

MEDICAID WRAP RECONCILIATION REPORT

Date Of Service: 07/03/15 to 07/10/15
Plan: Anna's Floral Designs

For: Practice

Fictitious Data

Billing Provider NPI	Billing Provider Medicaid ID	Rendering Provider Medicaid ID	Member First Name	Member Last Name	MCO Member ID	Name of MCO Billed	Date of Service	Procedure Code	Date Pay received from MCO	MCO Paid Amount	Other Primary Ins. Paid Amount
										0.00	0.00