Health Net
Health Net Federal Services
North
MDA906-03-C-0011
Fiscal Year 2007
May 2007

Active Duty (AD) Voucher

Capital and Direct Medical Education Costs

Selection Criteria: cap_dme_dt_processing>='05/01/07' AND cap_dme_dt_processing<='05/31/07' AND contractor_name LIKE 'Health Net%'

Hospital Name	Hospital Address	City	State	Zip	Provider Number	Period Covered From	Period Covered To	Medicare Number	Voucher Number	ASAP* Number	Rec Type	Capital Cost	Education Cost	Total Cost	Payment Code
North															
Active Duty (AD)															
Billing State: OH															
University Hospital	234 Goodman St	Cincinnati	OH	45219	311479038	07/01/1992	06/30/1993	360003		18894641	T	$0.00	$-52.00	$-52.00	refund
									Total Payments: OH			**$0.00**	**$-52.00**	**$-52.00**	
									Total Payments: AD			**$0.00**	**$-52.00**	**$-52.00**	
Dependent or Retiree (DR)															
Billing State: IL															
Saint Francis Hospital & Medical Center	12935 S Gregory St	Blue Island	IL	60406	361721730	01/01/1992	12/31/1992	140118		18894641	T	$-1,412.00	$-38.00	$-1,450.00	refund
									Total Payments: IL			**$-1,412.00**	**$-38.00**	**$-1,450.00**	
Billing State: IN															
Lutheran Hospital of Indiana	7950 W Jefferson Blvd	Fort Wayne	IN	46804	351963748	01/01/1994	12/31/1994	150017		18894641	T	$-1,519.34	$0.00	$-1,519.34	offset
Lutheran Hospital of Indiana	7950 W Jefferson Blvd	Fort Wayne	IN	46804	351963748	01/01/1995	07/31/1995	150017		18894641	T	$-60,007.48	$0.00	$-60,007.48	offset
Deaconess Hospital	600 Mary St	Evansville	IN	47747	350593390	05/01/1992	04/30/1993	150082		18894641	T	$-2,051.83	$0.00	$-2,051.83	offset
									Total Payments: IN			**$-63,578.65**	**$0.00**	**$-63,578.65**	
Billing State: KY															
Lourdes Hospital	1530 Lone Oak Rd	Paducah	KY	42003	610600313	01/01/1993	12/31/1993	180102		18894641	T	$-2,894.00	$408.00	$-2,486.00	refund
Lourdes Hospital	1530 Lone Oak Rd	Paducah	KY	42003	610600313	01/01/1994	12/31/1994	180102		18894641	T	$-4,799.00	$235.00	$-4,564.00	refund
Lourdes Hospital	1530 Lone Oak Rd	Paducah	KY	42003	610600313	01/01/1996	12/31/1996	180102		18894641	T	$-2,947.00	$370.00	$-2,577.00	refund
Christ Hospital	2139 Auburn Ave	Cincinnati	OH	45219	310538525	01/01/1995	12/31/1995	360163		18894641	T	$-11,641.00	$3,366.00	$-8,275.00	refund
Christ Hospital	2139 Auburn Ave	Cincinnati	OH	45219	310538525	01/01/1996	12/31/1996	360163		18894641	T	$-5,673.00	$4,519.00	$-1,154.00	refund
Christ Hospital	2139 Auburn Ave	Cincinnati	OH	45219	310538525	01/01/1997	12/31/1997	360163		18894641	T	$-3,246.00	$-144.00	$-3,390.00	refund
									Total Payments: KY			**$-31,200.00**	**$8,754.00**	**$-22,446.00**	

* An acronym for automated standard application for payments. This number is assigned by the Accounting dept. See the online help for more detail.

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Dependent or Retiree (DR) Voucher

Capital and Direct Medical Education Costs

Selection Criteria: cap_dme_dt_processing>='05/01/07' AND cap_dme_dt_processing<='05/31/07' AND contractor_name LIKE 'Health Net%'

Hospital Name	Hospital Address	City	State	Zip	Provider Number	Period Covered From	Period Covered To	Medicare Number	Voucher Number	ASAP* Number	Rec Type	Capital Cost	Education Cost	Total Cost	Payment Code
North															
Dependent or Retiree (DR)															
Billing State: NH															
Wentworth - Douglass Hospital	789 Central Ave	Dover	NH	03820	20260334010	01/01/1994	12/31/1994	300018		18894641	T	$-1,019.00	$0.00	$-1,019.00	refund
Wentworth - Douglass Hospital	789 Central Ave	Dover	NH	03820	20260334010	01/01/1997	12/31/1997	300018		18894641	T	$-637.10	$0.00	$-637.10	refund
									Total Payments: NH			**$-1,656.10**	**$0.00**	**$-1,656.10**	
Billing State: NY															
Carthage Area Hospital	1001 W Street Rd	Carthage	NY	13619	150622079	01/01/1995	12/31/1995	330263		18894641	T	$-9,738.23	$0.00	$-9,738.23	refund
Carthage Area Hospital	1001 W Street Rd	Carthage	NY	13619	150622079	01/01/1996	12/31/1996	330263		18894641	T	$-1,288.75	$0.00	$-1,288.75	refund
									Total Payments: NY			**$-11,026.98**	**$0.00**	**$-11,026.98**	
Billing State: OH															
University Hospital	234 Goodman St	Cincinnati	OH	45219	311479038	07/01/1992	06/30/1993	360003		18894641	T	$-4,148.00	$3,041.00	$-1,107.00	refund
University Hospital	234 Goodman St	Cincinnati	OH	45219	311479038	07/01/1995	06/30/1996	360003		18894641	T	$-1,891.00	$-1,510.00	$-3,401.00	refund
									Total Payments: OH			**$-6,039.00**	**$1,531.00**	**$-4,508.00**	
									Total Payments: DR			**$-114,912.73**	**$10,247.00**	**$-104,665.73**	
									Total Payments: North			**$-114,912.73**	**$10,195.00**	**$-104,717.73**	
									Total Fiscal Year: 2007			**$-114,912.73**	**$10,195.00**	**$-104,717.73**	
									Total Period: May 2007			**$-114,912.73**	**$10,195.00**	**$-104,717.73**	
									Grand Total Payments:			**$-114,912.73**	**$10,195.00**	**$-104,717.73**	

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