MARF5300

PRP Encounter Claims Details by

Consumer Based on Claims Through 4/21/2008

CSA COUNTY - ANNE ARUNDEL

Last Name	First Name	Consumer MA#	GZ/MA	Provider	Proc Modifier	Location	Service Month	Min Units	Actual Units	Billed Amount	Paid Amount	Potential Liability
DOE	JOHN	##########	MA	PROVIDER NAME INC	U2	49	200507	3	3	$297.00	$297.00	$0.00
DOE	JOHN	##########	MA	PROVIDER NAME INC	U2	49	200508	3	3	$297.00	$297.00	$0.00
DOE	JOHN	##########	MA	PROVIDER NAME INC	U2	49	200509	3	3	$389.00	$389.00	$0.00
DOE	JANE	##########	MA	PROVIDER NAME INC	U2	49	200512	3	3	$389.00	$389.00	$0.00
DOE	JANE	##########	MA	PROVIDER NAME INC	U2	49	200508	3	4	$297.00	$297.00	$0.00

Based on date of services from 07/01/2005 to present

The number of encounters is specific to provider MA# (and NOT TAX ID#) and **MAY** be under