Michigan Department of Health and Human Services
Bureau of Laboratories
Invoice Detail List

Tuesday, March 01, 2016

Location: CHC1 **LocationName** COMMUNITY HEALTH CENTER 1

Chart Number	Billing Number	Last Name	First Name	Birth Date	Service Date	CPT Code	Charge	Status Code	Insurance Denial 1	Insurance Denial 2
TM15999991	1599991	DOE	BABY BOY	11/3/2015	11/6/2015	83655	17.67			
TM15999992	1599992	DOE	BABY GIRL	11/2/2015	11/6/2015	83655	17.67			
					Total Amount		35.34			

Michigan Department of Health and Human Services
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Tuesday, March 01, 2016

Location: **10018** **LocationName** **TEEN HEALTH CENTER**

Chart Number	Billing Number	Last Name	First Name	Birth Date	Service Date	CPT Code	Charge	Status Code	Insurance Denial 1	Insurance Denial 2
CL15999994	1599994	DOE	JANE	7/1/1992	11/6/2015	87591	38.54			
CL15999993	1599993	DOE	JOHN	9/1/1992	11/6/2015	87491	38.54		24	
CL15999995	1599995	TEST	JANE	2/7/1998	11/18/2015	87661	11.50	**CONFID1**		
					Total Amount		88.58			