NEXT Function

NEXT MEDI-CAL ID: *NEXT SSAN: 123-45-6789* *NEXT DCN*
NEXT LAST NAME:
RECIPIENT MEDI-CAL ID: *NAME: SMITH* *SSAN: 123-45-6789*

NBR	DCN	TYPE	PROVIDER	SURF	DC	DOS	QTY	PROC	ADJ
1	012345678910	C	G12345 14		0	9 25 07	06	111	

DFF801L1 CD-MMIS CLAIMS PAID CLAIM INQUIRY UCFLT182 01/23/07

NEXT FUNCTION COMMENTS: E PAGE 1 OF 1
NEXT DCN: NEXT MEDI-CAL ID: NEXT SSAN:
NEXT XCN:
DCN: 062701[redacted] MRDCN: DOCUMENT TYPE: C
RECIP NAME: AL[redacted] M[redacted] SSAN: 564-[redacted]-[redacted] SEX: [redacted] DOB: 11 14 [redacted] 68
MEDI-CAL ID: 166-[redacted] B PROV: WESTERN DENTAL SERVICES IN NUMBER: G92[redacted] 14
XRAY: N ATTACH: N ACCD: N EMPLY: N SOC: N OTHER COV: N MEDI: N CHDP: N
DR'S: CCS: N MF-O: N POS: 01 POE: N SIG: Y DT BILLED:
POLICY: OVERRIDES: ORDER DT: #:
CORRECTION CODE: SOURCE DOC: DOC ID: DATE:
SOC: OTHER COV: BILLED: 544.00 ALLWD: 172.00 PMT: 172.00
ADJ DATE: 09 27 06 ADJ ID: EOB DATE: 10 05 06 CHECK NUMBER: [redacted]

	TC	SURF	DOS	QTY	DC	PROC	BILLED	ALLOWED	PROV #	ADJ	X-OVR
1			09 25 06	6		111	27.00	18.00	D[redacted]		N
2			09 25 06	1		117	65.00	18.00	D[redacted]		N
3			09 25 06	1	10	015	48.00		D5[redacted]	002	N
4			09 25 06	1		050	96.00	40.00	D5[redacted]		N
5	03	MO	09 25 06	1		612	154.00	48.00	D[redacted]		N
6	04	DO	09 25 06	1		612	154.00	48.00	D5[redacted]		N

DFF801L1 CD-MMIS CLAIMS PAID CLAIM INQUIRY UCFLT182 01/23/07

NEXT FUNCTION COMMENTS: E PAGE 1 OF 1
NEXT DCN: NEXT MEDI-CAL ID: NEXT SSAN:
NEXT XCN:
DCN: 06037[redacted] MRDCN: 0604[redacted] DOCUMENT TYPE: C
RECIP NAME: AI[redacted] M[redacted] SSAN: 564-[redacted] SEX: [redacted] DOB: 11 14 [redacted] 68
MEDI-CAL ID: 163-[redacted] B PROV: WESTERN DENTAL SERVICES IN NUMBER: G9[redacted] 14
XRAY: Y ATTACH: Y ACCD: N EMPLY: N SOC: N OTHER COV: N MEDI: N CHDP: N
DR'S: CCS: N MF-O: N POS: 01 POE: N SIG: Y DT BILLED: 02 06 06
POLICY: OVERRIDES: ORDER DT: #:
CORRECTION CODE: SOURCE DOC: DOC ID: DATE:
SOC: OTHER COV: BILLED: 413.00 ALLWD: 138.70 PMT: 138.70
ADJ DATE: 02 27 06 ADJ ID: 4KB2 EOB DATE: 03 09 06 CHECK NUMBER: 660651067

	TC	SURF	DOS	QTY	DC	PROC	BILLED	ALLOWED	PROV #	ADJ	X-OVR
1			02 02 06	1		010	79.00	23.75	D4[redacted]		N
2			02 02 06	6		111	27.00	17.10	D[redacted]		N
3			02 02 06	1		117	65.00	17.10	D[redacted]		N
4	14		02 02 06	1		202	242.00	80.75	D[redacted]4		N

DATA LIBRARY

PROGRAM NAME: OHC174

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF HEALTH SERVICES
PAYMENT SYSTEMS DIVISION
THIRD PARTY LIABILITY BRANCH
RECOVERY SECTION - PERSONAL INJURY UNIT

REPORT #: BR-[redacted] CCS REFERRALS: CASUALTY, WORKERS COMPENSATION ISAWS (TUOLUMNE) RUN DATE: 03/08/2007

CASE NAME
LAST NAME: CRUSE FIRST NAME: CLAYTON D COUNTY ID: 55-85-[redacted]-A-01

INJURED PERSON INFORMATION:

CR[redacted]
CL[redacted] D
617[redacted]

ACCIDENT TYPE:

WC

ACCIDENT DATE:

02/[redacted]

INSURANCE COMPANY INFORMATION:

FIRST COMP UNDERWRITERS
OMAHA NE 68103-____
( ) - -
WEN0[redacted]

ATTORNEY INFORMATION:

( ) - -

LIABLE PERSON INFORMATION:

C [redacted]
[redacted] [redacted]AY
[redacted] [redacted]-____

INTENT TO FILE LAWSUIT: Y
SETTLEMENT: N
WCAB CASE NO: _____

TOTAL RECORDS (TUOLUMNE) : 2

TOTAL RECORDS ISAWS : 13