

REPORT: AM07000-R0600EX

NEW YORK STATE DEPARTMENT OF HEALTH
OFFICE OF MEDICAID MANAGEMENT
CYCLE DATE: 03/02/2005

PROCESS DATE: 02/24/2005
PROCESS TIME: 12:34:47
PAGE: 1 of 3

DURABLE MEDICAL EQUIPMENT ROSTER FOR PROVIDER 12345678 I C YOU HEALTH PLAN INC

CLIENT NAME: HAROLD P POOLBAUGH

CLIENT ID : AA12345A

PA NUMBER : 8994933100X REVIEWER NAME :

SUBMISSION DATE : 05/10/2004 ORDER DATE : 05/10/2004

* PA LINE NBR : 0001 DETERMINATION : APPROVED AS MODIFIED 10/30/2004

PROCEDURE CODE/MODIFIER : E1399 DURABLE MEDICAL EQUIPMENT,MISC

REQUESTED QUANTITY:	1.000	TIMES :	0	AMOUNT :	5,995.50
APPROVED QUANTITY :	1.000	TIMES :	0	AMOUNT :	1.00

PERIOD OF SERVICE FROM: 05/10/2004 TO: 05/10/2005

REPORT: AM07060-R0600EX

NEW YORK STATE DEPARTMENT OF HEALTH
OFFICE OF MEDICAID MANAGEMENT
CYCLE DATE: 03/02/2005

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PROCESS TIME: 12:34:47
PAGE: 2 of 3

DURABLE MEDICAL-EQUIPMENT ROSTER FOR PROVIDER 12345678 I C YOU HEALTH PLAN INC

CLIENT NAME : KERRY OVER

CLIENT ID : BB12345B

PA NUMBER : 8995935900X REVIEWER NAME :

SUBMISSION DATE : 09/17/2004 ORDER DATE: 09/17/2004

* PA LINE NBR : 0001 DETERMINATION : APPROVED 11/13/2004

PROCEDURE CODE/MODIFIER : E0958 whlchr att- conv 1 arm drive

REQUESTED QUANTITY :	1.000	TIMES :	0	AMOUNT :	572.07
APPROVED QUANTITY :	1.000	TIMES :	0	AMOUNT :	1.00

PERIOD OF SERVICE FROM : 09/17/2004 TO : 09/17/2005

* PA LINE NBR : 0002 DETERMINATION : APPROVED 11/13/2004

PROCEDURE CODE/MODIFIER : E1399 DURABLE MEDICAL EQUIPMENT,MISC

REQUESTED QUANTITY:	1.000	TIMES :	0	AMOUNT :	480.48
APPROVED QUANTITY :	1.000	TIMES :	0	AMOUNT :	1.00

PERIOD OF SERVICE FROM: 09/17/2004 TO: 09/17/2005

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DURABLE MEDICAL EQUIPMENT ROSTER FOR PROVIDER 12345678 I C YOU HEALTH PLAN INC

CLIENT NAME: BEN HURT

CLIENT ID : CC12345C

PA NUMBER : 8995401700X REVIEWER NAME :

SUBMISSION DATE : 07/19/2004 ORDER DATE : 07/19/2004

* PA LINE NBR : 0001 DETERMINATION : APPROVED 07/31/2004

PROCEDURE CODE/MODIFIER : A9900 MISC DME COMPONENT OF OTHER CO

REQUESTED QUANTITY: 6.000 TIMES : 0 AMOUNT : 430.37
APPROVED QUANTITY : 6.000 TIMES : 0 AMOUNT : 430.37

PERIOD OF SERVICE FROM: 07/19/2004 TO: 07/19/2005

TOTAL NUMBER OF PA S ON THIS ROSTER	:	3	TOTAL NUMBER OF PA LINES ON THIS ROSTER	:	4
TOTAL NUMBER OF PA S APPROVED	:	3	TOTAL NUMBER OF PA LINES APPROVED	:	3
TOTAL NUMBER OF PA S APPROVED AS MODIFIED	:	0	TOTAL NUMBER OF PA LINES APPROVED AS MODIFIED	:	1
TOTAL NUMBER OF PA S PARTIALLY APPROVED	:	0			
TOTAL NUMBER OF PA S DENIED	:	0	TOTAL NUMBER OF PA LINES DENIED	:	0
TOTAL NUMBER OF PA S REJECTED	:	0	TOTAL NUMBER OF PA LINES REJECTED	:	0
TOTAL NUMBER OF PA S INACTIVE	:	0	TOTAL NUMBER OF PA LINES INACTIVE	:	0
TOTAL NUMBER OF PA S VOID	:	0	TOTAL NUMBER OF PA LINES VOID	:	0

*** END OF REPORT ***