

Acct #	Patient Name Removed	ADMIT DATE	DISCHARGE DATE	INITIAL CLAM SENT	NOTES	Amount Untimely Billed
05226978		6/9/2015	6/22/2015	4/5/2016	NT19 - County responsible COE to COT	\$10,800
05229120		6/16/2015	6/17/2015	5/23/2016	T19 - County responsible until dismissed	\$900
05229813		6/19/2015	6/23/2015	4/5/2016	T19 - County responsible 1st 3 business days of COE - COT	\$3,600
5232042		6/27/2015	7/20/2015	5/23/2016	T19 - County responsible 1st 3 business days of COE - COT	\$4,500
05232623		6/30/2015	7/3/2015	4/8/2016	T19 - County responsible 1st 3 business days of COE - COT	\$2,700
05236402		7/11/2015	7/17/2015	4/8/2016	Duplicate billing	\$0
05237451		7/15/2015	7/24/2015	4/8/2016	Pt already under COT during these dates of stay	\$0
05254578		9/14/2015	9/28/2015	10/9/2015	T19 - County responsible 1st 3 business days of COE - COT	\$2,700
05258315		9/28/2015	10/23/2015	4/4/2016	Pt already under COT during these dates of stay - admitted due to revocation of OP status	\$0
05271873		11/12/2015	11/16/2015	4/8/2016	Petition not filed in Cochise County	\$0
05220661		5/19/2015	6/4/2015	8/14/2015	County paying secondary to Medicare	\$1,260
05227586		6/10/2015	6/25/2015	4/15/2016	T19 - County responsible 1st 3 business days of COE - COT	\$4,500
05229145		6/17/2015	6/29/2015	5/20/2016	T19 - County responsible until dismissed	\$900
05229338		6/17/2015	7/8/2015	4/15/2016	County paying secondary to Blue Cross	\$875
05234315		7/3/2015	7/4/2015	4/15/2016	Petition not filed in Cochise County	\$0
05252467		9/6/2015	9/8/2015	4/15/2016	Petition not filed in Cochise County	\$0
Total						\$32,735