DATE 10/21/2016 MUNICIPAL HEALTH BENEFIT FUND
TIME 14:08:05 BENEFITS PAID - BY SERVICE CODE

PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND DISPOSITION DATE FROM ALL CLAIMS REC. DATE FROM ALL SERVICE FROM DATE ALL DIVISION: ALL SUPPRESS GROUP SUMMARY NEMPLOYEE: ALL ALL DEPENDENTS FLAG Y
CHECK DATES SELECTED: FROM 1/01/2015 THRU 12/31/2015

SERVICE CODE: ALL

PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND

250U105 2005 2050	SURGERY - PHYSICIAN FEES PHYSC-ER COPAY HOSPITAL-EMERGENCY ROOM CHARGES (CO-PAY APPLIES) HOSPITAL - OUTPATIENT EXTRAS PSYCHIATRIC ODCTOR VISITS PSYCHIATRIC OFFICE VISIT COPAY SMOKING CESSATION - DOCTOR VISIT DENTAL BENEFITS NEWBORN CHILDCARE (FIRST YEAR) PHYSICIAN BARIATRIC SVC PHYSICIAN CHARGES ROUTINE VISION BENEFIT CHEMICAL DEPD - PHYSICIAN CHARGES ANESTHESIA DIAG LAB, XRAY AND OTHER TESTS MISCELLANEOUS PSYCHIATRIC CHARGES (TESTS) HOSPITAL - MISC. PSYCH. CHARGES ICU/CCU ROOM & BOARD CHEMICAL DEPD IN-PATIENT ROOM AND BOARD BARIATRIC PROG. IN-PATIENT ROOM AND BOARD OFFICE VISIT CO-PAY NEWBORN CHILD CARE (FIRST YEAR) ROOM & BOARD DOCTORS' VISITS PRESCRIPTION DRUG PROGRAM WELLNESS BENEFIT WELL CHILD BENEFIT ROUTINE HEARING AID (RIGHT) ROUTINE HEARING AID (RIGHT) ROUTINE HEARING AID (RIGHT) ROUTINE HEARING AID (RIGHT) CHEMICAL DEPD - MISC. HOSPITAL CHARGES CHEMICAL DEPD - OUTPATIENT CHARGES CHEMICAL DEPD - OUTPATIENT CHARGES CHEMICAL DEPD - OUTPATIENT CHARGES NEWBORN CHILD CARE - FIRST YEAR PHYSICAL THERAPY VISITS OCCUPATIONAL THERAPY VISITS SPEECH THERAPY VISITS	527	140122 07
SERVICE CODE: 0050	SURGERY - PHYSICIAN FEES	5//	148133.87
SERVICE CODE: 0051	PHISC-EK CUPAT	101	42402 72
SERVICE CODE: 0061	HOSPITAL-EMERGENCY ROUM CHARGES (CO-PAY APPLIES)	191	42483./3
SERVICE CODE: 0062	HOSPITAL - OUTPATIENT EXTRAS	1286	3301/3.13
SERVICE CODE: 00/1	PSYCHIATRIC DOCTOR VISITS	241	4280.56
SERVICE CODE: 0072	PSYCHIATRIC OFFICE VISIT COPAY	296	20585.11
SERVICE CODE: 0075	SMOKING CESSATION - DOCTOR VISIT	5	49.00
SERVICE CODE: 0080	DENTAL BENEFITS	73	.00
SERVICE CODE: 0082	NEWBORN CHILDCARE (FIRST YEAR) PHYSICIAN	47	9055.80
SERVICE CODE: 0083	BARIATRIC SVC PHYSICIAN CHARGES	34	3327.50
SERVICE CODE: 0085	ROUTINE VISION BENEFIT	68	.00
SERVICE CODE: 0086	CHEMICAL DEPD - PHYSICIAN CHARGES	7	.00
SERVICE CODE: 0087	ANESTHESIA	136	59399.83
SERVICE CODE: 0088	DIAG LAB, XRAY AND OTHER TESTS	10068	137275.43
SERVICE CODE: 0089	MISCELLANEOUS PSYCHIATRIC CHARGES (TESTS)	167	1549.40
SERVICE CODE: 0091	HOSPITAL - MISC. PSYCH. CHARGES	1	.00
SERVICE CODE: 0094	ICU/CCU ROOM & BOARD	7	92247.67
SERVICE CODE: 0095	CHEMICAL DEPD IN-PATIENT ROOM AND BOARD	2	1869.47
SERVICE CODE: 0096	BARIATRIC PROG. IN-PATIENT ROOM AND BOARD	2	10909.49
SERVICE CODE: 0097	OFFICE VISIT CO-PAY	4264	287801.58
SERVICE CODE: 0098	NEWBORN CHILD CARE (FIRST YEAR) ROOM & BOARD	9	39180.50
SERVICE CODE: 0099	DOCTORS' VISITS	497	27880.70
SERVICE CODE: 0100	PRESCRIPTION DRUG PROGRAM	14222	1872615.13
SERVICE CODE: 0105	WELLNESS BENEFIT	1892	93016.16
SERVICE CODE: 0106	WELL CHILD BENEFIT	1241	76188.17
SERVICE CODE: 0113	ROUTINE HEARING AID (RIGHT)	7	9299.99
SERVICE CODE: 0114	ROUTINE HEARING AID (LEFT)	9	9300.00
SERVICE CODE: 0121	CHEMICAL DEPD - MISC HOSPITAL CHARGES	2	.00
SERVICE CODE: 0121	NEWRORN CHILD CARE - HOSP MISC FIRST YEAR	Š	1633 28
SERVICE CODE: 0102	RADIATRIC DROG - OUTPATIENT CHARGES	48	1311 10
SERVICE CODE. 0213	CHEMICAL DEDD - OUTPATIENT CHARGES	7	00
SERVICE CODE. 0221	NEURODN CHILD CARE - EIRCT VEAR	73	7849 39
SERVICE CODE: 0202	DUVCTOAL THEDADY VICITS	227	20260 24
SERVICE CODE: 0330	OCCUPATIONAL TUEDADY OUT OF HOSPITAL	100	60200.24
SERVICE CODE: U382	OCCUPATIONAL THERAPY VISITS	100	4720 64
SERVICE CODE: U384	OCCUPATIONAL INCKAPT VISITS	100	1170.04
SERVICE CODE: 0385	SPEECH THEKAPY VISITS	51	11/0.24
TOTAL		40359	3824436.75

	#	AMOUNT	AVERAGE
COMPUTER CHECK	26051	1961995.32	75.31
MANUAL CHECK	14235	1873066.05	131.58
VOID	49	4832.54-	98.62-
RECOVERY	24	5792.08-	241.33-
TOTAL	40359	3824436.75	

	#	AMOUNT
INSURED	20138	1622801.72
DEPENDENT	20221	2201635.03
TOTAL	40359	3824436.75
ZERO CLAIMS	9854	

DATE 10/21/2016 MUNICIPAL HEALTH BENEFIT FUND PGM CHA503
TIME 14:08:05 BENEFITS PAID - BY SERVICE CODE PAGE 27

AMOUNT 1622801.72 2201635.03 3824436.75

20138

20221 40359

9854

INSURED DEPENDENT TOTAL

ZERO CLAIMS

DATE 10/21/2016 TIME 14:08:05			NEFITS PAID - BY	
PAYER: 1 MU TRUST: 1 GROUP: 191 DIVISION: ALL SUI EMPLOYEE: ALL ALL CHECK DATES SELECTED: FROM	UNICIPAL HEALTH BENEFIT FUND	DISPOSITION CLAIMS REC. SERVICE FRO	DATE FROM ALL DATE FROM ALL M DATE ALL	MMARY
DIVISION: ALL SUI	PRESS GROUP SUMMARY	N		
EMPLOYEE: ALL ALI	DEPENDENTS FLAG	Υ		
CHECK DATES SELECTED. TROTT	1/01/2015 THRU 12/31/2015			
SERVICE CODE: ALL				
PAYER: 1 MUNICIPAL H	EALTH BENEFIT FUND	TRUST: 1 MUNICIPAL	HEALTH BENEFIT	FUND
SERVICE CODE: 0100	PRESCRIPTION DRUG PROGRAM WELLNESS BENEFIT WELL CHILD BENEFIT ROUTINE HEARING AID (RIGH ROUTINE HEARING AID (LEFT CHEMICAL DEPD - MISC. HOS BARIATRIC PROG - OUTPATIEN CHEMICAL DEPD - OUTPATIEN NEWBORN CHILD CARE - FIRS PHYSICAL THERAPY VISITS COCCUPATIONAL THERAPY VISITS SPEECH THERAPY VISITS		14222	1872615.13
SERVICE CODE: 010	WELLNESS BENEFIT		1892	93016.16
SERVICE CODE: 0106	WELL CHILD BENEFIT		1241	76188.17
SERVICE CODE: 0113	ROUTINE HEARING AID (RIGH	T)	7	9299.99
SERVICE CODE: 0114	ROUTINE HEARING AID (LEFT)	9	9300.00
SERVICE CODE: 0121	CHEMICAL DEPD - MISC. HOS	PITAL CHARGES	2	.00
SERVICE CODE: 0182	NEWBORN CHILD CARE - HOSP	. MISC. FIRST YEAR	5	1633.28
SERVICE CODE: 0219	BARIATRIC PROG - OUTPATIE	NT CHARGES	48	1311.10
SERVICE CODE: 0221	CHEMICAL DEPD - OUTPATIEN	T CHARGES	7	.00
SERVICE CODE: 0282	NEWBORN CHILD CARE - FIRS	T YEAR	73	7848.38
SERVICE CODE: 0338	B PHYSICAL THERAPY VISITS		327	28260.24
SERVICE CODE: 0382	OCCUPATIONAL THERAPY-OUT	OF HOSPITAL	100	5021.12
SERVICE CODE: 0384	OCCUPATIONAL THERAPY VISI	TS	106	4739.64
SERVICE CODE: 0389	S SPEECH THERAPY VISITS		51	1170.24
TOTAL			40359	3824436.75
		MOUNT		
	COMPUTED CHECK 26051	1061005 22	AVERAGE	
	MANUAL CUECK 20031	1972066 05	121 50	
	VOID 14235	10/3000.05	131.30	
	DECOVEDY 24	5702 NR-	2/1 22-	
	COMPUTER CHECK 26051 MANUAL CHECK 14235 VOID 49 RECOVERY 24 TOTAL 40359	3824436.75	241.33	
PAYER TOTALS	INPATIENT HOSPITAL - DAIL' INPATIENT HOSPITAL EXTRAS AMBULANCE DIABETIC EDUCATION MEDICAL CARE ACUTE INPATIENT REHABILITA MEDICAL SUPPLIES VISION SERVICES-MEDICAL DENTAL EXAMS AND CLEANING CUSTOM MOLD FOOT ORTHOTIC: OUTPATIENT SURGERY CENTER AMBULANCE ANCILLARY HOME HEALTH CARE SERVICES CHEMOTHERAPY/RADIATION THE CHIROPRACTOR CARE INJECTIONS AND DRUGS PHYSICAL THERAPY - OUT OF DURABLE MEDICAL EQUIPMENT HOSPICE CARE CHIROPRACTIC OFFICE VISIT			
TATER TOTALS			#	AMOUNT
SERVICE CODE: 0001	INPATIENT HOSPITAL - DAIL	Y SERVICE CHARGE	42	183347.58
SERVICE CODE: 0002	INPATIENT HOSPITAL EXTRAS		42	69425.50
SERVICE CODE: 0003	B AMBULANCE		25	4189.37
SERVICE CODE: 0006	DIABETIC EDUCATION		12	209.45
SERVICE CODE: 0007	MEDICAL CARE		17	2920.35
SERVICE CODE: 0008	ACUTE INPATIENT REHABILIT	ATION	1	6084.00
SERVICE CODE: 0012	MEDICAL SUPPLIES		327	27408.03
SERVICE CODE: 0015	VISION SERVICES-MEDICAL		151	7280.65
SERVICE CODE: 0020	DENTAL EXAMS AND CLEANING		16	.00
SERVICE CODE: 0021	CUSTOM MOLD FOOT ORTHOTIC	S	4	347.22
SERVICE CODE: 0024	OUTPATIENT SURGERY CENTER		2	616.00
SERVICE CODE: 0029	AMBULANCE ANCILLARY		2	.00
SERVICE CODE: 0033	HOME HEALTH CARE SERVICES		21	4316.10
SERVICE CODE: 0034	CHEMOTHERAPY/RADIATION TH	ERAPY	316	110684.39
SERVICE CODE: 0035	CHIROPRACTOR CARE		1147	18826.69
SERVICE CODE: 0036	INJECTIONS AND DRUGS	0.000	1033	13521.38
SERVICE CODE: 0038	B PHYSICAL THERAPY - OUT OF	HOSPITAL	350	6431.34
SERVICE CODE: 0040	DURABLE MEDICAL EQUIPMENT		132	23402.90
SERVICE CODE: 0047	HUSPICE CARE	00 044	6	6610.00
SERVICE CODE: 0049	CHIROPRACTIC OFFICE VISIT	CU-PAY	643	12209.58

MUNICIPAL HEALTH BENEFIT FUND BENEFITS PAID - BY SERVICE CODE

SUMMARY

PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND DISPOSITION DATE FROM ALL TRUST: 1 CLAIMS REC. DATE FROM ALL GROUP: 191 SERVICE FROM DATE ALL

DIVISION: ALL SUPPRESS GROUP SUMMARY N
EMPLOYEE: ALL ALL DEPENDENTS FLAG Y
CHECK DATES SELECTED: FROM 1/01/2015 THRU 12/31/2015

SERVICE CODE: ALL

PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND TRUST: 1 MUNICIPAL HEALTH BENEFIT FUND

TRUST TOTALS

				#	AMOUNT
SERVICE	CODE:	0001	INPATIENT HOSPITAL - DAILY SERVICE CHARGE INPATIENT HOSPITAL EXTRAS AMBULANCE DIABETIC EDUCATION MEDICAL CARE ACUTE INPATIENT REHABILITATION MEDICAL SUPPLIES VISION SERVICES-MEDICAL DENTAL EXAMS AND CLEANING CUSTOM MOLD FOOT ORTHOTICS OUTPATIENT SURGERY CENTER AMBULANCE ANCILLARY HOME HEALTH CARE SERVICES CHEMOTHERAPY/RADIATION THERAPY CHIROPRACTOR CARE INJECTIONS AND DRUGS PHYSICAL THERAPY - OUT OF HOSPITAL DURABLE MEDICAL EQUIPMENT HOSPICE CARE CHIROPRACTIC OFFICE VISIT CO-PAY SURGERY - PHYSICIAN FEES PHYSC-ER COPAY HOSPITAL-EMERGENCY ROOM CHARGES (CO-PAY APPLIES)	42	183347.58
SERVICE	CODE:	0002	INPATIENT HOSPITAL EXTRAS	42	69425.50
SERVICE	CODE:	0003	AMBULANCE	25	4189.37
SERVICE	CODE:	0006	DIABETIC EDUCATION	12	209.45
SERVICE	CODE:	0007	MEDICAL CARE	17	2920.35
SERVICE	CODE:	0008	ACUTE INPATIENT REHABILITATION	1	6084.00
SERVICE	CODE:	0012	MEDICAL SUPPLIES	327	27408.03
SERVICE	CODE:	0015	VISION SERVICES-MEDICAL	151	7280.65
SERVICE	CODE:	0020	DENTAL EXAMS AND CLEANING	16	.00
SERVICE	CODE:	0021	CUSTOM MOLD FOOT ORTHOTICS	4	347.22
SERVICE	CODE:	0024	OUTPATIENT SURGERY CENTER	2	616.00
SERVICE	CODE:	0029	AMBULANCE ANCILLARY	2	.00
SERVICE	CODE:	0033	HOME HEALTH CARE SERVICES	21	4316.10
SERVICE	CODE:	0034	CHEMOTHERAPY/RADIATION THERAPY	316	110684.39
SERVICE	CODE:	0035	CHIROPRACTOR CARE	1147	18826.69
SERVICE	CODE:	0036	INJECTIONS AND DRUGS	1033	13521.38
SERVICE	CODE:	0038	PHYSICAL THERAPY - OUT OF HOSPITAL	350	6431.34
SERVICE	CODE:	0040	DURABLE MEDICAL EQUIPMENT	132	23402.90
SERVICE	CODE:	0047	HOSPICE CARE	6	. 6610.00
SERVICE	CODE:	0049	CHIROPRACTIC OFFICE VISIT CO-PAY	643	12209.58
SERVICE	CODE:	0050	SURGERY - PHYSICIAN FEES	577	148133.87
SERVICE	CODE:	0051	PHYSC-ER COPAY	2	.00
SERVICE	CODE:	0061	HOSPITAL-EMERGENCY ROOM CHARGES (CO-PAY APPLIES)	191	42483.73
SERVICE	CODE:	0062	HOSPITAL - OUTPATIENT EXTRAS	1286	330173.13
SERVICE	CODF:	0071	PSYCHIATRIC DOCTOR VISITS	241	4280.56
SERVICE	CODE:	0072	PSYCHIATRIC OFFICE VISIT COPAY	296	20585.11
SERVICE	CODE:	0075	SMOKING CESSATION - DOCTOR VISIT	5	49.00
SERVICE	CODE:	0080	DENTAL BENEFITS	73	.00
SERVICE	CODF:	0082	NEWBORN CHILDCARE (FIRST YEAR) PHYSICIAN	47	9055.80
SERVICE	CODE:	0083	BARIATRIC SVC PHYSICIAN CHARGES	34	3327.50
SERVICE	CODE:	0085	ROUTINE VISION BENEFIT	68	.00
SERVICE	CODE:	0086	CHEMICAL DEPD - PHYSICIAN CHARGES	7	.00
SERVICE	CODE :	0087	ANESTHESTA	136	59399.83
SERVICE	CODE:	0088	DIAG LAB. XRAY AND OTHER TESTS	10068	137275.43
SERVICE	CODE:	0089	MISCELLANEOUS PSYCHIATRIC CHARGES (TESTS)	167	1549.40
SERVICE	CODE:	0091	HOSPITAL - MISC PSYCH CHARGES	1	.00
SERVICE	CODE:	0094	ICU/CCU ROOM & BOARD	7	92247.67
SERVICE	CODE -	0095	CHEMICAL DEPO IN-PATIENT ROOM AND BOARD	2	1869.47
SERVICE	CODE:	0096	RAPIATRIC PROG IN-PATIENT ROOM AND ROARD	2	10909.49
SERVICE	CODE:	0097	OFFICE VISIT CO-PAY	4264	287801.58
SERVICE	CODE:	0098	NEWBORN CHILD CARE (FIRST YEAR) ROOM & ROARD	9	39180.50
SERVICE	CODE:	0099	SURGERY - PHYSICIAN FEES PHYSC-ER COPAY HOSPITAL-EMERGENCY ROOM CHARGES (CO-PAY APPLIES) HOSPITAL - OUTPATIENT EXTRAS PSYCHIATRIC DOCTOR VISITS PSYCHIATRIC OFFICE VISIT COPAY SMOKING CESSATION - DOCTOR VISIT DENTAL BENEFITS NEWBORN CHILDCARE (FIRST YEAR) PHYSICIAN BARIATRIC SVC PHYSICIAN CHARGES ROUTINE VISION BENEFIT CHEMICAL DEPD - PHYSICIAN CHARGES ANESTHESIA DIAG LAB, XRAY AND OTHER TESTS MISCELLANEOUS PSYCHIATRIC CHARGES (TESTS) HOSPITAL - MISC. PSYCH. CHARGES ICU/CCU ROOM & BOARD CHEMICAL DEPD IN-PATIENT ROOM AND BOARD BARIATRIC PROG. IN-PATIENT ROOM AND BOARD OFFICE VISIT CO-PAY NEWBORN CHILD CARE (FIRST YEAR) ROOM & BOARD DOCTORS' VISITS	497	27880.70
JENTICE	COUL.	0033	5001000 110110	457	2.000170

MUNICIPAL HEALTH BENEFIT FUND BENEFITS PAID - BY SERVICE CODE

SUMMARY

PAYER: TRUST: GROUP: 1 MUNICIPAL HEALTH BENEFIT FUND

DISPOSITION DATE FROM ALL CLAIMS REC. DATE FROM ALL SERVICE FROM DATE ALL

191

DIVISION: ALL SUPPRESS GROUP SUMMARY
EMPLOYEE: ALL ALL DEPENDENTS FLAG
CHECK DATES SELECTED: FROM 1/01/2015 THRU 12/31/2015

SERVICE CODE: ALL

p	AY	FR	

1 MUNICIPAL HEALTH BENEFIT FUND TRUST: 1 MUNICI	IPAL HEALTH BENEFIT	FUND GROUP/DIV:	1
SERVICE CODE: 0083 SERVICE CODE: 0085 SERVICE CODE: 0086 SERVICE CODE: 0086 SERVICE CODE: 0087 SERVICE CODE: 0087 SERVICE CODE: 0088 SERVICE CODE: 0089 SERVICE CODE: 0089 SERVICE CODE: 0089 SERVICE CODE: 0091 HOSPITAL - MISC. PSYCHIATRIC CHARGES SERVICE CODE: 0094 SERVICE CODE: 0095 SERVICE CODE: 0095 SERVICE CODE: 0096 SERVICE CODE: 0096 SERVICE CODE: 0097 SERVICE CODE: 0097 SERVICE CODE: 0098 SERVICE CODE: 0099 SERVICE CODE: 0109 SERVICE CODE: 0109 SERVICE CODE: 0109 SERVICE CODE: 0109 SERVICE CODE: 0105 SERVICE CODE: 0105 SERVICE CODE: 0106 SERVICE CODE: 0114 SERVICE CODE: 0114 SERVICE CODE: 0115 SERVICE CODE: 0116 SERVICE CODE: 0117 SERVICE CODE: 0117 SERVICE CODE: 0118 SERVICE CODE: 0119 SERVICE CODE: 0119 SERVICE CODE: 0110 SERVICE CODE: 0110 SERVICE CODE: 0111 SERVICE CODE: 0112 SERVICE CODE: 0114 SERVICE CODE: 0115 SERVICE CODE: 0116 SERVICE CODE: 0117 SERVICE CODE: 0117 SERVICE CODE: 0118 SERVICE CODE: 0119 SERVICE CODE: 0119 SERVICE CODE: 0110 SERVICE CODE: 0110 SERVICE CODE: 0111 SERVICE CODE: 0111 SERVICE CODE: 0112 SERVICE CODE: 0112 SERVICE CODE: 0114 SERVICE CODE: 0115 SERVICE CODE: 0116 SERVICE CODE: 0117 SERVICE CODE: 0117 SERVICE CODE: 0118 SERVICE CODE: 0119 SERVICE CODE: 0119 SERVICE CODE: 0119 SERVICE CODE: 0120 SERVICE CODE: 0121 SERVICE CODE: 0212 SERVICE CODE: 0213 SERVICE CODE: 0214 SERVICE CODE: 0215 SERVICE CODE: 0216 SERVICE CODE: 0217 SERVICE CODE: 0218 SERVICE CODE: 0219 SERVICE CODE: 0210 SERVICE CODE:	34	3327.50	
SERVICE CODE: 0085 ROUTINE VISION BENEFIT	68	.00	
SERVICE CODE: 0086 CHEMICAL DEPD - PHYSICIAN CHARGES	7	.00	
SERVICE CODE: 0087 ANESTHESIA	136	59399.83	
SERVICE CODE: 0088 DIAG LAB, XRAY AND OTHER TESTS	10068	137275.43	
SERVICE CODE: 0089 MISCELLANEOUS PSYCHIATRIC CHARGES (TESTS)	167	1549.40	
SERVICE CODE: 0091 HOSPITAL - MISC. PSYCH. CHARGES	1	.00	
SERVICE CODE: 0094 ICU/CCU ROOM & BOARD	7	92247.67	
SERVICE CODE: 0095 CHEMICAL DEPD IN-PATIENT ROOM AND BOARD	2	1869.47	
SERVICE CODE: 0096 BARIATRIC PROG. IN-PATIENT ROOM AND BOARD	2	10909.49	
SERVICE CODE: 0097 OFFICE VISIT CO-PAY	4264	287801.58	
SERVICE CODE: 0098 NEWBORN CHILD CARE (FIRST YEAR) ROOM & BOARD	9	39180.50	
SERVICE CODE: 0099 DOCTORS' VISITS	497	27880.70	
SERVICE CODE: 0100 PRESCRIPTION DRUG PROGRAM	14222	1872615.13	
SERVICE CODE: 0105 WELLNESS BENEFIT	1892	93016.16	
SERVICE CODE: 0106 WELL CHILD BENEFIT	1241	76188.17	
SERVICE CODE: 0113 ROUTINE HEARING AID (RIGHT)	7	9299.99	
SERVICE CODE: 0114 ROUTINE HEARING AID (LEFT)	9	9300.00	
SERVICE CODE: 0121 CHEMICAL DEPD - MISC. HOSPITAL CHARGES	2	.00	
SERVICE CODE: 0182 NEWBORN CHILD CARE - HOSP. MISC. FIRST YEAR	5	1633.28	
SERVICE CODE: 0219 BARIATRIC PROG - OUTPATIENT CHARGES	48	1311.10	
SERVICE CODE: 0221 CHEMICAL DEPD - OUTPATIENT CHARGES	7	.00	
SERVICE CODE: 0282 NEWBORN CHILD CARE - FIRST YEAR	73	7848.38	
SERVICE CODE: 0338 PHYSICAL THERAPY VISITS	327	28260.24	
SERVICE CODE: 0382 OCCUPATIONAL THERAPY-OUT OF HOSPITAL	100	5021.12	
SERVICE CODE: 0384 OCCUPATIONAL THERAPY VISITS	106	4739.64	
SERVICE CODE: 0385 SPEECH THERAPY VISITS	51	1170.24	
TOTAL	40359	3824436.75	

	#	AMOUNT	AVERAGE	
COMPUTER CHECK	26051	1961995.32	75.31	INSURED
MANUAL CHECK	14235	1873066.05	131.58	DEPENDENT
VOID	49	4832.54-	98.62-	TOTAL
RECOVERY	24	5792.08-	241.33-	
TOTAL	40359	3824436.75		ZERO CLAIMS

PGM CHA503 PAGE 25

AMOUNT

1622801.72

2201635.03

3824436.75

20138

20221

40359

9854

PAYER:

MUNICIPAL HEALTH BENEFIT FUND BENEFITS PAID - BY SERVICE CODE

SUMMARY

DISPOSITION DATE FROM ALL CLAIMS REC. DATE FROM ALL

SERVICE FROM DATE ALL

TRUST: 1
GROUP: 191
DIVISION: ALL SUPPRESS GROUP SUMMARY MEMORY CHECK DATES SELECTED: FROM 1/01/2015 THRU 12/31/2015

1 MUNICIPAL HEALTH BENEFIT FUND

SERVICE CODE: ALL

PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND TRUST: 1 MUNICIPAL HEALTH BENEFIT FUND GROUP/DIV:

DIVISION TOTALS

	#	AMOUNT	AVERAGE		#	AMOUNT
COMPUTER CHECK	3	110.00	36.66	INSURED	0	.00
MANUAL CHECK	4	.00	.00	DEPENDENT	7	110.00
VOID	0	.00	.00	TOTAL	7	110.00
RECOVERY	0	.00	.00			
TOTAL	7	110.00		ZERO CLAIMS	2	

GROUP	TOTALS			#	AMOUNT
	SERVICE CODE:	0001	INPATIENT HOSPITAL - DAILY SERVICE CHARGE	42	183347.58
	SERVICE CODE:	0002	INPATIENT HOSPITAL EXTRAS	42	69425.50
	SERVICE CODE:	0003	AMBULANCE	25	4189.37
	SERVICE CODE:	0006	DIABETIC EDUCATION	12	209.45
	SERVICE CODE:	0007	MEDICAL CARE	17	2920.35
	SERVICE CODE:	0008	ACUTE INPATIENT REHABILITATION	1	6084.00
	SERVICE CODE:	0012	MEDICAL SUPPLIES	327	27408.03
	SERVICE CODE:	0015	MEDICAL SUPPLIES VISION SERVICES-MEDICAL	151	7280.65
	SERVICE CODE:	0020	DENTAL EXAMS AND CLEANING	16	.00
	SERVICE CODE:	0021	CUSTOM MOLD FOOT ORTHOTICS	4	347.22
	SERVICE CODE:	0024	OUTPATIENT SURGERY CENTER	2 2 21	616.00
	SERVICE CODE:	0029	AMBULANCE ANCILLARY	2	.00
	SERVICE CODE:	0033	HOME HEALTH CARE SERVICES	21	4316.10
	SERVICE CODE:	0034	CHEMOTHERAPY/RADIATION THERAPY	316	110684.39
	SERVICE CODE:	0035	CHIROPRACTOR CARE	1147	18826.69
	SERVICE CODE:		INJECTIONS AND DRUGS	1033	13521.38
	SERVICE CODE:	0038	PHYSICAL THERAPY - OUT OF HOSPITAL	350	6431.34
	SERVICE CODE:	0040	DURABLE MEDICAL EQUIPMENT	132	23402.90
	SERVICE CODE:		HOSPICE CARE	6	6610.00
	SERVICE CODE:	0049	CHIROPRACTIC OFFICE VISIT CO-PAY	643	12209.58
	SERVICE CODE:	0050	SURGERY - PHYSICIAN FEES	577	148133.87
	SERVICE CODE:	0051	PHYSC-ER COPAY	2	.00
	SERVICE CODE:	0061	HOSPITAL-EMERGENCY ROOM CHARGES (CO-PAY APPLIES)	191	42483.73
	SERVICE CODE:	0062	HOSPITAL - OUTPATIENT EXTRAS PSYCHIATRIC DOCTOR VISITS PSYCHIATRIC OFFICE VISIT COPAY SMOKING CESSATION - DOCTOR VISIT	1286	330173.13
	SERVICE CODE:	0071	PSYCHIATRIC DOCTOR VISITS	241	4280.56
	SERVICE CODE:	0072	PSYCHIATRIC OFFICE VISIT COPAY	296	20585.11
	SERVICE CODE:	0075	SMOKING CESSATION - DOCTOR VISIT	5	49.00
	SERVICE CODE:		DENTAL DENETTIS	73	.00
	SERVICE CODE:	0082	NEWBORN CHILDCARE (FIRST YEAR) PHYSICIAN	47	9055.80

DATE 10/21/2016 MUNICIPAL HEALTH BENEFIT FUND PGM CHA503
TIME 14:08:05 BENEFITS PAID - BY SERVICE CODE PAGE 23

AMOUNT

PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND DISPOSITION DATE FROM ALL
TRUST: 1 CLAIMS REC. DATE FROM ALL

GROUP: 191 SERVICE FROM DATE ALL DIVISION: ALL SUPPRESS GROUP SUMMARY N

EMPLOYEE: ALL ALL DEPENDENTS FLAG Y
CHECK DATES SELECTED: FROM 1/01/2015 THRU 12/31/2015

SERVICE CODE: ALL

PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND TRUST: 1 MUNICIPAL HEALTH BENEFIT FUND GROUP/DIV:

DIM	TCI	MO	TOTAL	C
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			- #	AMUUNI
SERVICE CODE:	0001	INPATIENT HOSPITAL - DAILY SERVICE CHARGE	11	22952.86
SERVICE CODE:	0002	INPATIENT HOSPITAL EXTRAS	11	995.47
SERVICE CODE:	0003	AMBULANCE	14	1901.02
SERVICE CODE:	0006	DIABETIC EDUCATION	2	135.90
SERVICE CODE:	0007	MEDICAL CARE	6	814.85
SERVICE CODE:	0012	MEDICAL SUPPLIES	36	2611.06
SERVICE CODE:	0015	VISION SERVICES-MEDICAL	17	43.14
SERVICE CODE:	0029	AMBULANCE ANCILLARY	1	.00
SERVICE CODE:	0033	HOME HEALTH CARE SERVICES	16	3215.60
SERVICE CODE:	0034	CHEMOTHERAPY/RADIATION THERAPY	84	35542.15
SERVICE CODE:	0035	CHIROPRACTOR CARE	37	322.86
SERVICE CODE:	0036	INJECTIONS AND DRUGS	101	839.75
SERVICE CODE:	0038	PHYSICAL THERAPY - OUT OF HOSPITAL	17	452.94
SERVICE CODE:	0040	DURABLE MEDICAL EQUIPMENT	15	1813.86
SERVICE CODE:	0049	CHIROPRACTIC OFFICE VISIT CO-PAY	36	784.72
SERVICE CODE:	0050	SURGERY - PHYSICIAN FEES	89	27125.91
SERVICE CODE:	0061	HOSPITAL-EMERGENCY ROOM CHARGES (CO-PAY APPLIES)	31	10967.30
SERVICE CODE:	0062	HOSPITAL - OUTPATIENT EXTRAS	140	49209.32
SERVICE CODE:	0071	PSYCHIATRIC DOCTOR VISITS	1	.00
SERVICE CODE:	0072	PSYCHIATRIC OFFICE VISIT COPAY	13	880.53
SERVICE CODE:	0075	SMOKING CESSATION - DOCTOR VISIT	4	49.00
SERVICE CODE:	0080	DENTAL BENEFITS	4	.00
SERVICE CODE:	0082	NEWBORN CHILDCARE (FIRST YEAR) PHYSICIAN	g	7084.28
SERVICE CODE:	0083	BARIATRIC SVC PHYSICIAN CHARGES	6	.00
SERVICE CODE:	0085	ROUTINE VISION RENEFIT	6	.00
SERVICE CODE:	0087	ANESTHESIA	27	16993.60
SERVICE CODE:	0088	DIAG LAB YRAY AND OTHER TESTS	1560	26350.53
SERVICE CODE:	0089	MISCELLANFOUS PSYCHIATRIC CHARGES (TESTS)	5	.00
SERVICE CODE:	0094	ICU/CCU ROOM & ROARD	5	86709.52
SERVICE CODE:	0097	OFFICE VISIT CO-PAY	546	36742.53
SERVICE CODE:	0098	NEWRORN CHILD CARE (FIRST YEAR) ROOM & ROADD	2	30793.01
SERVICE CODE:	0099	DOCTORS' VISITS	105	9772.78
SERVICE CODE:	0100	PRESCRIPTION DRUG PROGRAM	1552	75743.40
SERVICE CODE:	0105	WELLNESS RENEELT	167	10783.89
SERVICE CODE:	0106	WELL CHILD RENEFIT	120	6370.01
SERVICE CODE:	0182	NEWRORN CHILD CARE - HOSP MISC FIRST YEAR	1	.00
SERVICE CODE:	0219	RARIATRIC PROG - OUTPATIENT CHARGES	14	.00
SERVICE CODE:	0282	NEWRODN CHILD CAPE - FIRST YEAR	36	19.24
SERVICE CODE:	0338	PHYSICAL THEPADY VISITS	17	4900.98
SERVICE CODE:	0338	INPATIENT HOSPITAL - DAILY SERVICE CHARGE INPATIENT HOSPITAL EXTRAS AMBULANCE DIABETIC EDUCATION MEDICAL CARE MEDICAL SUPPLIES VISION SERVICES-MEDICAL AMBULANCE ANCILLARY HOME HEALTH CARE SERVICES CHEMOTHERAPY/RADIATION THERAPY CHIROPRACTOR CARE INJECTIONS AND DRUGS PHYSICAL THERAPY - OUT OF HOSPITAL DURABLE MEDICAL EQUIPMENT CHIROPRACTIC OFFICE VISIT CO-PAY SURGERY - PHYSICIAN FEES HOSPITAL-EMERGENCY ROOM CHARGES (CO-PAY APPLIES) HOSPITAL - OUTPATIENT EXTRAS PSYCHIATRIC DOCTOR VISITS PSYCHIATRIC OFFICE VISIT COPAY SMOKING CESSATION - DOCTOR VISIT DENTAL BENEFITS NEWBORN CHILDCARE (FIRST YEAR) PHYSICIAN BARIATRIC SVC PHYSICIAN CHARGES ROUTINE VISION BENEFIT ANESTHESIA DIAG LAB, XRAY AND OTHER TESTS MISCELLANEOUS PSYCHIATRIC CHARGES (TESTS) ICU/CCU ROOM & BOARD OFFICE VISIT CO-PAY NEWBORN CHILD CARE (FIRST YEAR) ROOM & BOARD DOCTORS' VISITS PRESCRIPTION DRUG PROGRAM MELINESS BENEFIT WELL CHILD BENEFIT NEWBORN CHILD CARE - FIRST YEAR BARIATRIC PROG - OUTPATIENT CHARGES NEWBORN CHILD CARE - FIRST YEAR PHYSICAL THERAPY VISITS SPEECH THERAPY VISITS	1	.00
TOTAL	0303	or Econ Thenne TIOITO	1865	472922.01
TOTAL			4005	4/2322.01

	#	AMOUNT	AVERAGE		#	AMOUNT
COMPUTER CHECK	3303	397312.44	120.28	INSURED	2528	256933.26
MANUAL CHECK	1555	75913.77	48.81	DEPENDENT	2337	215988.75
VOID	6	119.16-	19.86-	TOTAL	4865	472922.01
RECOVERY	1	185.04-	185.04-			
TOTAL	4865	472922.01		ZERO CLAIMS	1182	

DATE 10/21/2016 MUNICIPAL HEALTH BENEFIT FUND PGM CHA503
TIME 14:08:05 BENEFITS PAID - BY SERVICE CODE PAGE 22
SUMMARY

PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND DISPOSITION DATE FROM ALL SERVICE FROM DATE ALL DIVISION: ALL SUPPRESS GROUP SUMMARY N EMPLOYEE: ALL ALL DEPENDENTS FLAG Y

CHECK DATES SELECTED: FROM 1/01/2015 THRU 12/31/2015 SERVICE CODE: ALL

PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND TRUST: 1 MUNICIPAL HEALTH BENEFIT FUND GROUP/DIV:

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N	IUIALS			#	AMOUNT
	SERVICE CODE:	0001	INPATIENT HOSPITAL - DAILY SERVICE CHARGE	5	15735.44
	SERVICE CODE:	0000	THOUTTENT DOCUTTAL EVENAG	4	3780.00
	SERVICE CODE:	0007	MEDICAL CARE	1	438.00
	SERVICE CODE:	0012	MEDICAL SUPPLIES	59	4591.74
	SERVICE CODE:	0015	VISION SERVICES-MEDICAL	45	1473.82
	SERVICE CODE:	0033	HOME HEALTH CARE SERVICES	1	146.00
	SERVICE CODE:	0034	CHEMOTHERAPY/RADIATION THERAPY	101	25607.06
	SERVICE CODE:	0035	CHIROPRACTOR CARE	166	2206.07
	SERVICE CODE:	0036	INJECTIONS AND DRUGS	97	3064.33
	SERVICE CODE:	0038	PHYSICAL THERAPY - OUT OF HOSPITAL	33	589.37
	SERVICE CODE:	0040	DURABLE MEDICAL EQUIPMENT	24	7640.00
	SERVICE CODE:	0047	INPAILENT HOUPTIAL EXTRAS MEDICAL CARE MEDICAL SUPPLIES VISION SERVICES-MEDICAL HOME HEALTH CARE SERVICES CHEMOTHERAPY/RADIATION THERAPY CHIROPRACTOR CARE INJECTIONS AND DRUGS PHYSICAL THERAPY - OUT OF HOSPITAL DURABLE MEDICAL EQUIPMENT HOSPICE CARE CHIROPRACTIC OFFICE VISIT CO-PAY SURGERY - PHYSICIAN FEES	6	6610.00
	SERVICE CODE:	0049	CHIROPRACTIC OFFICE VISIT CO-PAY	86	1350.41
	SERVICE CODE:	0050	SURGERY - PHYSICIAN FEES	94	17036.55
	SERVICE CODE:	0061	HOSPITAL-EMERGENCY ROOM CHARGES (CO-PAY APPLIES)	1	3479.20
	SERVICE CODE:	0062	HOSPITAL-EMERGENCY ROOM CHARGES (CO-PAY APPLIES) HOSPITAL - OUTPATIENT EXTRAS PSYCHIATRIC DOCTOR VISITS PSYCHIATRIC OFFICE VISIT COPAY DENTAL BENEFITS BARIATRIC SVC PHYSICIAN CHARGES ROUTINE VISION BENEFIT ANESTHESIA DIAG LAB, XRAY AND OTHER TESTS MISCELLANEOUS PSYCHIATRIC CHARGES (TESTS) OFFICE VISIT CO-PAY	321	76465.44
	SERVICE CODE:	0071	PSYCHIATRIC DOCTOR VISITS	4	36.57
	SERVICE CODE:	0072	PSYCHIATRIC OFFICE VISIT COPAY	23	846.86
	SERVICE CODE:	0080	DENTAL BENEFITS	10	.00
	SERVICE CODE:	0083	BARIATRIC SVC PHYSICIAN CHARGES	2 9	.00
	SERVICE CODE:	0085	ROUTINE VISION BENEFIT	9	.00
	SERVICE CODE:	0087	ANESTHESIA	28	6441.28
	SERVICE CODE:	0088	DIAG LAB, XRAY AND OTHER TESTS	1001	29682.17
	SERVICE CODE:	0089	MISCELLANEOUS PSYCHIATRIC CHARGES (TESTS)	7	524.00
	SERVICE CODE:	0097	OFFICE VISIT CO-PAY	444	25300.16
	SERVICE CODE:	0099	DOCTORS' VISITS	18	774.54
	SERVICE CODE:	0100	PRESCRIPTION DRUG PROGRAM	1765	222813.85
	SERVICE CODE:	0105	WELLNESS BENEFIT	191	7862.91
	SERVICE CODE:	0113	ROUTINE HEARING AID (RIGHT)	1	1400.00
	SERVICE CODE:	0114	ROUTINE HEARING AID (LEFT)	1	1400.00
	SERVICE CODE:	0219	BARIATRIC PROG - OUTPATIENT CHARGES	1	.00
	SERVICE CODE:	0338	DIAG LAB, XRAY AND OTHER TESTS MISCELLANEOUS PSYCHIATRIC CHARGES (TESTS) OFFICE VISIT CO-PAY DOCTORS' VISITS PRESCRIPTION DRUG PROGRAM WELLINESS BENEFIT ROUTINE HEARING AID (RIGHT) ROUTINE HEARING AID (LEFT) BARIATRIC PROG - OUTPATIENT CHARGES PHYSICAL THERAPY VISITS OCCUPATIONAL THERAPY VISITS	54	8748.68
	SERVICE CODE:	0384	OCCUPATIONAL THERAPY VISITS	10	1344.00
	TOTAL			4613	477388.45

	#	AMOUNT	AVERAGE		#	AMOUNT
COMPUTER CHECK	2841	255086.35	89.78	INSURED	3429	396365.73
MANUAL CHECK	1769	222964.03	126.03	DEPENDENT	1184	81022.72
VOID	1	75.00-	75.00-	TOTAL	4613	477388.45
RECOVERY	2	586.93-	293.46-			
TOTAL	4613	477388.45		ZERO CLAIMS	908	

MUNICIPAL HEALTH BENEFIT FUND BENEFITS PAID - BY SERVICE CODE

DISPOSITION DATE FROM ALL

CLAIMS REC. DATE FROM ALL

SERVICE FROM DATE ALL

SUMMARY

 PAYER:
 1
 MUNICIPAL HEALTH BENEFIT FUND

 TRUST:
 1

 GROUP:
 191

 DIVISION:
 ALL
 SUPPRESS GROUP SUMMARY
 N

 EMPLOYEE:
 ALL
 ALL DEPENDENTS FLAG
 Y

CHECK DATES SELECTED: FROM 1/01/2015 THRU 12/31/2015

SERVICE CODE: ALL

PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND TRUST: 1 MUNICIPAL HEALTH BENEFIT FUND GROUP/DIV:

DIVISION TOTALS

TOTALS			#	AMOUNT
SERVICE CODE:	0002	INPATIENT HOSPITAL EXTRAS	ű	.00
SERVICE CODE:	0003	AMBULANCE	6	546.26
SERVICE CODE:	0012	MEDICAL SUPPLIES	2	.00
SERVICE CODE:	0015	VISION SERVICES-MEDICAL	ī	43.14
SERVICE CODE:	0035	CHIROPRACTOR CARE	151	1947.87
SERVICE CODE:	0036	INJECTIONS AND DRUGS	31	22.55
SERVICE CODE:	0038	PHYSICAL THERAPY - OUT OF HOSPITAL	34	863.49
SERVICE CODE:	0040	DURABLE MEDICAL EQUIPMENT	4	.00
SERVICE CODE:	0049	CHIROPRACTIC OFFICE VISIT CO-PAY	75	1086.46
SERVICE CODE:	0050	SURGERY - PHYSICIAN FEES	23	3111.01
SERVICE CODE:	0051	PHYSC-ER COPAY	1	.00
SERVICE CODE:	0061	HOSPITAL-EMERGENCY ROOM CHARGES (CO-PAY APPLIES)	17	1966.46
SERVICE CODE:	0062	HOSPITAL - OUTPATIENT EXTRAS	41	11386.55
SERVICE CODE:	0071	PSYCHIATRIC DOCTOR VISITS	3	.00
SERVICE CODE:	0072	PSYCHIATRIC OFFICE VISIT COPAY	19	1300.83
SERVICE CODE:	0080	DENTAL BENEFITS	2	.00
SERVICE CODE:	0087	ANESTHESIA	3	1248.00
SERVICE CODE:	0088	DIAG LAB, XRAY AND OTHER TESTS	404	2009.43
SERVICE CODE:	0089	MISCELLANEOUS PSYCHIATRIC CHARGES (TESTS)	1	.00
SERVICE CODE:	0097	OFFICE VISIT CO-PAY	202	13542.48
SERVICE CODE:	0099	DOCTORS' VISITS	28	739.71
SERVICE CODE:	0100	PRESCRIPTION DRUG PROGRAM	588	20836.27
SERVICE CODE:	0105	WELLNESS BENEFIT	57	4793.74
SERVICE CODE:	0106	WELL CHILD BENEFIT	110	6583.41
SERVICE CODE:	0219	BARIATRIC PROG - OUTPATIENT CHARGES	6	49.32
SERVICE CODE:	0338	PHYSICAL THERAPY VISITS	20	275.90
TOTAL			1830	72352.88

#	AMOUNT	AVERAGE
1237	52018.39	42.05
588	20836.27	35.43
0	.00	.00
5	501.78-	100.35-
1830	72352.88	
	1237 588 0 5	1237 52018.39 588 20836.27 0 .00 5 501.78-

AMOUNT
INSURED 653 23667.17
DEPENDENT 1177 48685.71
TOTAL 1830 72352.88

ZERO CLAIMS 511

DATE 10/21/2016 MUNICIPAL HEALTH BENEFIT FUND PGM CHA503
TIME 14:08:05 BENEFITS PAID - BY SERVICE CODE PAGE 20

SUMMARY DISPOSITION DATE FROM ALL PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND CLAIMS REC. DATE FROM ALL TRUST: GROUP: 191 SERVICE FROM DATE ALL DIVISION: ALL SUPPRESS GROUP SUMMARY ALL ALL DEPENDENTS FLAG EMPLOYEE: CHECK DATES SELECTED: FROM 1/01/2015 THRU 12/31/2015 SERVICE CODE: ALL TRUST: 1 MUNICIPAL HEALTH BENEFIT FUND GROUP/DIV: 1 MUNICIPAL HEALTH BENEFIT FUND PAYER: DIVISION TOTALS AMOUNT SERVICE CODE: 0001 INPATIENT HOSPITAL - DAILY SERVICE CHARGE 3312.11 SERVICE CODE: 0012 MEDICAL SUPPLIES .00 0015 VISION SERVICES-MEDICAL .00 SERVICE CODE: .00 SERVICE CODE: 0020 DENTAL EXAMS AND CLEANING

SERVICE CODE:	0035	CHIROPRACTOR CARE	17	179.83
SERVICE CODE:	0036	INJECTIONS AND DRUGS	18	.00
SERVICE CODE:	0049	CHIROPRACTIC OFFICE VISIT CO-PAY	9	201.04
SERVICE CODE:	0050	SURGERY - PHYSICIAN FEES	12	4423.08
SERVICE CODE:	0061	HOSPITAL-EMERGENCY ROOM CHARGES (CO-PAY APPLIES)	4	193.99
SERVICE CODE:	0062	HOSPITAL-EMERGENCY ROOM CHARGES (CO-PAY APPLIES) HOSPITAL - OUTPATIENT EXTRAS	13	6562.02
SERVICE CODE:	0071	PSYCHIATRIC DOCTOR VISITS	1	.00
SERVICE CODE:	0072	PSYCHIATRIC OFFICE VISIT COPAY	5	388.96
SERVICE CODE:	0080	DENTAL BENEFITS	2	.00
SERVICE CODE:	0082	NEWBORN CHILDCARE (FIRST YEAR) PHYSICIAN	5	1075.46
SERVICE CODE:	0085	ROUTINE VISION BENEFIT	6	.00
SERVICE CODE:	0086	HOSPITAL - OUTPATIENT EXTRAS PSYCHIATRIC DOCTOR VISITS PSYCHIATRIC OFFICE VISIT COPAY DENTAL BENEFITS NEWBORN CHILDCARE (FIRST YEAR) PHYSICIAN ROUTINE VISION BENEFIT CHEMICAL DEPD - PHYSICIAN CHARGES ANESTHESIA DIAG LAB, XRAY AND OTHER TESTS MISCELLANEOUS PSYCHIATRIC CHARGES (TESTS) CHEMICAL DEPD IN-PATIENT ROOM AND BOARD OFFICE VISIT CO-PAY	1	.00
SERVICE CODE:	0087	ANESTHESIA	3	2256.00
SERVICE CODE:	0088	DIAG LAB, XRAY AND OTHER TESTS	235	369.21
SERVICE CODE:	0089	MISCELLANEOUS PSYCHIATRIC CHARGES (TESTS)	3	.00
SERVICE CODE:	0095	CHEMICAL DEPD IN-PATIENT ROOM AND BOARD	1	1869.47
SERVICE CODE:	0097	OFFICE VISIT CO-PAY	123	9012.21
SERVICE CODE:	0098	NEWBORN CHILD CARE (FIRST YEAR) ROOM & BOARD	1	737.84
SERVICE CODE:	0099	DOCTORS' VISITS	10	151.15
SERVICE CODE:	0100	OFFICE VISIT CO-PAY NEWBORN CHILD CARE (FIRST YEAR) ROOM & BOARD DOCTORS' VISITS PRESCRIPTION DRUG PROGRAM	554	17666.80
SERVICE CODE:	0105	WELLNESS BENEFIT	56	5498.21
SERVICE CODE:	0106	WELL CHILD BENEFIT	82	5193.34
SERVICE CODE:	0282	NEWBORN CHILD CARE - FIRST YEAR	6	649.46
TOTAL			1175	59740.18

	#	AMOUNT	AVERAGE		#	AMOUNT
COMPUTER CHECK	620	41971.77	67.69	INSURED	605	23076.71
MANUAL CHECK	555	17768.41	32.01	DEPENDENT	570	36663.47
VOID	0	.00	.00	TOTAL	1175	59740.18
RECOVERY	0	.00	.00			
TOTAL	1175	59740.18		ZERO CLAIMS	239	

DATE 10/21/2016 MUNICIPAL HEALTH BENEFIT FUND PGM CHA503
TIME 14:08:05 BENEFITS PAID - BY SERVICE CODE PAGE 19

PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND DISPOSITION DATE FROM ALL CLAIMS REC. DATE FROM ALL SERVICE FROM DATE ALL DIVISION: ALL SUPPRESS GROUP SUMMARY N

DIVISION: ALL SUPPRESS GROUP SUMMARY
EMPLOYEE: ALL ALL DEPENDENTS FLAG
CHECK DATES SELECTED: FROM 1/01/2015 THRU 12/31/2015

SERVICE CODE: ALL

PAYER:			LTH BENEFIT F		TRUST:	1	MUNICIPAL HEALTH BENEFIT FUND	GROUP/DIV:
	CEDUTCE CODE.	0221	CHEMICAL DED	D - OUTDATICHT	CHARCEC		7	00

SERVICE CODE:	0221	CHEMICAL DEPD - OUTPATIENT CHARGES	7	.00
SERVICE CODE:	0282	NEWBORN CHILD CARE - FIRST YEAR	7	1015.04
SERVICE CODE:	0338	PHYSICAL THERAPY VISITS	136	7559.60
SERVICE CODE:	0382	OCCUPATIONAL THERAPY-OUT OF HOSPITAL	22	735.92
SERVICE CODE:	0384	OCCUPATIONAL THERAPY VISITS	29	293.65
SERVICE CODE:	0385	SPEECH THERAPY VISITS	50	1170.24
TOTAL			11467	1660636.96

	#	AMOUNT	AVERAGE		#	AMOUNT
COMPUTER CHECK	7966	643191.96	80.74	INSURED	5222	443563.96
MANUAL CHECK	3480	1019883.59	293.06	DEPENDENT	6245	1217073.00
VOID	14	1318.76-	94.19-	TOTAL	11467	1660636.96
RECOVERY	7	1119.83-	159.97-			
TOTAL	11467	1660636.96		ZERO CLAIMS	2844	

DATE 10/21/2016 MUNICIPAL HEALTH BENEFIT FUND TIME 14:08:05 BENEFITS PAID - BY SERVICE CODE SUMMARY

PGM CHA503

PAGE 18

PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND DISPOSITION DATE FROM ALL CLAIMS REC. DATE FROM ALL SERVICE FROM DATE ALL DIVISION: ALL SUPPRESS GROUP SUMMARY N

DIVISION: ALL SUPPRESS GROUP SUMMARY N
EMPLOYEE: ALL ALL DEPENDENTS FLAG Y
CHECK DATES SELECTED: FROM 1/01/2015 THRU 12/31/2015

SERVICE CODE: ALL

PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND TRUST: 1 MUNICIPAL HEALTH BENEFIT FUND GROUP/DIV:

DIVISION TOTALS

			#	AMOUNT
SERVICE CO	ODE: 0001	INPATIENT HOSPITAL - DAILY SERVICE CHARGE INPATIENT HOSPITAL EXTRAS DIABETIC EDUCATION MEDICAL CARE MEDICAL SUPPLIES VISION SERVICES-MEDICAL DENTAL EXAMS AND CLEANING CUSTOM MOLD FOOT ORTHOTICS OUTPATIENT SURGERY CENTER HOME HEALTH CARE SERVICES CHEMOTHERAPY/RADIATION THERAPY CHIROPRACTOR CARE INJECTIONS AND DRUGS PHYSICAL THERAPY - OUT OF HOSPITAL DURABLE MEDICAL EQUIPMENT CHIROPRACTIC OFFICE VISIT CO-PAY SURGERY - PHYSICIAN FEES PHYSC-ER COPAY HOSPITAL-EMERGENCY ROOM CHARGES (CO-PAY APPLIES) HOSPITAL - OUTPATIENT EXTRAS PSYCHIATRIC DOCTOR VISITS	15	116442.39
SERVICE CO	ODE: 0002	INPATIENT HOSPITAL EXTRAS	12	29714.32
SERVICE CO	ODE: 0006	DIABETIC EDUCATION	9	8.95
SERVICE CO	ODE: 0007	MEDICAL CARE	8	1633.88
SERVICE CO	ODE: 0012	MEDICAL SUPPLIES	105	11660.19
SERVICE CO	ODE: 0015	VISION SERVICES-MEDICAL	9	250.46
SERVICE CO	ODE: 0020	DENTAL EXAMS AND CLEANING	10	.00
SERVICE CO	ODE: 0021	CUSTOM MOLD FOOT ORTHOTICS	2	11.22
SERVICE CO	DDE: 0024	OUTPATIENT SURGERY CENTER	2	616.00
SERVICE CO	DDE: 0033	HOME HEALTH CARE SERVICES	4	954.50
SERVICE CO	DDE: 0034	CHEMOTHERAPY/RADIATION THERAPY	131	49535.18
SERVICE CO	ODE: 0035	CHIROPRACTOR CARE	436	8661.59
SERVICE CO	ODE: 0036	INJECTIONS AND DRUGS	338	4703.55
SERVICE CO	ODE: 0038	PHYSICAL THERAPY - OUT OF HOSPITAL	116	2580.48
SERVICE CO	DDE: 0040	DURABLE MEDICAL EQUIPMENT	43	10641.02
SERVICE CO	ODE: 0049	CHIROPRACTIC OFFICE VISIT CO-PAY	224	4788.47
SERVICE CO	ODE: 0050	SURGERY - PHYSICIAN FEES	185	40544.75
SERVICE CO	ODE: 0051	PHYSC-ER COPAY	1	.00
SERVICE CO	DDE: 0061	HOSPITAL-EMERGENCY ROOM CHARGES (CO-PAY APPLIES)	61	14381.86
SERVICE CO	DDE: 0062	HOSPITAL - OUTPATIENT EXTRAS	306	92530.48
SERVICE CO	ODE: 0071	PSYCHIATRIC DOCTOR VISITS	94	669.84
SERVICE CO	ODE: 0072	PSYCHIATRIC OFFICE VISIT COPAY	100	7170.75
SERVICE CO	DDE: 0075	SMOKING CESSATION - DOCTOR VISIT	1	.00
SERVICE CO	DDE: 0080	DENTAL BENEFITS	26	.00
SERVICE CO	DDE: 0082	NEWBORN CHILDCARE (FIRST YEAR) PHYSICIAN	7	594.69
SERVICE CO	DDE: 0083	BARIATRIC SVC PHYSICIAN CHARGES	23	3327.50
SERVICE CO	DDE: 0085	ROUTINE VISION BENEFIT	14	.00
SERVICE CO	DDE: 0087	ANESTHESIA	39	16313.75
SERVICE CO	DDE: 0088	DIAG LAB, XRAY AND OTHER TESTS	3081	38108.21
SERVICE CO	DDE: 0089	MISCELLANEOUS PSYCHIATRIC CHARGES (TESTS)	102	493.66
SERVICE CO	DDE: 0094	ICU/CCU ROOM & BOARD	2	5538.15
SERVICE CO	DDE: 0096	BARIATRIC PROG. IN-PATIENT ROOM AND BOARD	2	10909.49
SERVICE CO	DDE: 0097	OFFICE VISIT CO-PAY	1281	88244.17
SERVICE CO	DDE: 0098	NEWBORN CHILD CARE (FIRST YEAR) ROOM & BOARD	2	1466.83
SERVICE CO	DDE: 0099	DOCTORS' VISITS	125	9902.85
SERVICE CO	DDE: 0100	PRESCRIPTION DRUG PROGRAM	3476	1019857.54
SERVICE CO	ODE: 0105	WELLNESS BENEFIT	443	24058.53
SERVICE CO	DDE: 0106	WELL CHILD BENEFIT	355	22485.48
SERVICE CO	DDE: 0113	ROUTINE HEARING AID (RIGHT)	3	4200.00
SERVICE CO	DDE: 0114	ROUTINE HEARING AID (LEFT)	4	5600.00
SERVICE CO	DDE: 0182	NEWBORN CHILD CARE - HOSP. MISC. FIRST YEAR	1	.00
SERVICE CO	ODE: 0219	SURGERY - PHYSICIAN FEES PHYSC-ER COPAY HOSPITAL-EMERGENCY ROOM CHARGES (CO-PAY APPLIES) HOSPITAL - OUTPATIENT EXTRAS PSYCHIATRIC DOCTOR VISITS PSYCHIATRIC OFFICE VISIT COPAY SMOKING CESSATION - DOCTOR VISIT DENTAL BENEFITS NEMBORN CHILDCARE (FIRST YEAR) PHYSICIAN BARIATRIC SVC PHYSICIAN CHARGES ROUTINE VISION BENEFIT ANESTHESIA DIAG LAB, XRAY AND OTHER TESTS MISCELLANEOUS PSYCHIATRIC CHARGES (TESTS) ICU/CCU ROOM & BOARD BARIATRIC PROG. IN-PATIENT ROOM AND BOARD OFFICE VISIT CO-PAY NEWBORN CHILD CARE (FIRST YEAR) ROOM & BOARD DOCTORS' VISITS PRESCRIPTION DRUG PROGRAM MELLNESS BENEFIT WELL CHILD BENEFIT ROUTINE HEARING AID (RIGHT) ROUTINE HEARING AID (LEFT) NEWBORN CHILD CARE - HOSP. MISC. FIRST YEAR BARIATRIC PROG - OUTPATIENT CHARGES	18	1261.78

MUNICIPAL HEALTH BENEFIT FUND BENEFITS PAID - BY SERVICE CODE

SUMMARY

TRUST:

1 MUNICIPAL HEALTH BENEFIT FUND

DISPOSITION DATE FROM ALL CLAIMS REC. DATE FROM ALL SERVICE FROM DATE ALL

GROUP: DIVISION: EMPLOYEE:

PAYER:

191

ALL SUPPRESS GROUP SUMMARY N

ALL ALL DEPENDENTS FLAG Y CHECK DATES SELECTED: FROM 1/01/2015 THRU 12/31/2015

SERVICE CODE: ALL

PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND TRUST: 1 MUNICIPAL HEALTH BENEFIT FUND GROUP/DIV:

DIVISION TOTALS

1	UIALS				
				#	AMOUNT
S	ERVICE CODE:	0001	INPATIENT HOSPITAL - DAILY SERVICE CHARGE	1	2.71
S	ERVICE CODE:	0012	MEDICAL SUPPLIES	5	110.52
S	ERVICE CODE:	0035	CHIROPRACTOR CARE	2	.00
S	ERVICE CODE:	0036	INJECTIONS AND DRUGS	6	2.48
S	ERVICE CODE:	0040	DURABLE MEDICAL EQUIPMENT	9	639.17
S	ERVICE CODE:	0049	CHIROPRACTIC OFFICE VISIT CO-PAY	2	.00
S	ERVICE CODE:	0050	SURGERY - PHYSICIAN FEES	2	.00
S	ERVICE CODE:	0061	HOSPITAL-EMERGENCY ROOM CHARGES (CO-PAY APPLIES)	1	.00
S	ERVICE CODE:	0062	HOSPITAL - OUTPATIENT EXTRAS	5	263.36
S	ERVICE CODE:	0071	PSYCHIATRIC DOCTOR VISITS	22	293.08
S	ERVICE CODE:	0072	PSYCHIATRIC OFFICE VISIT COPAY	2	148.00
S	ERVICE CODE:	0087	ANESTHESIA	1	.00
S	ERVICE CODE:	0088	DIAG LAB, XRAY AND OTHER TESTS	86	2139.95
S	ERVICE CODE:	0089	MISCELLANEOUS PSYCHIATRIC CHARGES (TESTS)	1	.00
S	ERVICE CODE:	0097	OFFICE VISIT CO-PAY	50	4148.08
S	ERVICE CODE:	0099	DOCTORS' VISITS	2	42.46
S	ERVICE CODE:	0100	PRESCRIPTION DRUG PROGRAM	171	4939.26
S	ERVICE CODE:	0105	WELLNESS BENEFIT	11	696.21
S	ERVICE CODE:	0106	WELL CHILD BENEFIT	6	478.34
	TOTAL			385	13903.62

	#	AMOUNT	AVERAGE		#	AMOUNT
COMPUTER CHECK	213	8961.65	42.07	INSURED	179	7555.75
MANUAL CHECK	172	4941.97	28.73	DEPENDENT	206	6347.87
VOID	0	.00	.00	TOTAL	385	13903.62
RECOVERY	0	.00	.00			
TOTAL	385	13903.62		ZERO CLAIMS	84	

DATE 10/21/2016 MUNICIPAL HEALTH BENEFIT FUND PGM CHA503 TIME 14:08:05 BENEFITS PAID - BY SERVICE CODE PAGE 16 SUMMARY

PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND DISPOSITION DATE FROM ALL TRUST: 1 CLAIMS REC. DATE FROM ALL SERVICE FROM DATE ALL DIVISION: ALL SUPPRESS GROUP SUMMARY N

DIVISION: ALL SUPPRESS GROUP SUMMARY N
EMPLOYEE: ALL ALL DEPENDENTS FLAG Y
CHECK DATES SELECTED: FROM 1/01/2015 THRU 12/31/2015

SERVICE CODE: ALL

PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND TRUST: 1 MUNICIPAL HEALTH BENEFIT FUND GROUP/DIV:

DIV	1751	INN	TOT	TALS
U 1 1	10	LUII	101	MLS

N	TUTALS			#	AMOUNT
	SERVICE CODE:	0001	INPATIENT HOSPITAL - DAILY SERVICE CHARGE	ï	3419.83
	SERVICE CODE:	0012	MEDICAL SUPPLIES	1	.00
	SERVICE CODE:	0035	CHIROPRACTOR CARE	1 6	.00
	SERVICE CODE:	0036	INJECTIONS AND DRUGS		581.24
	SERVICE CODE:	0038	PHYSICAL THERAPY - OUT OF HOSPITAL	1	165.22
	SERVICE CODE:	0049	CHIROPRACTIC OFFICE VISIT CO-PAY	4	.00
	SERVICE CODE:	0050	SURGERY - PHYSICIAN FEES	9	4019.33
	SERVICE CODE:	0061	HOSPITAL-EMERGENCY ROOM CHARGES (CO-PAY APPLIES)	2	193.99
	SERVICE CODE:	0062	HOSPITAL - OUTPATIENT EXTRAS	27	10315.54
	SERVICE CODE:	0072	INJECTIONS AND DRUGS PHYSICAL THERAPY - OUT OF HOSPITAL CHIROPRACTIC OFFICE VISIT CO-PAY SURGERY - PHYSICIAN FEES HOSPITAL-EMERGENCY ROOM CHARGES (CO-PAY APPLIES) HOSPITAL - OUTPATIENT EXTRAS PSYCHIATRIC OFFICE VISIT COPAY NEWBORN CHILDCARE (FIRST YEAR) PHYSICIAN BARIATRIC SVC PHYSICIAN CHARGES ROUTINE VISION BENEFIT ANESTHESIA DIAG LAB, XRAY AND OTHER TESTS MISCELLANEOUS PSYCHIATRIC CHARGES (TESTS) OFFICE VISIT CO-PAY	5	451.16
	SERVICE CODE:	0082	NEWBORN CHILDCARE (FIRST YEAR) PHYSICIAN	3	19.60
	SERVICE CODE:	0083	BARIATRIC SVC PHYSICIAN CHARGES	1	.00
	SERVICE CODE:	0085	ROUTINE VISION BENEFIT	1	.00
	SERVICE CODE:	0087	ANESTHESIA	2	1852.00
	SERVICE CODE:	0088	DIAG LAB, XRAY AND OTHER TESTS	328	3482.98
	SERVICE CODE:	0089	MISCELLANEOUS PSYCHIATRIC CHARGES (TESTS)	1	.00
	SERVICE CODE:	0097	OFFICE VISIT CO-PAY	101	7850.24
	SERVICE CODE:	0098	NEWBORN CHILD CARE (FIRST YEAR) ROOM & BOARD DOCTORS' VISITS	1	921.06
	SERVICE CODE:	0099	DOCTORS' VISITS		270.62
	SERVICE CODE:	0100	PRESCRIPTION DRUG PROGRAM	774	103867.40
	SERVICE CODE:	0105	WELLNESS BENEFIT	64	4077.42
	SERVICE CODE:	0106	WELL CHILD BENEFIT	39	2508.01
	SERVICE CODE:	0282	NEWBORN CHILD CARE - FIRST YEAR	12	150.18
	SERVICE CODE:	0338	PHYSICAL THERAPY VISITS	4	79.21
	TOTAL			1430	144225.03

	#	AMOUNT	AVERAGE		#	AMOUNT
COMPUTER CHECK	656	40357.63	61.52	INSURED	666	20867.35
MANUAL CHECK	774	103867.40	134.19	DEPENDENT	764	123357.68
VOID	0	.00	.00	TOTAL	1430	144225.03
RECOVERY	0	.00	.00			
TOTAL	1/30	144225 03		7FDO CLAIMS	252	

MUNICIPAL HEALTH BENEFIT FUND BENEFITS PAID - BY SERVICE CODE

SUMMARY

TRUST:

1 MUNICIPAL HEALTH BENEFIT FUND

DISPOSITION DATE FROM ALL CLAIMS REC. DATE FROM ALL SERVICE FROM DATE ALL

GROUP: DIVISION:

ALL SUPPRESS GROUP SUMMARY ALL ALL DEPENDENTS FLAG

EMPLOYEE: CHECK DATES SELECTED: FROM 1/01/2015 THRU 12/31/2015

SERVICE CODE: ALL

PAYER:

1 MUNICIPAL HEALTH BENEFIT FUND

TRUST: 1 MUNICIPAL HEALTH BENEFIT FUND GROUP/DIV:

DIVISION TOTALS

			#	AMOUNT
SERVICE CODE:	0001	INPATIENT HOSPITAL - DAILY SERVICE CHARGE	1	4854.92
SERVICE CODE:	0036	INJECTIONS AND DRUGS	2	.00
SERVICE CODE:	0050	SURGERY - PHYSICIAN FEES	1	3440.00
SERVICE CODE:	0087	ANESTHESIA	1	576.00
SERVICE CODE:	0088	DIAG LAB, XRAY AND OTHER TESTS	40	130.03
SERVICE CODE:	0097	OFFICE VISIT CO-PAY	29	1670.95
SERVICE CODE:	0099	DOCTORS' VISITS	1	.00
SERVICE CODE:	0100	PRESCRIPTION DRUG PROGRAM	64	1452.58
SERVICE CODE:	0105	WELLNESS BENEFIT	39	1506.58
SERVICE CODE:	0106	WELL CHILD BENEFIT	36	1784.56
TOTAL			214	15415.62

	#	AMOUNT	AVERAGE	***************************************	#	AMOUNT
COMPUTER CHECK	150	13963.04	93.08	INSURED	59	2599.78
MANUAL CHECK	64	1452.58	22.69	DEPENDENT	155	12815.84
VOID	0	.00	.00	TOTAL	214	15415.62
RECOVERY	0	.00	.00			
TOTAL	214	15415.62		ZERO CLAIMS	40	

MUNICIPAL HEALTH BENEFIT FUND DATE 10/21/2016 PGM CHA503 PAGE 14

TIME 14:08:05		BENE	FITS PAID - BY SERV SUMMARY				
PAYER: 1 TRUST: 1 GROUP: 191	MUNICIPAL HEALTH BENEFIT FUND	DISPOSITION D CLAIMS REC. D SERVICE FROM	DATE FROM ALL				
	SUPPRESS GROUP SUMMARY	N					
EMPLOYEE: ALL	ALL DEPENDENTS FLAG	Υ					
CHECK DATES SELECTED: FROM	1/01/2015 THRU 12/31/2015						
SERVICE CODE: ALL							
			awarenini isa	100000000			
PAYER: 1 MUNICIPAL	HEALTH BENEFIT FUND	TRUST: 1 MUNICIPAL H	HEALTH BENEFIT FUND	GROUP/DIV:			
DIVISION TOTALS							
DIVISION TOTALS			#	AMOUNT			
SERVICE CODE: 0	006 DIABETIC EDUCATION		ĩ	64.60			
	012 MEDICAL SUPPLIES		1	.00			
	035 CHIROPRACTOR CARE		56	789.69			
SERVICE CODE: 0	036 INJECTIONS AND DRUGS		17	146.62			
SERVICE CODE: 0	049 CHIROPRACTIC OFFICE VISIT C	O-PAY	41	857.37			
SERVICE CODE: 0	050 SURGERY - PHYSICIAN FEES		11	2895.32			
SERVICE CODE: 0	061 HOSPITAL-EMERGENCY ROOM CHA	RGES (CO-PAY APPLIES)	4	.00			
SERVICE CODE: 0	062 HOSPITAL - OUTPATIENT EXTRA	S	12	4480.46			
	071 PSYCHIATRIC DOCTOR VISITS		21	597.77			
	072 PSYCHIATRIC OFFICE VISIT CO	PAY	12	882.04			
	087 ANESTHESIA		1	403.20			
	088 DIAG LAB, XRAY AND OTHER TE		152	2944.10			
	089 MISCELLANEOUS PSYCHIATRIC C	HARGES (TESTS)	9	.00			
	097 OFFICE VISIT CO-PAY		64	4888.08			
	099 DOCTORS' VISITS		6	.00			
	100 PRESCRIPTION DRUG PROGRAM		248	8960.86			
	105 WELLNESS BENEFIT		25	1461.33			
	106 WELL CHILD BENEFIT	VEAD.	15 1	785.23 .00			
SERVICE CODE: 0 TOTAL	282 NEWBORN CHILD CARE - FIRST	TEAR	697	30156.67			
TOTAL			097	30130.07			
	#	AMOUNT	AVERAGE			#	AMOUNT
	COMPUTER CHECK 449	21195.81	47.20		INSURED	498	22411.30
	MANUAL CHECK 248	8960.86	36.13		DEPENDENT	199	7745.37
	VOID 0	.00	.00		TOTAL	697	30156.67
	RECOVERY 0	.00	.00		WEATHER!	(68)(0)	
	TOTAL 697	30156.67			ZERO CLAIMS	184	

DATE 10/21/2016 MUNICIPAL HEALTH BENEFIT FUND PGM CHA503
TIME 14:08:05 BENEFITS PAID - BY SERVICE CODE PAGE 13
SUMMARY

PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND DISPOSITION DATE FROM ALL TRUST: 1 CLAIMS REC. DATE FROM ALL DIVISION: ALL SUPPRESS GROUP SUMMARY N

EMPLOYEE: ALL ALL DEPENDENTS FLAG Y
CHECK DATES SELECTED: FROM 1/01/2015 THRU 12/31/2015

SERVICE CODE: ALL

PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND TRUST: 1 MUNICIPAL HEALTH BENEFIT FUND GROUP/DIV:

DIVISION TOTALS

IOIALS		INPATIENT HOSPITAL - DAILY SERVICE CHARGE INPATIENT HOSPITAL EXTRAS AMBULANCE MEDICAL CARE ACUTE INPATIENT REHABILITATION MEDICAL SUPPLIES VISION SERVICES-MEDICAL DENTAL EXAMS AND CLEANING CUSTOM MOLD FOOT ORTHOTICS AMBULANCE ANCILLARY CHIROPRACTOR CARE INJECTIONS AND DRUGS PHYSICAL THERAPY - OUT OF HOSPITAL DURABLE MEDICAL EQUIPMENT CHIROPRACTIC OFFICE VISIT CO-PAY SURGERY - PHYSICIAN FEES HOSPITAL-EMERGENCY ROOM CHARGES (CO-PAY APPLIES)	#	AMOUNT
SERVICE CODE:	0001	INPATIENT HOSPITAL - DAILY SERVICE CHARGE	5	13038.94
SERVICE CODE:	0002	INPATIENT HOSPITAL EXTRAS	14	34935.71
SERVICE CODE:	0003	AMBULANCE	5	1742.09
SERVICE CODE:	0007	MEDICAL CARE	2	33.62
SERVICE CODE:	0008	ACUTE INPATIENT REHABILITATION	ī	6084.00
SERVICE CODE:	0012	MEDICAL SUPPLIES	100	4926.26
SERVICE CODE:	0015	VISION SERVICES-MEDICAL	48	4248.34
SERVICE CODE:	0020	DENTAL EXAMS AND CLEANING	4	.00
SERVICE CODE:	0021	CUSTOM MOLD FOOT ORTHOTICS	2	336.00
SERVICE CODE:	0029	AMBULANCE ANCILLARY	ī	.00
SERVICE CODE:	0035	CHIROPRACTOR CARE	222	3733.56
SERVICE CODE:	0036	INJECTIONS AND DRUGS	351	4079.37
SERVICE CODE:	0038	PHYSICAL THERAPY - OUT OF HOSPITAL	138	1779.84
SERVICE CODE:	0040	DURABLE MEDICAL FOUIPMENT	37	2668.85
SERVICE CODE:	0049	CHIROPRACTIC OFFICE VISIT CO-PAY	134	2355.10
SERVICE CODE:	0050	SURGERY - PHYSICIAN FEES	112	34672.31
SERVICE CODE:	0061	HOSPITAL-EMERGENCY ROOM CHARGES (CO-PAY APPLIES)	58	8848.81
SERVICE CODE:	0062	HOSPITAL - OUTPATIENT EXTRAS	311	57786.16
SERVICE CODE:	0071	PSYCHIATRIC DOCTOR VISITS	38	1405.40
SERVICE CODE:	0072	PSYCHIATRIC OFFICE VISIT COPAY	96	7360.30
SERVICE CODE:	0080	DENTAL BENEFITS	28	.00
SERVICE CODE:	0082	NEWBORN CHILDCARE (FIRST YEAR) PHYSICIAN	21	281.77
SERVICE CODE:	0083	BARIATRIC SVC - PHYSICIAN CHARGES	2	.00
SERVICE CODE:	0085	ROUTINE VISION RENEELT	18	.00
SERVICE CODE:	0087	ANESTHESIA	26	11389.60
SERVICE CODE:	0088	DIAG LAB. XRAY AND OTHER TESTS	2322	24305.99
SERVICE CODE:	0089	MISCELLANFOUS PSYCHIATRIC CHARGES (TESTS)	17	.00
SERVICE CODE:	0091	HOSPITAL - MISC PSYCH CHARGES	1	.00
SERVICE CODE:	0097	OFFICE VISIT CO-PAY	1060	70366.64
SERVICE CODE:	0098	NEWRORN CHILD CARE (FIRST YEAR) ROOM & ROARD	3	5261.76
SERVICE CODE:	0099	DOCTORS' VISITS	179	5974.42
SERVICE CODE:	0100	PRESCRIPTION DRUG PROGRAM	3049	278977.39
SERVICE CODE:	0105	WELLNESS RENEFIT	599	21837.59
SERVICE CODE:	0106	WELL CHILD BENEFIT	404	25601.82
SERVICE CODE:	0182	NEWRORN CHILD CARE - HOSP MISC FIRST YEAR	3	1633.28
SERVICE CODE:	0219	BARIATRIC PROG - OUTPATIENT CHARGES	9	.00
SERVICE CODE:	0282	NEWBORN CHILD CARE - FIRST YEAR	11	6014.46
SERVICE CODE:	0338	PHYSICAL THERAPY VISITS	95	6695.87
SERVICE CODE:	0382		77	4285.20
SERVICE CODE:	0384	OCCUPATIONAL THERAPY VISITS	65	1197.14
TOTAL	0001	VVVVIIIAVIIIA IIIANNI I TAVATV	9668	653857.59
1.0.1716			3000	000007.00

	#	AMOUNT	AVERAGE		#	AMOUNT
COMPUTER CHECK	6586	380061.22	57.70	INSURED	4465	308297.21
MANUAL CHECK	3049	278977.39	91.49	DEPENDENT	5203	345560.38
OIOV	25	3182.52-	127.30-	TOTAL	9668	653857.59
RECOVERY	8	1998.50-	249.81-			
TOTAL	9668	653857.59		ZERO CLAIMS	2742	

PAYER:

EMPLOYEE:

MUNICIPAL HEALTH BENEFIT FUND BENEFITS PAID - BY SERVICE CODE

DISPOSITION DATE FROM ALL
CLAIMS REC. DATE FROM ALL
SERVICE FROM DATE ALL

TRUST: 1
GROUP: 191
DIVISION: ALL SUPPRESS GROUP SUMM

ALL SUPPRESS GROUP SUMMARY
ALL ALL DEPENDENTS FLAG

1 MUNICIPAL HEALTH BENEFIT FUND

CHECK DATES SELECTED: FROM 1/01/2015 THRU 12/31/2015

SERVICE CODE: ALL

PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND TRUST: 1 MUNICIPAL HEALTH BENEFIT FUND GROUP/DIV:

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N	TOTALS			#	AMOUNT	
	SERVICE CODE:	0001	INPATIENT HOSPITAL - DAILY SERVICE CHARGE	ĩ	3588.38	
	SERVICE CODE:	0012	MEDICAL SUPPLIES	9	3317.46	
	SERVICE CODE:	0015	VISION SERVICES-MEDICAL	16	857.31	
	SERVICE CODE:	0020	DENTAL EXAMS AND CLEANING	1	.00	
	SERVICE CODE:	0036	INJECTIONS AND DRUGS	3	2.62	
	SERVICE CODE:	0050	SURGERY - PHYSICIAN FEES	11 2	4372.51	
	SERVICE CODE:	0061	HOSPITAL-EMERGENCY ROOM CHARGES (CO-PAY APPLIES)	2	461.60	
	SERVICE CODE:	0062	HOSPITAL - OUTPATIENT EXTRAS	31	8370.79	
	SERVICE CODE:	0071	PSYCHIATRIC DOCTOR VISITS	7	412.66	
	SERVICE CODE:	0072	PSYCHIATRIC OFFICE VISIT COPAY	1	68.00	
	SERVICE CODE:	0080	DENTAL BENEFITS	1 1 2 6 6	.00	
	SERVICE CODE:	0082	NEWBORN CHILDCARE (FIRST YEAR) PHYSICIAN	2	.00	
	SERVICE CODE:	0085	ROUTINE VISION BENEFIT	6	.00	
	SERVICE CODE:	0086	CHEMICAL DEPD - PHYSICIAN CHARGES	6	.00	
	SERVICE CODE:	0087	ANESTHESIA	1	672.00	
	SERVICE CODE:	0088	DIAG LAB, XRAY AND OTHER TESTS	211	1913.29	
	SERVICE CODE:	0089	MISCELLANEOUS PSYCHIATRIC CHARGES (TESTS)	1	.00	
	SERVICE CODE:	0095	CHEMICAL DEPD IN-PATIENT ROOM AND BOARD	1	.00	
	SERVICE CODE:	0097	OFFICE VISIT CO-PAY	92	7775.96	
	SERVICE CODE:	0099	DOCTORS' VISITS	5	109.21	
	SERVICE CODE:	0100	PRESCRIPTION DRUG PROGRAM	516	35575.25	
	SERVICE CODE:	0105	WELLNESS BENEFIT	68	2883.90	
	SERVICE CODE:	0106	WELL CHILD BENEFIT	12	470.93	
	SERVICE CODE:	0121	CHEMICAL DEPD - MISC. HOSPITAL CHARGES	2	.00	
	TOTAL			1006	70851.87	

	#	AMOUNT	AVERAGE		#	AMOUNT
COMPUTER CHECK	490	35276.62	71.99	INSURED	552	43672.16
MANUAL CHECK	516	35575.25	68.94	DEPENDENT	454	27179.71
VOID	0	.00	.00	TOTAL	1006	70851.87
RECOVERY	0	.00	.00			
TOTAL	1006	70851.87		ZERO CLAIMS	189	

DATE	10/21/2016
TIME	14 - 08 - 05

MUNICIPAL HEALTH BENEFIT FUND BENEFITS PAID - BY SERVICE CODE

SUMMARY

TRUST: GROUP:

1 MUNICIPAL HEALTH BENEFIT FUND

DISPOSITION DATE FROM ALL CLAIMS REC. DATE FROM ALL SERVICE FROM DATE ALL

DIVISION:

191

ALL SUPPRESS GROUP SUMMARY

ALL ALL DEPENDENTS FLAG CHECK DATES SELECTED: FROM 1/01/2015 THRU 12/31/2015

SERVICE CODE: ALL

PAYER:

EMPLOYEE:

PAYER:

1 MUNICIPAL HEALTH BENEFIT FUND

TRUST: 1 MUNICIPAL HEALTH BENEFIT FUND GROUP/DIV:

DIVISION TOTALS

			#	AMOUNT
SERVICE CODE:	0015	VISION SERVICES-MEDICAL	1	.00
SERVICE CODE:	0035	CHIROPRACTOR CARE	2	.00
SERVICE CODE:	0049	CHIROPRACTIC OFFICE VISIT CO-PAY	4	.00
SERVICE CODE:	0050	SURGERY - PHYSICIAN FEES	1	.00
SERVICE CODE:	0062	HOSPITAL - OUTPATIENT EXTRAS	1	.00
SERVICE CODE:	0071	PSYCHIATRIC DOCTOR VISITS	1	.00
SERVICE CODE:	0088	DIAG LAB, XRAY AND OTHER TESTS	13	241.13
SERVICE CODE:	0097	OFFICE VISIT CO-PAY	7	333.48
SERVICE CODE:	0100	PRESCRIPTION DRUG PROGRAM	28	945.69
SERVICE CODE:	0105	WELLNESS BENEFIT	20	888.11
SERVICE CODE:	0338	PHYSICAL THERAPY VISITS	1	.00
SERVICE CODE:	0382	OCCUPATIONAL THERAPY-OUT OF HOSPITAL	1	.00
TOTAL			80	2408.41

COMPUTER CHECK	# 52	AMOUNT 1462.72	AVERAGE 28.12	INSURED	62	AMOUNT 2306.79
MANUAL CHECK VOID	28	945.69	33.77	DEPENDENT TOTAL	18 80	101.62 2408.41
RECOVERY	ő	.00	.00			2400.41
TOTAL	80	2408.41		ZERO CLAIMS	20	

DATE 10/21/2016 MUNICIPAL HEALTH BENEFIT FUND PGM CHA503
TIME 14:08:05 BENEFITS PAID - BY SERVICE CODE PAGE 10

PAYER: 1 M TRUST: 1	UNICIPAL HEALTH BENEFIT FUND	i.	DISPOSITION CLAIMS REC.						
GROUP: 191	PPRESS GROUP SUMMARY	N	SERVICE FROM						
EMPLOYEE: ALL AL	L DEPENDENTS FLAG 1/01/2015 THRU 12/31/2015	Ϋ́Υ							
PAYER: 1 MUNICIPAL H	EALTH BENEFIT FUND	TRUST:	1 MUNICIPAL	HEALTH BENEF	IT FUND	GROUP/DIV:			
DIVISION TOTALS						AMBUNIT			
CEDUTCE CODE	a preventatore office wight	CODAY		II.		AMOUNT			
SERVICE CODE: 007		120000000		1 7		125.57			
SERVICE CODE: 008		15212		2		140.10			
SERVICE CODE: 009				2		201.05			
SERVICE CODE: 010		l.		9		632.15			
SERVICE CODE: 010 TOTAL	5 WELLNESS BENEFIT			27		380.73 1479.60			
	1	į.	AMOUNT	AVERAGE				#	AMOUNT
	COMPUTER CHECK 19	ĺ.	847.45	44.60			INSURED	17	829.88
	MANUAL CHECK 8	l .	632.15	79.01			DEPENDENT	10	649.72
	VOID	lo I	.00	.00			TOTAL	27	1479.60
	RECOVERY	1	.00	.00					
	TOTAL 27		1479.60				ZERO CLAIMS	6	

MUNICIPAL HEALTH BENEFIT FUND BENEFITS PAID - BY SERVICE CODE

SUMMARY

PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND DISPOSITION DATE FROM ALL TRUST: 1 CLAIMS REC. DATE FROM ALL GROUP: 191 SERVICE FROM DATE ALL DIVISION: ALL SUPPRESS GROUP SUMMARY N

EMPLOYEE: ALL ALL DEPENDENTS FLAG
CHECK DATES SELECTED: FROM 1/01/2015 THRU 12/31/2015

SERVICE CODE: ALL

PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND TRUST: 1 MUNICIPAL HEALTH BENEFIT FUND GROUP/DIV:

DIVISION TOTALS

IUINES			#	AMOUNT
SERVICE CODE:	0012	MEDICAL SUPPLIES	7	.00
SERVICE CODE:	0015	VISION SERVICES-MEDICAL	6	364.44
SERVICE CODE:	0035	CHIROPRACTOR CARE	7	197.72
SERVICE CODE:	0036	INJECTIONS AND DRUGS	6	1.93
SERVICE CODE:	0038	PHYSICAL THERAPY - OUT OF HOSPITAL		.00
SERVICE CODE:	0049	CHIROPRACTIC OFFICE VISIT CO-PAY	3	111.42
SERVICE CODE:	0050	SURGERY - PHYSICIAN FEES	5	2585.07
SERVICE CODE:	0061	HOSPITAL-EMERGENCY ROOM CHARGES (CO-PAY APPLIES)	3	.00
SERVICE CODE:	0062	HOSPITAL - OUTPATIENT EXTRAS	11 3 5 3 35 37	180.47
SERVICE CODE:	0071	PSYCHIATRIC DOCTOR VISITS	37	478.84
SERVICE CODE:	0072	PSYCHIATRIC OFFICE VISIT COPAY	6 2 74	170.00
SERVICE CODE:	0085	ROUTINE VISION BENEFIT	2	.00
SERVICE CODE:	0088	DIAG LAB, XRAY AND OTHER TESTS	74	168.23
SERVICE CODE:	0089	MISCELLANEOUS PSYCHIATRIC CHARGES (TESTS)	10	.00
SERVICE CODE:	0097	OFFICE VISIT CO-PAY	45	2248.86
SERVICE CODE:	0099	DOCTORS' VISITS	2	.00
SERVICE CODE:	0100	PRESCRIPTION DRUG PROGRAM	223	24232.39
SERVICE CODE:	0105	WELLNESS BENEFIT	21	720.58
SERVICE CODE:	0106	WELL CHILD BENEFIT	4	169.75
SERVICE CODE:	0113	ROUTINE HEARING AID (RIGHT)	1	1400.00
SERVICE CODE:	0114	ROUTINE HEARING AID (LEFT)	2	.00
TOTAL			510	33029.70

	#	AMOUNT	AVERAGE		#	AMOUNT
COMPUTER CHECK	284	10284.71	36.21	INSURED	266	20542.80
MANUAL CHECK	223	24232.39	108.66	DEPENDENT	244	12486.90
VOID	2	87.40-	43.70-	TOTAL	510	33029.70
RECOVERY	1	1400.00-	1400.00-			
TOTAL	510	33029.70		ZERO CLAIMS	171	

DATE	10/21/2016
TIME	14:08:05

PAYER:

MUNICIPAL HEALTH BENEFIT FUND BENEFITS PAID - BY SERVICE CODE

SUMMARY
DISPOSITION DATE FROM ALL
CLAIMS REC. DATE FROM ALL
SERVICE FROM DATE ALL

TRUST: 1
GROUP: 191
DIVISION: ALL SUPPRESS GROUP SUMMARY N
EMPLOYEE: ALL ALL DEPENDENTS FLAG
CHECK DATES SELECTED: FROM 1/01/2015 THRU 12/31/2015

1 MUNICIPAL HEALTH BENEFIT FUND

SERVICE CODE: ALL

PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND TRUST: 1 MUNICIPAL HEALTH BENEFIT FUND GROUP/DIV:

n	IV	75	TON	TO	2 147
u	1.4	13	TOIL	10	MLJ

			#	AMOUNT
SERVICE CODE:	0036	INJECTIONS AND DRUGS	1	.00
SERVICE CODE:	0050	SURGERY - PHYSICIAN FEES	2	.00
SERVICE CODE:	0062	HOSPITAL - OUTPATIENT EXTRAS	1	.00
SERVICE CODE:	0088	DIAG LAB, XRAY AND OTHER TESTS	5	44.02
SERVICE CODE:	0097	OFFICE VISIT CO-PAY	14	930.79
SERVICE CODE:	0100	PRESCRIPTION DRUG PROGRAM	60	959.07
SERVICE CODE:	0105	WELLNESS BENEFIT	8	291.49
TOTAL			91	2225.37

	#	AMOUNT	AVERAGE		#	AMOUNT
COMPUTER CHECK	31	1266.30	40.84	INSURED	24	491.91
MANUAL CHECK	60	959.07	15.98	DEPENDENT	67	1733.46
VOID	0	.00	.00	TOTAL	91	2225.37
RECOVERY	0	.00	.00			
TOTAL	91	2225.37		ZERO CLAIMS	8	

DATE 10/21/2016 MUNICIPAL HEALTH BENEFIT FUND PGM CHA503
TIME 14:08:05 BENEFITS PAID - BY SERVICE CODE PAGE 7
SUMMARY

PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND DISPOSITION DATE FROM ALL TRUST: 1 CLAIMS REC. DATE FROM ALL GROUP: 191 SERVICE FROM DATE ALL DIVISION: ALL SUPPRESS GROUP SUMMARY N

EMPLOYEE: ALL ALL DEPENDENTS FLAG
CHECK DATES SELECTED: FROM 1/01/2015 THRU 12/31/2015

SERVICE CODE: ALL

PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND TRUST: 1 MUNICIPAL HEALTH BENEFIT FUND GROUP/DIV:

DIVISION TOTALS

			#	AMOUNT
SERVICE CODE:	0015	VISION SERVICES-MEDICAL	1	.00
SERVICE CODE:	0035	CHIROPRACTOR CARE	1	.00
SERVICE CODE:	0036	INJECTIONS AND DRUGS	2	.00
SERVICE CODE:	0049	CHIROPRACTIC OFFICE VISIT CO-PAY	3	28.46
SERVICE CODE:	0050	SURGERY - PHYSICIAN FEES	3	1348.31
SERVICE CODE:	0061	HOSPITAL-EMERGENCY ROOM CHARGES (CO-PAY APPLIES)	2	.00
SERVICE CODE:	0062	HOSPITAL - OUTPATIENT EXTRAS	16	3765.17
SERVICE CODE:	0085	ROUTINE VISION BENEFIT	1	.00
SERVICE CODE:	0087	ANESTHESIA	1	246.40
SERVICE CODE:	0088	DIAG LAB, XRAY AND OTHER TESTS	116	1037.59
SERVICE CODE:	0097	OFFICE VISIT CO-PAY	50	3976.12
SERVICE CODE:	0100	PRESCRIPTION DRUG PROGRAM	420	34771.08
SERVICE CODE:	0105	WELLNESS BENEFIT	10	691.74
SERVICE CODE:	0106	WELL CHILD BENEFIT	15	1160.80
TOTAL			641	47025.67

	#	AMOUNT	AVERAGE		#	AMOUNT
COMPUTER CHECK	221	12254.59	55.45	INSURED	337	31955.98
MANUAL CHECK	420	34771.08	82.78	DEPENDENT	304	15069.69
VOID	0	.00	.00	TOTAL	641	47025.67
RECOVERY	0	.00	.00			
TOTAL	641	47025.67		ZERO CLAIMS	111	

PAYER:

MUNICIPAL HEALTH BENEFIT FUND BENEFITS PAID - BY SERVICE CODE

SUMMARY
DISPOSITION DATE FROM ALL
CLAIMS REC. DATE FROM ALL
SERVICE FROM DATE ALL

TRUST: 1
GROUP: 191
DIVISION: ALL SUPPRESS GROUP SUMMARY N
EMPLOYEE: ALL ALL DEPENDENTS FLAG Y
CHECK DATES SELECTED: FROM 1/01/2015 THRU 12/31/2015

1 MUNICIPAL HEALTH BENEFIT FUND

SERVICE CODE: ALL

TOTAL

PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND TRUST: 1 MUNICIPAL HEALTH BENEFIT FUND GROUP/DIV: ENT

TOTALS				
1011120			#	AMOUNT
SERVICE CODE:	0015	VISION SERVICES-MEDICAL	1	.00
SERVICE CODE:	0036	INJECTIONS AND DRUGS	2	.00
SERVICE CODE:	0050	SURGERY - PHYSICIAN FEES	1	179.18
SERVICE CODE:	0062	HOSPITAL - OUTPATIENT EXTRAS	2	306.86
SERVICE CODE:	0071	PSYCHIATRIC DOCTOR VISITS	12	386.40
SERVICE CODE:	0072	PSYCHIATRIC OFFICE VISIT COPAY	8	375.70
SERVICE CODE:	0085	ROUTINE VISION BENEFIT	1	.00
SERVICE CODE:	0088	DIAG LAB, XRAY AND OTHER TESTS	94	1211.32
SERVICE CODE:	0089	MISCELLANEOUS PSYCHIATRIC CHARGES (TESTS)	2	531.74
SERVICE CODE:	0097	OFFICE VISIT CO-PAY	21	1873.73
SERVICE CODE:	0100	PRESCRIPTION DRUG PROGRAM	167	5181.77
SERVICE CODE:	0105	WELLNESS BENEFIT	5	541.35
SERVICE CODE:	0106	WELL CHILD BENEFIT	26	1983.49
SERVICE CODE:	0113	ROUTINE HEARING AID (RIGHT)	1	899.99
SERVICE CODE:	0114	ROUTINE HEARING AID (LEFT)	1	900.00
	SERVICE CODE:	SERVICE CODE: 0015 SERVICE CODE: 0036 SERVICE CODE: 0050 SERVICE CODE: 0062 SERVICE CODE: 0071 SERVICE CODE: 0072 SERVICE CODE: 0088 SERVICE CODE: 0088 SERVICE CODE: 0089 SERVICE CODE: 0097 SERVICE CODE: 0100 SERVICE CODE: 0100 SERVICE CODE: 0100 SERVICE CODE: 0105 SERVICE CODE: 0106 SERVICE CODE: 0106 SERVICE CODE: 0106 SERVICE CODE: 0113	SERVICE CODE: 0015 VISION SERVICES-MEDICAL SERVICE CODE: 0036 INJECTIONS AND DRUGS SERVICE CODE: 0050 SURGERY - PHYSICIAN FEES SERVICE CODE: 0062 HOSPITAL - OUTPATIENT EXTRAS SERVICE CODE: 0071 PSYCHIATRIC DOCTOR VISITS SERVICE CODE: 0072 PSYCHIATRIC OFFICE VISIT COPAY SERVICE CODE: 0088 ROUTINE VISION BENEFIT SERVICE CODE: 0088 DIAG LAB, XRAY AND OTHER TESTS SERVICE CODE: 0089 MISCELLANEOUS PSYCHIATRIC CHARGES (TESTS) SERVICE CODE: 0097 OFFICE VISIT CO-PAY SERVICE CODE: 0100 PRESCRIPTION DRUG PROGRAM SERVICE CODE: 0105 WELLNESS BENEFIT SERVICE CODE: 0106 WELL CHILD BENEFIT SERVICE CODE: 0113 ROUTINE HEARING AID (RIGHT)	SERVICE CODE:

	#	AMOUNT	AVERAGE		#	AMOUNT
COMPUTER CHECK	177	9189.76	51.91	INSURED	41	2571.32
MANUAL CHECK	167	5181.77	31.02	DEPENDENT	303	11800.21
VOID	0	.00	.00	TOTAL	344	14371.53
RECOVERY	0	.00	.00			
TOTAL	344	14371.53		7FRO CLAIMS	62	

14371.53

344

DATE	10/21/2016
TIME	14:08:05

MUNICIPAL HEALTH BENEFIT FUND BENEFITS PAID - BY SERVICE CODE SUMMARY

PAGE 5

PGM CHA503

PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND DISPOSITION DATE FROM ALL TRUST: 1 CLAIMS REC. DATE FROM ALL SUPPRESS GROUP SUMMARY NEMPLOYEE: ALL ALL DEPENDENTS FLAG Y

CHECK DATES SELECTED: FROM 1/01/2015 THRU 12/31/2015 SERVICE CODE: ALL

PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND TRUST: 1 MUNICIPAL HEALTH BENEFIT FUND GROUP/DIV:

DIVISION TOTALS

			#	AMOUNT
SERVICE CODE:	0012	MEDICAL SUPPLIES	1	190.80
SERVICE CODE:	0035	CHIROPRACTOR CARE	2	57.99
SERVICE CODE:	0036	INJECTIONS AND DRUGS	5	.47
SERVICE CODE:	0049	CHIROPRACTIC OFFICE VISIT CO-PAY	1	48.00
SERVICE CODE:	0050	SURGERY - PHYSICIAN FEES	4	489.62
SERVICE CODE:	0062	HOSPITAL - OUTPATIENT EXTRAS	8	2199.25
SERVICE CODE:	0085	ROUTINE VISION BENEFIT	2	.00
SERVICE CODE:	0087	ANESTHESIA	1	288.00
SERVICE CODE:	0088	DIAG LAB. XRAY AND OTHER TESTS	31	226.80
SERVICE CODE:	0097	OFFICE VISIT CO-PAY	25	1446.72
SERVICE CODE:	0100	PRESCRIPTION DRUG PROGRAM	134	2345.67
SERVICE CODE:	0105	WELLNESS BENEFIT	14	756.76
TOTAL			228	8050.08

	#	AMOUNT	AVERAGE		#	AMOUNT
COMPUTER CHECK	94	5704.41	60.68	INSURED	96	2085.82
MANUAL CHECK	134	2345.67	17.50	DEPENDENT	132	5964.26
VOID	0	.00	.00	TOTAL	228	8050.08
RECOVERY	0	.00	.00			
TOTAL	228	8050.08		ZERO CLAIMS	35	

MUNICIPAL HEALTH BENEFIT FUND BENEFITS PAID - BY SERVICE CODE DATE 10/21/2016 TIME 14:08:05 PGM CHA503 PAGE 4

TIME 14:08:05		BE	SUMMARY	CE CODE			
TRUST: 1 GROUP: 191 DIVISION: ALL SUP EMPLOYEE: ALL ALL	PRESS GROUP SUMMARY N DEPENDENTS FLAG Y /01/2015 THRU 12/31/2015	CLAIMS REC. SERVICE FROM	DATE FROM ALL DATE FROM ALL				
SERVICE CODE: ALL	70172013 THRO 1273172013						
PAYER: 1 MUNICIPAL HEA	ALTH BENEFIT FUND TRUS	T: 1 MUNICIPAL	HEALTH BENEFIT FUND	GROUP/DIV:			
DIVISION TOTALS				20000000			
CERVICE CORE 0026	INJECTIONS AND DRUGS		#	AMOUNT .00			
SERVICE CODE: 0036 SERVICE CODE: 0050	[- [- [- [- [- [- [- [- [- [-		1	.00			
SERVICE CODE: 0061		(CO-PAY APPLIES)	î	1940.82			
SERVICE CODE: 0062	HOSPITAL - OUTPATIENT EXTRAS		3	111.54			
SERVICE CODE: 0072			2	187.24			
SERVICE CODE: 0087			. 1	.00			
SERVICE CODE: 0088		FC (TFCTC)	110	1149.49			
SERVICE CODE: 0089		E2 (1F212)	28	.00 2224.46			
SERVICE CODE: 0097 SERVICE CODE: 0099			2	121.34			
SERVICE CODE: 0100			77	1709.18			
SERVICE CODE: 0105			6	306.96			
SERVICE CODE: 0106	WELL CHILD BENEFIT		8	287.61			
TOTAL			250	8038.64			
	#	AMOUNT	AVERAGE			#	AMOUNT
	COMPUTER CHECK 173	6329.46	36.58		INSURED	72	1749.93
	MANUAL CHECK 77	1709.18	22.19		DEPENDENT	178	6288.71
	VOID 0	.00	.00		TOTAL	250	8038.64
	RECOVERY 0	.00	.00		7500 01 1140		
	TOTAL 250	8038.64			ZERO CLAIMS	55	

MUNICIPAL HEALTH BENEFIT FUND BENEFITS PAID - BY SERVICE CODE

SUMMARY

PAYER: TRUST: GROUP: 191

1 MUNICIPAL HEALTH BENEFIT FUND 1 DISPOSITION DATE FROM ALL CLAIMS REC. DATE FROM ALL SERVICE FROM DATE ALL

DIVISION: ALL SUPPRESS GROUP SUMMARY
EMPLOYEE: ALL ALL DEPENDENTS FLAG
CHECK DATES SELECTED: FROM 1/01/2015 THRU 12/31/2015

SERVICE CODE: ALL

PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND TRUST:

TRUST: 1 MUNICIPAL HEALTH BENEFIT FUND GROUP/DIV: 1

	TOT	

			#	AMOUNT
SERVICE CODE:	0035	CHIROPRACTOR CARE	21	400.17
SERVICE CODE:	0036	INJECTIONS AND DRUGS	2	2.30
SERVICE CODE:	0049	CHIROPRACTIC OFFICE VISIT CO-PAY	12	360.08
SERVICE CODE:	0050	SURGERY - PHYSICIAN FEES	1	128.36
SERVICE CODE:	0061	HOSPITAL-EMERGENCY ROOM CHARGES (CO-PAY APPLIES)	3	49.70
SERVICE CODE:	0062	HOSPITAL - OUTPATIENT EXTRAS	4	.00
SERVICE CODE:	0072	PSYCHIATRIC OFFICE VISIT COPAY	3	229.17
SERVICE CODE:	0088	DIAG LAB, XRAY AND OTHER TESTS	41	158.52
SERVICE CODE:	0089	MISCELLANEOUS PSYCHIATRIC CHARGES (TESTS)	5	.00
SERVICE CODE:	0097	OFFICE VISIT CO-PAY	33	1899.15
SERVICE CODE:	0099	DOCTORS' VISITS	1	21.62
SERVICE CODE:	0100	PRESCRIPTION DRUG PROGRAM	41	987.79
SERVICE CODE:	0105	WELLNESS BENEFIT	14	635.63
SERVICE CODE:	0106	WELL CHILD BENEFIT	9	325.39
SERVICE CODE:	0384	OCCUPATIONAL THERAPY VISITS	2	1904.85
TOTAL			192	7102.73

	#	AMOUNT	AVERAGE		#
COMPUTER CHECK	150	6164.64	41.09	INSURED	61
MANUAL CHECK	41	987.79	24.09	DEPENDENT	131
VOID	1	49.70-	49.70-	TOTAL	192
RECOVERY	0	.00	.00		
TOTAL	192	7102.73		ZERO CLAIMS	50

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AMOUNT 2787.59 4315.14 7102.73

DATE	10/21/2016
TIME	14:08:05

MUNICIPAL HEALTH BENEFIT FUND BENEFITS PAID - BY SERVICE CODE

SUMMARY

PAYER: TRUST: 191

DISPOSITION DATE FROM ALL CLAIMS REC. DATE FROM ALL SERVICE FROM DATE ALL 1 MUNICIPAL HEALTH BENEFIT FUND

GROUP: DIVISION:

ALL SUPPRESS GROUP SUMMARY ALL ALL DEPENDENTS FLAG EMPLOYEE:

CHECK DATES SELECTED: FROM 1/01/2015 THRU 12/31/2015

SERVICE CODE: ALL

PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND TRUST: 1 MUNICIPAL HEALTH BENEFIT FUND GROUP/DIV:

DIVISION TOTALS

AMOUNT TOTAL 0 .00

	#	AMOUNT	AVERAGE		#	AMOUNT
COMPUTER CHECK	0	.00	.00	INSURED	0	.00
MANUAL CHECK	0	.00	.00	DEPENDENT	0	.00
VOID	0	.00	.00	TOTAL	0	.00
RECOVERY	0	.00	.00			
TOTAL	0	.00		ZERO CLAIMS	0	

MUNICIPAL HEALTH BENEFIT FUND BENEFITS PAID - BY SERVICE CODE

SUMMARY

PAYER: TRUST: 1 MUNICIPAL HEALTH BENEFIT FUND

DISPOSITION DATE FROM ALL CLAIMS REC. DATE FROM ALL SERVICE FROM DATE ALL

GROUP: DIVISION:

CONWAY 191

ALL SUPPRESS GROUP SUMMARY

ALL ALL DEPENDENTS FLAG EMPLOYEE: CHECK DATES SELECTED: FROM 1/01/2015 THRU 12/31/2015

SERVICE CODE: ALL

PAYER: 1 MUNICIPAL HEALTH BENEFIT FUND TRUST: 1 MUNICIPAL HEALTH BENEFIT FUND GROUP/DIV:

DIVISION TOTALS

			#	AMOUNT	
SERVICE CODE:	0015	VISION SERVICES-MEDICAL	2	.00	
SERVICE CODE:	0035	CHIROPRACTOR CARE	21	329.34	
SERVICE CODE:	0036	INJECTIONS AND DRUGS	11	74.17	
SERVICE CODE:	0049	CHIROPRACTIC OFFICE VISIT CO-PAY	9	238.05	
SERVICE CODE:	0050	SURGERY - PHYSICIAN FEES	10	1762.56	
SERVICE CODE:	0061	HOSPITAL-EMERGENCY ROOM CHARGES (CO-PAY APPLIES)	1	.00	
SERVICE CODE:	0062	HOSPITAL - OUTPATIENT EXTRAS	9	6239.72	
SERVICE CODE:	0085	ROUTINE VISION BENEFIT	2	.00	
SERVICE CODE:	0087	ANESTHESIA	1	720.00	
SERVICE CODE:	0088	DIAG LAB, XRAY AND OTHER TESTS	156	1462.34	
SERVICE CODE:	0097	OFFICE VISIT CO-PAY	45	3015.72	
SERVICE CODE:	0099	DOCTORS' VISITS	2	.00	
SERVICE CODE:	0100	PRESCRIPTION DRUG PROGRAM	303	10159.74	
SERVICE CODE:	0105	WELLNESS BENEFIT	65	2342.50	
SERVICE CODE:	0113	ROUTINE HEARING AID (RIGHT)	1	1400.00	
SERVICE CODE:	0114	ROUTINE HEARING AID (LEFT)	1	1400.00	
TOTAL			639	29144.14	

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	#	AMOUNT	AVERAGE		#	AMOUNT
COMPUTER CHECK	336	18984.40	56.50	INSURED	306	8469.32
MANUAL CHECK	303	10159.74	33.53	DEPENDENT	333	20674.82
VOID	0	.00	.00	TOTAL	639	29144.14
RECOVERY	0	.00	.00			
TOTAL	639	29144.14		ZERO CLAIMS	159	