MARF9420

Mental Hygiene Administration
Public Mental Health System

Provider Check Reconciliation

Claims Paid Through 12/01/2008

CALENDAR YEAR 2006

PROVIDER: **PROVIDER NAME INC**

PROVIDER NUMBER: **#####**####

PROVIDER EOP/RV	CHECK NUMBER	CHECK DATE	CHECK AMOUNT
081630	0054799	10/16/2006	$264.75
082331	0055238	10/23/2006	$441.50
083055	0055670	10/30/2006	$2,157.75
085448	0057113	11/20/2006	$530.25
086137	0057503	11/27/2006	$353.50
086882	0057922	12/04/2006	$441.50
087660	0058363	12/11/2006	$1,529.25
089097	0059193	12/25/2006	$1,694.50
TOTAL			**$7,413.00**

Note: This report contains MHP data.

Run Date: 12/05/2008 9:47:26 am