILDRENS HOSPITAL	493.01	EXT ASTHMA W STATUS ASTH	HCAR	483		13,107.00	-	10,485.60		
M00235900002	2010-172000444-0000	19	ALL CHILDRENS HOSPITAL	493.01	EXT ASTHMA W STATUS ASTH	HRX	636		15,507.95	-	12,406.36		
M00235900002	2010-172000444-0000	20	ALL CHILDRENS HOSPITAL	493.01	EXT ASTHMA W STATUS ASTH	DXL	730		906.00	-	724.80		
M00235900002	2010-172000444-0000	21	ALL CHILDRENS HOSPITAL	493.01	EXT ASTHMA W STATUS ASTH	DXL	740		26,229.00	-	20,983.20		
	2010-172000444-0000 Total								\$ 392,615.77	\$ 1,450.00	\$ 312,642.61	\$0.00	\$312,642.61
M00361800000	2010-302000422-0050	1	TAMPA GENERAL HEALTHCARE	277.39	Other amyloidosis	ICU	210		-	-	10,248.00		
M00361800000	2010-302000422-0050	2	TAMPA GENERAL HEALTHCARE	277.39	Other amyloidosis	HRX	250		-	-	10,869.00		
M00361800000	2010-302000422-0050	3	TAMPA GENERAL HEALTHCARE	277.39	Other amyloidosis	HSUP	272		-	-	6,225.00		
M00361800000	2010-302000422-0050	4	TAMPA GENERAL HEALTHCARE	277.39	Other amyloidosis	LAB	301		-	-	18,825.00		
M00361800000	2010-302000422-0050	5	TAMPA GENERAL HEALTHCARE	277.39	Other amyloidosis	LAB	305		-	-	5,399.00		
M00361800000	2010-302000422-0050	6	TAMPA GENERAL HEALTHCARE	277.39	Other amyloidosis	LAB	306		-	-	1,697.00		
M00361800000	2010-302000422-0050	7	TAMPA GENERAL HEALTHCARE	277.39	Other amyloidosis	DXL	320		-	-	1,036.00		
M00361800000	2010-302000422-0050	8	TAMPA GENERAL HEALTHCARE	277.39	Other amyloidosis	DXL	324		-	-	2,305.00		
M00361800000	2010-302000422-0050	9	TAMPA GENERAL HEALTHCARE	277.39	Other amyloidosis	DXL	341		-	-	2,339.00		
M00361800000	2010-302000422-0050	10	TAMPA GENERAL HEALTHCARE	277.39	Other amyloidosis	DXL	402		-	-	5,313.40		
	2010-302000422-0050 Total								\$ -	\$ -	\$ 64,256.40	\$0.00	\$64,256.40
M00401700000	2010-078000202-0000	1	TAMPA GENERAL HEALTHCARE	742.4	BRAIN ANOMALY NEC	HRBP	110		815.00	-	529.75		
M00401700000	2010-078000202-0000	2	TAMPA GENERAL HEALTHCARE	742.4	BRAIN ANOMALY NEC	ICU	200		2,928.00	-	1,903.20		
M00401700000	2010-078000202-0000	3	TAMPA GENERAL HEALTHCARE	742.4	BRAIN ANOMALY NEC	HRX	250		9,342.00	-	6,072.30		
M00401700000	2010-078000202-0000	4	TAMPA GENERAL HEALTHCARE	742.4	BRAIN ANOMALY NEC	HRX	258		1,337.00	-	869.05		
M00401700000	2010-078000202-0000	5	TAMPA GENERAL HEALTHCARE	742.4	BRAIN ANOMALY NEC	HRX	259		562.00	-	365.30		
M00401700000	2010-078000202-0000	6	TAMPA GENERAL HEALTHCARE	742.4	BRAIN ANOMALY NEC	HSUP	271		614.00	-	399.10		
M00401700000	2010-078000202-0000	7	TAMPA GENERAL HEALTHCARE	742.4	BRAIN ANOMALY NEC	HSUP	272		11,107.00	-	7,219.55		

Manatee County Government

2010 Claims > \$50,000

IDALT	CLAIM_NO	LN	PROVIDER	DIAG1	DIAGNOSIS	CODE	UBCD	PROCCD	CHGAMT	EERESP	PLNRESP	Rx	Total w/ Rx
M00401700000	2010-078000202-0000	8	TAMPA GENERAL HEALTHCARE	742.4	BRAIN ANOMALY NEC	LAB	300		243.00	-	157.95		
M00401700000	2010-078000202-0000	9	TAMPA GENERAL HEALTHCARE	742.4	BRAIN ANOMALY NEC	LAB	301		5,464.00	-	3,551.60		
M00401700000	2010-078000202-0000	10	TAMPA GENERAL HEALTHCARE	742.4	BRAIN ANOMALY NEC	LAB	305		1,119.00	-	727.35		
M00401700000	2010-078000202-0000	11	TAMPA GENERAL HEALTHCARE	742.4	BRAIN ANOMALY NEC	LAB	306		370.00	-	240.50		
M00401700000	2010-078000202-0000	12	TAMPA GENERAL HEALTHCARE	742.4	BRAIN ANOMALY NEC	LAB	312		3,867.00	-	2,513.55		
M00401700000	2010-078000202-0000	13	TAMPA GENERAL HEALTHCARE	742.4	BRAIN ANOMALY NEC	DXL	324		861.00	-	559.65		
M00401700000	2010-078000202-0000	14	TAMPA GENERAL HEALTHCARE	742.4	BRAIN ANOMALY NEC	DXL	351		6,124.00	-	3,980.60		
M00401700000	2010-078000202-0000	15	TAMPA GENERAL HEALTHCARE	742.4	BRAIN ANOMALY NEC	IPSU	360		21,293.00	-	13,840.45		
M00401700000	2010-078000202-0000	16	TAMPA GENERAL HEALTHCARE	742.4	BRAIN ANOMALY NEC	ANES	370		9,702.00	-	6,306.30		
M00401700000	2010-078000202-0000	17	TAMPA GENERAL HEALTHCARE	742.4	BRAIN ANOMALY NEC	HBLD	390		238.00	-	154.70		
M00401700000	2010-078000202-0000	18	TAMPA GENERAL HEALTHCARE	742.4	BRAIN ANOMALY NEC	HMIS	410		267.00	-	173.55		
M00401700000	2010-078000202-0000	19	TAMPA GENERAL HEALTHCARE	742.4	BRAIN ANOMALY NEC	DXL	420		656.00	-	426.40		
M00401700000	2010-078000202-0000	20	TAMPA GENERAL HEALTHCARE	742.4	BRAIN ANOMALY NEC	DXL	430		656.00	-	426.40		
M00401700000	2010-078000202-0000	21	TAMPA GENERAL HEALTHCARE	742.4	BRAIN ANOMALY NEC	IPSU	710		1,925.00	-	1,251.25		
M00401700000	2010-078000202-0000	22	TAMPA GENERAL HEALTHCARE	742.4	BRAIN ANOMALY NEC	DXL	730		398.00	-	258.70		
2010-078000202-0000 Total									\$ 79,888.00	\$ -	\$ 51,927.20	\$0.00	\$51,927.20
M00432500001	2010-148000092-0000	1	BLAKE MEDICAL CENTER	V57.89	REHABILITATION PROC NEC	HRB	128		27,540.00	-	13,770.00		
M00432500001	2010-148000092-0000	2	BLAKE MEDICAL CENTER	V57.89	REHABILITATION PROC NEC	HRB	128		17,820.00	-	8,910.00		
M00432500001	2010-148000092-0000	3	BLAKE MEDICAL CENTER	V57.89	REHABILITATION PROC NEC	HRX	250		1,260.00	-	630.00		
M00432500001	2010-148000092-0000	4	BLAKE MEDICAL CENTER	V57.89	REHABILITATION PROC NEC	HRX	259		2,983.49	-	1,491.74		
M00432500001	2010-148000092-0000	5	BLAKE MEDICAL CENTER	V57.89	REHABILITATION PROC NEC	HSUP	270		34.57	-	17.28		
M00432500001	2010-148000092-0000	6	BLAKE MEDICAL CENTER	V57.89	REHABILITATION PROC NEC	HSUP	272		61.10	-	30.55		
M00432500001	2010-148000092-0000	7	BLAKE MEDICAL CENTER	V57.89	REHABILITATION PROC NEC	LAB	301		1,435.75	-	717.87		
M00432500001	2010-148000092-0000	8	BLAKE MEDICAL CENTER	V57.89	REHABILITATION PROC NEC	LAB	305		224.00	-	112.00		
M00432500001	2010-148000092-0000	9	BLAKE MEDICAL CENTER	V57.89	REHABILITATION PROC NEC	LAB	306		309.00	-	154.50		
M00432500001	2010-148000092-0000	10	BLAKE MEDICAL CENTER	V57.89	REHABILITATION PROC NEC	LAB	307		253.00	-	126.50		
M00432500001	2010-148000092-0000	11	BLAKE MEDICAL CENTER	V57.89	REHABILITATION PROC NEC	DXL	320		2,788.00	-	1,394.00		
M00432500001	2010-148000092-0000	12	BLAKE MEDICAL CENTER	V57.89	REHABILITATION PROC NEC	DXL	351		4,828.00	-	2,414.00		
M00432500001	2010-148000092-0000	13	BLAKE MEDICAL CENTER	V57.89	REHABILITATION PROC NEC	HMIS	420		13,133.00	-	6,566.50		
M00432500001	2010-148000092-0000	14	BLAKE MEDICAL CENTER	V57.89	REHABILITATION PROC NEC	HMIS	421		1,143.00	-	571.50		
M00432500001	2010-148000092-0000	15	BLAKE MEDICAL CENTER	V57.89	REHABILITATION PROC NEC	HMIS	424		364.00	-	182.00		
M00432500001	2010-148000092-0000	16	BLAKE MEDICAL CENTER	V57.89	REHABILITATION PROC NEC	HMIS	430		16,797.00	-	8,398.50		
M00432500001	2010-148000092-0000	17	BLAKE MEDICAL CENTER	V57.89	REHABILITATION PROC NEC	HMIS	434		365.00	-	182.50		
M00432500001	2010-148000092-0000	18	BLAKE MEDICAL CENTER	V57.89	REHABILITATION PROC NEC	HMIS	440		25,508.00	-	12,754.00		
M00432500001	2010-148000092-0000	19	BLAKE MEDICAL CENTER	V57.89	REHABILITATION PROC NEC	HMIS	444		419.00	-	209.50		
2010-148000092-0000 Total									\$ 117,265.91	\$ -	\$ 58,632.94	\$2,407.74	\$61,040.68
M00503900000	2010-141000264-0000	1	LAKELAND REGIONAL MEDICAL CENT	453.40	OTH VENOUS THROMBOSIS	HRBP	111		9,620.00	-	8,417.50		
M00503900000	2010-141000264-0000	2	LAKELAND REGIONAL MEDICAL CENT	453.40	OTH VENOUS THROMBOSIS	HRX	250		6.00	-	5.25		
M00503900000	2010-141000264-0000	3	LAKELAND REGIONAL MEDICAL CENT	453.40	OTH VENOUS THROMBOSIS	HRX	251		5,755.00	-	5,035.63		
M00503900000	2010-141000264-0000	4	LAKELAND REGIONAL MEDICAL CENT	453.40	OTH VENOUS THROMBOSIS	HRX	258		3,346.00	-	2,927.75		
M00503900000	2010-141000264-0000	5	LAKELAND REGIONAL MEDICAL CENT	453.40	OTH VENOUS THROMBOSIS	HSUP	272		14,318.00	-	12,528.25		
M00503900000	2010-141000264-0000	6	LAKELAND REGIONAL MEDICAL CENT	453.40	OTH VENOUS THROMBOSIS	LAB	301		6,359.00	-	5,564.13		
M00503900000	2010-141000264-0000	7	LAKELAND REGIONAL MEDICAL CENT	453.40	OTH VENOUS THROMBOSIS	LAB	302		297.00	-	259.88		
M00503900000	2010-141000264-0000	8	LAKELAND REGIONAL MEDICAL CENT	453.40	OTH VENOUS THROMBOSIS	LAB	305		5,210.00	-	4,558.75		
M00503900000	2010-141000264-0000	9	LAKELAND REGIONAL MEDICAL CENT	453.40	OTH VENOUS THROMBOSIS	LAB	306		668.00	-	584.50		
M00503900000	2010-141000264-0000	10	LAKELAND REGIONAL MEDICAL CENT	453.40	OTH VENOUS THROMBOSIS	DXL	320		20,574.00	-	18,002.25		
M00503900000	2010-141000264-0000	11	LAKELAND REGIONAL MEDICAL CENT	453.40	OTH VENOUS THROMBOSIS	DXL	323		4,934.00	-	4,317.25		
M00503900000	2010-141000264-0000	12	LAKELAND REGIONAL MEDICAL CENT	453.40	OTH VENOUS THROMBOSIS	DXL	324		524.00	-	458.50		
M00503900000	2010-141000264-0000	13	LAKELAND REGIONAL MEDICAL CENT	453.40	OTH VENOUS THROMBOSIS	IPSU	361		36,392.00	-	31,843.00		
M00503900000	2010-141000264-0000	14	LAKELAND REGIONAL MEDICAL CENT	453.40	OTH VENOUS THROMBOSIS	HBLD	390		62.00	-	54.25		
M00503900000	2010-141000264-0000	15	LAKELAND REGIONAL MEDICAL CENT	453.40	OTH VENOUS THROMBOSIS	DXL	402		900.00	-	787.50		
M00503900000	2010-141000264-0000	16	LAKELAND REGIONAL MEDICAL CENT	453.40	OTH VENOUS THROMBOSIS	HRX	636		10,800.00	-	9,450.00		
2010-141000264-0000 Total									\$ 119,765.00	\$ -	\$ 104,794.39	\$0.00	\$104,794.39
M00505600002	2010-207000757-0000	1	ALL CHILDRENS HOSPITAL	754.2	CONG POSTURAL DEFORMITY	HRB	123		7,108.00	-	5,686.40		
M00505600002	2010-207000757-0000	2	ALL CHILDRENS HOSPITAL	754.2	CONG POSTURAL DEFORMITY	ICU	203		4,200.00	-	3,360.00		
M00505600002	2010-207000757-0000	3	ALL CHILDRENS HOSPITAL	754.2	CONG POSTURAL DEFORMITY	HRX	250		8,845.96	-	7,076.77		
M00505600002	2010-207000757-0000	4	ALL CHILDRENS HOSPITAL	754.2	CONG POSTURAL DEFORMITY	HRX	258		1,314.83	-	1,051.86		
M00505600002	2010-207000757-0000	5	ALL CHILDRENS HOSPITAL	754.2	CONG POSTURAL DEFORMITY	HSUP	271		1,328.00	-	1,062.40		
M00505600002	2010-207000757-0000	6	ALL CHILDRENS HOSPITAL	754.2	CONG POSTURAL DEFORMITY	HSUP	272		9,977.65	-	7,982.12		
M00505600002	2010-207000757-0000	7	ALL CHILDRENS HOSPITAL	754.2	CONG POSTURAL DEFORMITY	HSUP	278		132,356.00	-	105,884.80		
M00505600002	2010-207000757-0000	8	ALL CHILDRENS HOSPITAL	754.2	CONG POSTURAL DEFORMITY	LAB	300		426.00	-	340.80		
M00505600002	2010-207000757-0000	9	ALL CHILDRENS HOSPITAL	754.2	CONG POSTURAL DEFORMITY	LAB	301		113.00	-	90.40		

Manatee County Government

2010 Claims > \$50,000

IDALT	CLAIM_NO	LN	PROVIDER	DIAG1	DIAGNOSIS	CODE	UBCD	PROCCD	CHGAMT	EERESP	PLNRESP	Rx	Total w/ Rx			
R26135621600	2010-284000406-0000	17	CITRUS MEMORIAL HEALTH FOUNDAT	567.23	Spontaneous bacterial peritonitis	LAB	311		261.00	-	195.75					
R26135621600	2010-284000406-0000	18	CITRUS MEMORIAL HEALTH FOUNDAT	567.23	Spontaneous bacterial peritonitis	LAB	312		443.00	-	332.25					
R26135621600	2010-284000406-0000	19	CITRUS MEMORIAL HEALTH FOUNDAT	567.23	Spontaneous bacterial peritonitis	DXL	320		1,000.00	-	750.00					
R26135621600	2010-284000406-0000	20	CITRUS MEMORIAL HEALTH FOUNDAT	567.23	Spontaneous bacterial peritonitis	DXL	324		294.00	-	220.50					
R26135621600	2010-284000406-0000	21	CITRUS MEMORIAL HEALTH FOUNDAT	567.23	Spontaneous bacterial peritonitis	DXL	341		1,782.00	-	1,336.50					
R26135621600	2010-284000406-0000	22	CITRUS MEMORIAL HEALTH FOUNDAT	567.23	Spontaneous bacterial peritonitis	DXL	343		2,560.00	-	1,920.00					
R26135621600	2010-284000406-0000	23	CITRUS MEMORIAL HEALTH FOUNDAT	567.23	Spontaneous bacterial peritonitis	DXL	350		637.00	-	477.75					
R26135621600	2010-284000406-0000	24	CITRUS MEMORIAL HEALTH FOUNDAT	567.23	Spontaneous bacterial peritonitis	DXL	352		637.00	-	477.75					
R26135621600	2010-284000406-0000	25	CITRUS MEMORIAL HEALTH FOUNDAT	567.23	Spontaneous bacterial peritonitis	IPSU	360		2,809.00	-	2,106.75					
R26135621600	2010-284000406-0000	26	CITRUS MEMORIAL HEALTH FOUNDAT	567.23	Spontaneous bacterial peritonitis	IPSU	361		3,308.00	-	2,481.00					
R26135621600	2010-284000406-0000	27	CITRUS MEMORIAL HEALTH FOUNDAT	567.23	Spontaneous bacterial peritonitis	ANES	370		195.00	-	146.25					
R26135621600	2010-284000406-0000	28	CITRUS MEMORIAL HEALTH FOUNDAT	567.23	Spontaneous bacterial peritonitis	HBLD	390		2,120.00	-	1,590.00					
R26135621600	2010-284000406-0000	29	CITRUS MEMORIAL HEALTH FOUNDAT	567.23	Spontaneous bacterial peritonitis	HBLD	391		1,390.00	-	1,042.50					
R26135621600	2010-284000406-0000	30	CITRUS MEMORIAL HEALTH FOUNDAT	567.23	Spontaneous bacterial peritonitis	DXL	402		1,787.00	-	1,340.25					
R26135621600	2010-284000406-0000	31	CITRUS MEMORIAL HEALTH FOUNDAT	567.23	Spontaneous bacterial peritonitis	HMIS	420		413.00	-	309.75					
R26135621600	2010-284000406-0000	32	CITRUS MEMORIAL HEALTH FOUNDAT	567.23	Spontaneous bacterial peritonitis	HMIS	424		466.00	-	349.50					
R26135621600	2010-284000406-0000	33	CITRUS MEMORIAL HEALTH FOUNDAT	567.23	Spontaneous bacterial peritonitis	ERMD	450		1,319.00	-	989.25					
R26135621600	2010-284000406-0000	34	CITRUS MEMORIAL HEALTH FOUNDAT	567.23	Spontaneous bacterial peritonitis	HCAR	480		1,423.00	-	1,067.25					
R26135621600	2010-284000406-0000	35	CITRUS MEMORIAL HEALTH FOUNDAT	567.23	Spontaneous bacterial peritonitis	DXL	610		2,154.44	-	1,615.83					
R26135621600	2010-284000406-0000	36	CITRUS MEMORIAL HEALTH FOUNDAT	567.23	Spontaneous bacterial peritonitis	HRX	636		3,295.00	-	2,471.25					
R26135621600	2010-284000406-0000	37	CITRUS MEMORIAL HEALTH FOUNDAT	567.23	Spontaneous bacterial peritonitis	IPSU	710		655.00	-	491.25					
R26135621600	2010-284000406-0000	38	CITRUS MEMORIAL HEALTH FOUNDAT	567.23	Spontaneous bacterial peritonitis	DXL	730		131.00	-	98.25					
R26135621600	2010-284000406-0000	39	CITRUS MEMORIAL HEALTH FOUNDAT	567.23	Spontaneous bacterial peritonitis	DXL	921		504.00	-	378.00					
2010-284000406-0000 Total									\$	83,597.69	\$	1,450.00	\$	61,248.27	\$0.00	\$61,248.27
R26408478800	2010-062000352-0000	1	BLAKE MEDICAL CENTER	722.10	LUMBAR DISC DISPLACEMENT	HRB	121		6,480.00	-	3,240.02					
R26408478800	2010-062000352-0000	2	BLAKE MEDICAL CENTER	722.10	LUMBAR DISC DISPLACEMENT	HRX	250		2,990.61	-	1,495.30					
R26408478800	2010-062000352-0000	3	BLAKE MEDICAL CENTER	722.10	LUMBAR DISC DISPLACEMENT	HRX	258		448.76	-	224.38					
R26408478800	2010-062000352-0000	4	BLAKE MEDICAL CENTER	722.10	LUMBAR DISC DISPLACEMENT	HRX	259		1,125.20	-	562.60					
R26408478800	2010-062000352-0000	5	BLAKE MEDICAL CENTER	722.10	LUMBAR DISC DISPLACEMENT	HSUP	270		193.80	-	96.90					
R26408478800	2010-062000352-0000	6	BLAKE MEDICAL CENTER	722.10	LUMBAR DISC DISPLACEMENT	HSUP	272		4,093.09	-	2,046.54					
R26408478800	2010-062000352-0000	7	BLAKE MEDICAL CENTER	722.10	LUMBAR DISC DISPLACEMENT	HSUP	278		50,982.43	-	25,491.21					
R26408478800	2010-062000352-0000	8	BLAKE MEDICAL CENTER	722.10	LUMBAR DISC DISPLACEMENT	HSUP	278		2,369.38	-	1,184.69					
R26408478800	2010-062000352-0000	9	BLAKE MEDICAL CENTER	722.10	LUMBAR DISC DISPLACEMENT	LAB	301		1,236.00	-	618.00					
R26408478800	2010-062000352-0000	10	BLAKE MEDICAL CENTER	722.10	LUMBAR DISC DISPLACEMENT	LAB	302		468.00	-	234.00					
R26408478800	2010-062000352-0000	11	BLAKE MEDICAL CENTER	722.10	LUMBAR DISC DISPLACEMENT	LAB	305		968.00	-	484.00					
R26408478800	2010-062000352-0000	12	BLAKE MEDICAL CENTER	722.10	LUMBAR DISC DISPLACEMENT	DXL	320		1,795.00	-	897.50					
R26408478800	2010-062000352-0000	13	BLAKE MEDICAL CENTER	722.10	LUMBAR DISC DISPLACEMENT	DXL	324		720.00	-	360.00					
R26408478800	2010-062000352-0000	14	BLAKE MEDICAL CENTER	722.10	LUMBAR DISC DISPLACEMENT	IPSU	360		22,849.00	-	11,424.50					
R26408478800	2010-062000352-0000	15	BLAKE MEDICAL CENTER	722.10	LUMBAR DISC DISPLACEMENT	ANES	370		6,210.00	-	3,105.00					
R26408478800	2010-062000352-0000	16	BLAKE MEDICAL CENTER	722.10	LUMBAR DISC DISPLACEMENT	HMIS	420		671.00	-	335.50					
R26408478800	2010-062000352-0000	17	BLAKE MEDICAL CENTER	722.10	LUMBAR DISC DISPLACEMENT	HMIS	421		127.00	-	63.50					
R26408478800	2010-062000352-0000	18	BLAKE MEDICAL CENTER	722.10	LUMBAR DISC DISPLACEMENT	HMIS	424		364.00	-	182.00					
R26408478800	2010-062000352-0000	19	BLAKE MEDICAL CENTER	722.10	LUMBAR DISC DISPLACEMENT	HRX	636		106.31	-	53.15					
R26408478800	2010-062000352-0000	20	BLAKE MEDICAL CENTER	722.10	LUMBAR DISC DISPLACEMENT	IPSU	710		2,464.00	-	1,232.00					
R26408478800	2010-062000352-0000	21	BLAKE MEDICAL CENTER	722.10	LUMBAR DISC DISPLACEMENT	DXL	730		411.00	-	205.50					
2010-062000352-0000 Total									\$	107,072.58	\$	-	\$	53,536.29	\$0.00	\$53,536.29
R26415842600	2010-029001588-0000	1	SHANDS UF	801.46	CL SKUL BASE FX-COMA NOS	HRBP	110		3,900.00	-	3,510.00					
R26415842600	2010-029001588-0000	2	SHANDS UF	801.46	CL SKUL BASE FX-COMA NOS	HRX	250		1,994.40	-	1,794.96					
R26415842600	2010-029001588-0000	3	SHANDS UF	801.46	CL SKUL BASE FX-COMA NOS	HRX	258		268.80	-	241.92					
R26415842600	2010-029001588-0000	4	SHANDS UF	801.46	CL SKUL BASE FX-COMA NOS	HSUP	270		175.00	-	157.50					
R26415842600	2010-029001588-0000	5	SHANDS UF	801.46	CL SKUL BASE FX-COMA NOS	HSUP	271		52.00	-	46.80					
R26415842600	2010-029001588-0000	6	SHANDS UF	801.46	CL SKUL BASE FX-COMA NOS	HSUP	272		52.00	-	46.80					
R26415842600	2010-029001588-0000	7	SHANDS UF	801.46	CL SKUL BASE FX-COMA NOS	HSUP	274		240.00	-	216.00					
R26415842600	2010-029001588-0000	8	SHANDS UF	801.46	CL SKUL BASE FX-COMA NOS	LAB	300		468.00	-	421.20					
R26415842600	2010-029001588-0000	9	SHANDS UF	801.46	CL SKUL BASE FX-COMA NOS	LAB	301		2,969.00	-	2,672.10					
R26415842600	2010-029001588-0000	10	SHANDS UF	801.46	CL SKUL BASE FX-COMA NOS	LAB	302		454.00	-	408.60					
R26415842600	2010-029001588-0000	11	SHANDS UF	801.46	CL SKUL BASE FX-COMA NOS	LAB	305		244.00	-	219.60					
R26415842600	2010-029001588-0000	12	SHANDS UF	801.46	CL SKUL BASE FX-COMA NOS	LAB	306		386.00	-	347.40					
R26415842600	2010-029001588-0000	13	SHANDS UF	801.46	CL SKUL BASE FX-COMA NOS	LAB	307		88.00	-	79.20					
R26415842600	2010-029001588-0000	14	SHANDS UF	801.46	CL SKUL BASE FX-COMA NOS	DXL	320		180.00	-	162.00					
R26415842600	2010-029001588-0000	15	SHANDS UF	801.46	CL SKUL BASE FX-COMA NOS	DXL	324		115.00	-	103.50					
R26415842600	2010-029001588-0000	16	SHANDS UF	801.46	CL SKUL BASE FX-COMA NOS	DXL	340		900.00	-	810.00					
R26415842600	2010-029001588-0000	17	SHANDS UF	801.46	CL SKUL BASE FX-COMA NOS	DXL	341		3,035.00	-	2,731.50					

Manatee County Government

2010 Claims > \$50,000

IDALT	CLAIM_NO	LN	PROVIDER	DIAG1	DIAGNOSIS	CODE	UBCD	PROCCD	CHGAMT	EERESP	PLNRESP	Rx	Total w/ Rx
R26674879800	2010-224000003-0000	9	NORTHEAST METHODIST HOSPITAL	414.01	CRNRY ATHROSCLRS-NTV ART	HSUP	271		285.00	-	185.25		
R26674879800	2010-224000003-0000	10	NORTHEAST METHODIST HOSPITAL	414.01	CRNRY ATHROSCLRS-NTV ART	HSUP	272		11,764.00	-	7,646.60		
R26674879800	2010-224000003-0000	11	NORTHEAST METHODIST HOSPITAL	414.01	CRNRY ATHROSCLRS-NTV ART	HSUP	278		1,382.00	-	898.30		
R26674879800	2010-224000003-0000	12	NORTHEAST METHODIST HOSPITAL	414.01	CRNRY ATHROSCLRS-NTV ART	LAB	301		7,683.00	-	4,993.95		
R26674879800	2010-224000003-0000	13	NORTHEAST METHODIST HOSPITAL	414.01	CRNRY ATHROSCLRS-NTV ART	LAB	302		780.00	-	507.00		
R26674879800	2010-224000003-0000	14	NORTHEAST METHODIST HOSPITAL	414.01	CRNRY ATHROSCLRS-NTV ART	LAB	305		1,582.00	-	1,028.30		
R26674879800	2010-224000003-0000	15	NORTHEAST METHODIST HOSPITAL	414.01	CRNRY ATHROSCLRS-NTV ART	LAB	306		1,008.00	-	655.20		
R26674879800	2010-224000003-0000	16	NORTHEAST METHODIST HOSPITAL	414.01	CRNRY ATHROSCLRS-NTV ART	LAB	307		131.00	-	85.15		
R26674879800	2010-224000003-0000	17	NORTHEAST METHODIST HOSPITAL	414.01	CRNRY ATHROSCLRS-NTV ART	DXL	324		2,238.00	-	1,454.70		
R26674879800	2010-224000003-0000	18	NORTHEAST METHODIST HOSPITAL	414.01	CRNRY ATHROSCLRS-NTV ART	IPSU	360		17,464.00	-	11,351.60		
R26674879800	2010-224000003-0000	19	NORTHEAST METHODIST HOSPITAL	414.01	CRNRY ATHROSCLRS-NTV ART	ANES	370		3,118.00	-	2,026.70		
R26674879800	2010-224000003-0000	20	NORTHEAST METHODIST HOSPITAL	414.01	CRNRY ATHROSCLRS-NTV ART	HBLD	390		999.00	-	649.35		
R26674879800	2010-224000003-0000	21	NORTHEAST METHODIST HOSPITAL	414.01	CRNRY ATHROSCLRS-NTV ART	HMIS	410		5,330.00	-	3,464.50		
R26674879800	2010-224000003-0000	22	NORTHEAST METHODIST HOSPITAL	414.01	CRNRY ATHROSCLRS-NTV ART	HCAR	481		11,849.00	-	7,701.85		
R26674879800	2010-224000003-0000	23	NORTHEAST METHODIST HOSPITAL	414.01	CRNRY ATHROSCLRS-NTV ART	HRX	636		8,325.42	-	5,411.52		
R26674879800	2010-224000003-0000	24	NORTHEAST METHODIST HOSPITAL	414.01	CRNRY ATHROSCLRS-NTV ART	DXL	730		1,685.00	-	1,095.25		
R26674879800	2010-224000003-0000	25	NORTHEAST METHODIST HOSPITAL	414.01	CRNRY ATHROSCLRS-NTV ART	DXL	920		2,956.00	-	1,921.41		
	2010-224000003-0000 Total								<u>\$ 104,043.70</u>	<u>\$ -</u>	<u>\$ 67,628.41</u>	\$3,369.58	\$70,997.99
R26704216700	2010-131000796-0000	1	FLORIDA HOSPITAL SANITARIUM &	820.21	INTERTROCHANTERIC FX-CL	ICU	200		12,232.00	-	9,785.60		
R26704216700	2010-131000796-0000	2	FLORIDA HOSPITAL SANITARIUM &	820.21	INTERTROCHANTERIC FX-CL	ICU	206		10,945.00	-	8,756.00		
R26704216700	2010-131000796-0000	3	FLORIDA HOSPITAL SANITARIUM &	820.21	INTERTROCHANTERIC FX-CL	HRX	251		160.65	-	128.52		
R26704216700	2010-131000796-0000	4	FLORIDA HOSPITAL SANITARIUM &	820.21	INTERTROCHANTERIC FX-CL	HRX	252		3,651.03	-	2,920.82		
R26704216700	2010-131000796-0000	5	FLORIDA HOSPITAL SANITARIUM &	820.21	INTERTROCHANTERIC FX-CL	HRX	254		293.46	-	234.77		
R26704216700	2010-131000796-0000	6	FLORIDA HOSPITAL SANITARIUM &	820.21	INTERTROCHANTERIC FX-CL	HRX	258		393.59	-	314.87		
R26704216700	2010-131000796-0000	7	FLORIDA HOSPITAL SANITARIUM &	820.21	INTERTROCHANTERIC FX-CL	HSUP	272		2,161.70	-	1,729.36		
R26704216700	2010-131000796-0000	8	FLORIDA HOSPITAL SANITARIUM &	820.21	INTERTROCHANTERIC FX-CL	HSUP	278		14,746.00	-	11,796.80		
R26704216700	2010-131000796-0000	9	FLORIDA HOSPITAL SANITARIUM &	820.21	INTERTROCHANTERIC FX-CL	LAB	300		278.00	-	222.40		
R26704216700	2010-131000796-0000	10	FLORIDA HOSPITAL SANITARIUM &	820.21	INTERTROCHANTERIC FX-CL	LAB	301		6,914.00	-	5,531.20		
R26704216700	2010-131000796-0000	11	FLORIDA HOSPITAL SANITARIUM &	820.21	INTERTROCHANTERIC FX-CL	LAB	302		262.00	-	209.60		
R26704216700	2010-131000796-0000	12	FLORIDA HOSPITAL SANITARIUM &	820.21	INTERTROCHANTERIC FX-CL	LAB	305		1,920.00	-	1,536.00		
R26704216700	2010-131000796-0000	13	FLORIDA HOSPITAL SANITARIUM &	820.21	INTERTROCHANTERIC FX-CL	DXL	320		1,934.00	-	1,547.20		
R26704216700	2010-131000796-0000	14	FLORIDA HOSPITAL SANITARIUM &	820.21	INTERTROCHANTERIC FX-CL	DXL	324		262.00	-	209.60		
R26704216700	2010-131000796-0000	15	FLORIDA HOSPITAL SANITARIUM &	820.21	INTERTROCHANTERIC FX-CL	IPSU	360		6,759.00	-	5,407.20		
R26704216700	2010-131000796-0000	16	FLORIDA HOSPITAL SANITARIUM &	820.21	INTERTROCHANTERIC FX-CL	ANES	370		1,700.00	-	1,360.00		
R26704216700	2010-131000796-0000	17	FLORIDA HOSPITAL SANITARIUM &	820.21	INTERTROCHANTERIC FX-CL	HBLD	390		1,494.00	-	1,195.20		
R26704216700	2010-131000796-0000	18	FLORIDA HOSPITAL SANITARIUM &	820.21	INTERTROCHANTERIC FX-CL	HBLD	391		999.00	-	799.20		
R26704216700	2010-131000796-0000	19	FLORIDA HOSPITAL SANITARIUM &	820.21	INTERTROCHANTERIC FX-CL	HMIS	421		981.00	-	784.80		
R26704216700	2010-131000796-0000	20	FLORIDA HOSPITAL SANITARIUM &	820.21	INTERTROCHANTERIC FX-CL	HMIS	424		632.00	-	505.60		
R26704216700	2010-131000796-0000	21	FLORIDA HOSPITAL SANITARIUM &	820.21	INTERTROCHANTERIC FX-CL	ERMD	450		2,562.00	-	2,049.60		
R26704216700	2010-131000796-0000	22	FLORIDA HOSPITAL SANITARIUM &	820.21	INTERTROCHANTERIC FX-CL	DXL	610		2,706.00	-	2,164.80		
R26704216700	2010-131000796-0000	23	FLORIDA HOSPITAL SANITARIUM &	820.21	INTERTROCHANTERIC FX-CL	HMIS	611		3,897.00	-	3,117.60		
R26704216700	2010-131000796-0000	24	FLORIDA HOSPITAL SANITARIUM &	820.21	INTERTROCHANTERIC FX-CL	IPSU	710		1,183.00	-	946.40		
R26704216700	2010-131000796-0000	25	FLORIDA HOSPITAL SANITARIUM &	820.21	INTERTROCHANTERIC FX-CL	DXL	730		1,156.00	-	924.80		
R26704216700	2010-131000796-0000	26	FLORIDA HOSPITAL SANITARIUM &	820.21	INTERTROCHANTERIC FX-CL	DXL	921		901.00	-	720.80		
	2010-131000796-0000 Total								<u>\$ 81,123.43</u>	<u>\$ -</u>	<u>\$ 64,898.74</u>	\$3,677.34	\$68,576.08
	Grand Total								<u>\$ 6,045,701.35</u>	<u>\$ 24,015.53</u>	<u>\$ 3,997,187.74</u>	\$122,413.41	\$4,119,601.15