MARE0001
Claims Paid From 07/01/2006 Through 06/30/2007

Mental Hygiene Administration
Public Mental Health System

PROVIDER : ##############

PROVIDER NAME INC

Number of Consumers and Expenditures By Provider and Service Type - STATEWIDE

Fiscal Year 2006

SERVICE TYPE	NUMBER OF CONSUMERS SERVED				TOTAL EXPENDITURES			
	MEDICAID	MEDICAID STATE FUNDED	UNINSURED	TOTAL	MEDICAID	MEDICAID STATE FUNDED	UNINSURED	TOTAL
Case Management	0	0	0	0	$0.00	$0.00	$0.00	$0.00
Crisis	0	0	0	0	$0.00	$0.00	$0.00	$0.00
Inpatient	0	0	0	0	$0.00	$0.00	$0.00	$0.00
Mobile Treatment	0	0	0	0	$0.00	$0.00	$0.00	$0.00
Outpatient	159	0	0	159	#########	$0.00	$0.00	$66,060.80
Partial Hospitalization	0	0	0	0	$0.00	$0.00	$0.00	$0.00
Psychiatric Rehabilitation	0	0	0	0	$0.00	$0.00	$0.00	$0.00
Residential Rehabilitation	0	0	0	0	$0.00	$0.00	$0.00	$0.00
Residential Treatment	0	0	0	0	$0.00	$0.00	$0.00	$0.00
Respite Care	0	0	0	0	$0.00	$0.00	$0.00	$0.00
Supported Employment	0	0	0	0	$0.00	$0.00	$0.00	$0.00
SUBTOTAL	159	0	0	159	#########	$0.00	$0.00	$66,060.80
Baltimore Group (Capitation)	0	0	0	0	$0.00	$0.00	$0.00	$0.00
Emergency Petition	0	0	0	0	$0.00	$0.00	$0.00	$0.00
Purchase of Care	0	0	0	0	$0.00	$0.00	$0.00	$0.00
SUBTOTAL	0	0	0	0	$0.00	$0.00	$0.00	$0.00
Adjustments	0	0	0	0	$0.00	$0.00	$0.00	$0.00
TOTAL	159	0	0	159	#########	$0.00	$0.00	$66,060.80

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Mental Hygiene Administration
Public Mental Health System

PROVIDER : ##########

PROVIDER NAME INC

Number of Consumers and Expenditures By Provider and Service Type - STATEWIDE

Fiscal Year 2007

SERVICE TYPE	NUMBER OF CONSUMERS SERVED				TOTAL EXPENDITURES			
	MEDICAID	MEDICAID STATE FUNDED	UNINSURED	TOTAL	MEDICAID	MEDICAID STATE FUNDED	UNINSURED	TOTAL
Case Management	0	0	0	0	$0.00	$0.00	$0.00	$0.00
Crisis	0	0	0	0	$0.00	$0.00	$0.00	$0.00
Inpatient	0	0	0	0	$0.00	$0.00	$0.00	$0.00
Mobile Treatment	0	0	0	0	$0.00	$0.00	$0.00	$0.00
Outpatient	281	2	0	283	#########	$341.75	$0.00	##########
Partial Hospitalization	0	0	0	0	$0.00	$0.00	$0.00	$0.00
Psychiatric Rehabilitation	0	0	0	0	$0.00	$0.00	$0.00	$0.00
Residential Rehabilitation	0	0	0	0	$0.00	$0.00	$0.00	$0.00
Residential Treatment	0	0	0	0	$0.00	$0.00	$0.00	$0.00
Respite Care	0	0	0	0	$0.00	$0.00	$0.00	$0.00
Supported Employment	0	0	0	0	$0.00	$0.00	$0.00	$0.00
SUBTOTAL	281	2	0	283	#########	$341.75	$0.00	##########
Baltimore Group (Capitation)	0	0	0	0	$0.00	$0.00	$0.00	$0.00
Emergency Petition	0	0	0	0	$0.00	$0.00	$0.00	$0.00
Purchase of Care	0	0	0	0	$0.00	$0.00	$0.00	$0.00
SUBTOTAL	0	0	0	0	$0.00	$0.00	$0.00	$0.00
Adjustments	0	0	0	0	$0.00	$0.00	$0.00	$0.00
TOTAL	281	2	0	283	#########	$341.75	$0.00	##########

PROVIDER NAME INC

All Fiscal Years

	NUMBER OF CONSUMERS SERVED				TOTAL EXPENDITURES			
	MEDICAID	MEDICAID STATE FUNDED	UNINSURED	TOTAL	MEDICAID	MEDICAID STATE FUNDED	UNINSURED	TOTAL
GRAND TOTAL	**323**	**2**	**0**	**325**	**$341,124.30**	**$341.75**		**##########**

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Mental Hygiene Administration
Public Mental Health System

Number of Consumers and Expenditures By Provider and Service Type - STATEWIDE

PROVIDER : ##########

PROVIDER NAME INC

All Fiscal Years

	NUMBER OF CONSUMERS SERVED				TOTAL EXPENDITURES			
	MEDICAID	MEDICAID STATE FUNDED	UNINSURED	TOTAL	MEDICAID	MEDICAID STATE FUNDED	UNINSURED	TOTAL
GRAND TOTAL	**323**	**2**	**0**	**325**	**$341,124.30**	**$341.75**		**##########**