Optum Maryland
P.O. BOX 30532
Salt lake City, UT 84130

Payment Date: 04/11/2021
Payment Number: 50132953
Payment Amount: $23,486.63

WRAPAROUND MARYLAND INC
1118 E MAIN STREET
SALISBURY, MD 21804-5230

Optum Maryland
P.O. BOX 30532
Salt lake City, UT 84130

BANK OF AMERICA

7-163
520 MD

50132953

DATE 04/11/2021
AMOUNT $23,486.63

ACH PAYMENT

PAY TO THE ORDER OF

WRAPAROUND MARYLAND INC
1118 E MAIN STREET
SALISBURY, MD 21804-5230

Optum Maryland
P.O. BOX 30532
Salt lake City, UT 84130

Detailed Remittance Advice

Payment Date: 04/11/2021
Payment Number: 50132953
Payment Amount: $23,486.63

WRAPAROUND MARYLAND INC
1118 E MAIN STREET
SALISBURY, MD 21804-5230

Patient Name:	LAMARA D ALEXANDER	**Patient Control No.:**	98109
Medicaid ID:	45002341200	**NPI:**	1245597228
Claim No.:	202132012422	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/29/2021 - 03/29/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

Patient Name:	SHADE I ALLEN	**Patient Control No.:**	98110
Medicaid ID:	30782311940	**NPI:**	1245597228
Claim No.:	202132012365	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/18/2021 - 03/18/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

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Detailed Remittance Advice

WRAPAROUND MARYLAND INC
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SALISBURY, MD 218045230

Patient Name:	SHADE I ALLEN	**Patient Control No.:**	98111
Medicaid ID:	30782311940	**NPI:**	1245597228
Claim No.:	202132012446	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/22/2021 - 03/22/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

Patient Name:	CHARITY F ASKEW	**Patient Control No.:**	98810
Medicaid ID:	30849310601	**NPI:**	1245597228
Claim No.:	202132012376	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/31/2021 - 03/31/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

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Detailed Remittance Advice

WRAPAROUND MARYLAND INC
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SALISBURY, MD 218045230

Patient Name:	MAURICE A BAKER	**Patient Control No.:**	98112
Medicaid ID:	30593080570	**NPI:**	1245597228
Claim No.:	202132012345	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/15/2021 - 03/15/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

Patient Name:	MAURICE A BAKER	**Patient Control No.:**	96261
Medicaid ID:	30593080570	**NPI:**	1245597228
Claim No.:	202132012392	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	11/11/2020 - 11/11/2020	T1016		1	$128.40	$128.40	$128.40	$0.00	$0.00	$128.40	
				Subtotal:	$128.40	$128.40	$128.40	$0.00	$0.00	$128.40	

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Detailed Remittance Advice

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Patient Name:	MAURICE A BAKER	**Patient Control No.:**	96267
Medicaid ID:	30593080570	**NPI:**	1245597228
Claim No.:	202132012456	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	12/04/2020 - 12/04/2020	T1016		1	$128.40	$128.40	$128.40	$0.00	$0.00	$128.40	
				Subtotal:	$128.40	$128.40	$128.40	$0.00	$0.00	$128.40	

Patient Name:	MAURICE A BAKER	**Patient Control No.:**	96266
Medicaid ID:	30593080570	**NPI:**	1245597228
Claim No.:	202132012462	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	12/01/2020 - 12/01/2020	T1016		1	$128.40	$128.40	$128.40	$0.00	$0.00	$128.40	
				Subtotal:	$128.40	$128.40	$128.40	$0.00	$0.00	$128.40	

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Detailed Remittance Advice

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Patient Name:	MAURICE A BAKER	**Patient Control No.:**	97131
Medicaid ID:	30593080570	**NPI:**	1245597228
Claim No.:	202132012463	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/12/2021 - 03/12/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

Patient Name:	MAURICE A BAKER	**Patient Control No.:**	98421
Medicaid ID:	30593080570	**NPI:**	1245597228
Claim No.:	202132012471	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	11/06/2020 - 11/06/2020	T1016		1	$128.40	$128.40	$128.40	$0.00	$0.00	$128.40	
				Subtotal:	$128.40	$128.40	$128.40	$0.00	$0.00	$128.40	

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Detailed Remittance Advice

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Patient Name:	MAURICE A BAKER	**Patient Control No.:**	98113
Medicaid ID:	30593080570	**NPI:**	1245597228
Claim No.:	202132012477	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/22/2021 - 03/22/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

Patient Name:	MAURICE A BAKER	**Patient Control No.:**	96259
Medicaid ID:	30593080570	**NPI:**	1245597228
Claim No.:	202132012495	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	11/10/2020 - 11/10/2020	T1016		1	$128.40	$128.40	$128.40	$0.00	$0.00	$128.40	
				Subtotal:	$128.40	$128.40	$128.40	$0.00	$0.00	$128.40	

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Detailed Remittance Advice

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Patient Name:	CHARMECIA A BANKS	**Patient Control No.:**	97132
Medicaid ID:	30858103720	**NPI:**	1245597228
Claim No.:	202132012328	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/09/2021 - 03/09/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

Patient Name:	CHARMECIA A BANKS	**Patient Control No.:**	98114
Medicaid ID:	30858103720	**NPI:**	1245597228
Claim No.:	202132012347	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/25/2021 - 03/25/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

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Detailed Remittance Advice

WRAPAROUND MARYLAND INC
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Patient Name:	CHARMECIA A BANKS	**Patient Control No.:**	97133
Medicaid ID:	30858103720	**NPI:**	1245597228
Claim No.:	202132012496	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/10/2021 - 03/10/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

Patient Name:	CHARMECIA A BANKS	**Patient Control No.:**	99020
Medicaid ID:	30858103720	**NPI:**	1245597228
Claim No.:	202132012504	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/31/2021 - 03/31/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

WRAPAROUND MARYLAND INC
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SALISBURY, MD 218045230

Patient Name:	ANTHONY S BARNETT JR	**Patient Control No.:**	98086
Medicaid ID:	30737103930	**NPI:**	1245597228
Claim No.:	202132012330	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	02/17/2021 - 02/17/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

Patient Name:	ANTHONY S BARNETT JR	**Patient Control No.:**	98087
Medicaid ID:	30737103930	**NPI:**	1245597228
Claim No.:	202132012331	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	02/18/2021 - 02/18/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

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Detailed Remittance Advice

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Patient Name:	ANTHONY S BARNETT JR	**Patient Control No.:**	98115
Medicaid ID:	30737103930	**NPI:**	1245597228
Claim No.:	202132012346	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/18/2021 - 03/18/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

Patient Name:	JENELL BATCHELOR	**Patient Control No.:**	98820
Medicaid ID:	03250978640	**NPI:**	1245597228
Claim No.:	202132012360	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/30/2021 - 03/30/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

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Detailed Remittance Advice

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Patient Name:	JENELL BATCHELOR	**Patient Control No.:**	98813
Medicaid ID:	03250978640	**NPI:**	1245597228
Claim No.:	202132012401	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/19/2021 - 03/19/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

Patient Name:	JENELL BATCHELOR	**Patient Control No.:**	98821
Medicaid ID:	03250978640	**NPI:**	1245597228
Claim No.:	202132012434	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/31/2021 - 03/31/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

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Detailed Remittance Advice

WRAPAROUND MARYLAND INC
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Patient Name:	MELVIN T BLANKS	**Patient Control No.:**	98885
Medicaid ID:	30656371600	**NPI:**	1245597228
Claim No.:	202132012366	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/31/2021 - 03/31/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

Patient Name:	MELVIN T BLANKS	**Patient Control No.:**	98834
Medicaid ID:	30656371600	**NPI:**	1245597228
Claim No.:	202132012436	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/19/2021 - 03/19/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

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Detailed Remittance Advice

WRAPAROUND MARYLAND INC
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Patient Name:	COREY E BRIDGES	**Patient Control No.:**	98121
Medicaid ID:	30887879720	**NPI:**	1245597228
Claim No.:	202132012459	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/29/2021 - 03/29/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

Patient Name:	COREY E BRIDGES	**Patient Control No.:**	98118
Medicaid ID:	30887879720	**NPI:**	1245597228
Claim No.:	202132012484	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/25/2021 - 03/25/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

WRAPAROUND MARYLAND INC
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Patient Name:	COREY E BRIDGES	**Patient Control No.:**	98117
Medicaid ID:	30887879720	**NPI:**	1245597228
Claim No.:	202132012512	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/16/2021 - 03/16/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

Patient Name:	MELVIN F BROWN	**Patient Control No.:**	98188
Medicaid ID:	99180826570	**NPI:**	1245597228
Claim No.:	202132012367	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/24/2021 - 03/24/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

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Patient Name:	SAMUEL BROWN	**Patient Control No.:**	98124
Medicaid ID:	30530799570	**NPI:**	1245597228
Claim No.:	202132012348	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/04/2021 - 03/04/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

Patient Name:	SAMUEL BROWN	**Patient Control No.:**	98123
Medicaid ID:	30530799570	**NPI:**	1245597228
Claim No.:	202132012428	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/11/2021 - 03/11/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

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SALISBURY, MD 218045230

Patient Name:	SAMUEL BROWN	**Patient Control No.:**	98122
Medicaid ID:	30530799570	**NPI:**	1245597228
Claim No.:	202132012470	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/18/2021 - 03/18/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

Patient Name:	WILLIE C CURTIS	**Patient Control No.:**	98835
Medicaid ID:	47703018300	**NPI:**	1245597228
Claim No.:	202132012361	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/31/2021 - 03/31/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

WRAPAROUND MARYLAND INC
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Patient Name:	WILLIE C CURTIS	**Patient Control No.:**	98126
Medicaid ID:	47703018300	**NPI:**	1245597228
Claim No.:	202132012374	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/22/2021 - 03/22/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

Patient Name:	WILLIE C CURTIS	**Patient Control No.:**	98125
Medicaid ID:	47703018300	**NPI:**	1245597228
Claim No.:	202132012461	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/18/2021 - 03/18/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

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WRAPAROUND MARYLAND INC
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SALISBURY, MD 218045230

Patient Name:	ARNOLD DOW	**Patient Control No.:**	98090
Medicaid ID:	99083067680	**NPI:**	1245597228
Claim No.:	202132012354	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	02/22/2021 - 02/22/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

Patient Name:	ARNOLD DOW	**Patient Control No.:**	98088
Medicaid ID:	99083067680	**NPI:**	1245597228
Claim No.:	202132012371	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	02/19/2021 - 02/19/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

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Patient Name:	ARNOLD DOW	**Patient Control No.:**	98089
Medicaid ID:	99083067680	**NPI:**	1245597228
Claim No.:	202132012492	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	02/20/2021 - 02/20/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

Patient Name:	KRISTINA A DOWNS	**Patient Control No.:**	98127
Medicaid ID:	03307655780	**NPI:**	1245597228
Claim No.:	202132012400	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/16/2021 - 03/16/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

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Patient Name:	KRISTINA A DOWNS	**Patient Control No.:**	98836
Medicaid ID:	03307655780	**NPI:**	1245597228
Claim No.:	202132012472	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/30/2021 - 03/30/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

Patient Name:	JAYSON M FELLOWS	**Patient Control No.:**	98837
Medicaid ID:	40005451000	**NPI:**	1245597228
Claim No.:	202132012503	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/17/2021 - 03/17/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

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Patient Name:	KEMP Z FEREBEE	**Patient Control No.:**	98128
Medicaid ID:	30567175630	**NPI:**	1245597228
Claim No.:	202132012340	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/25/2021 - 03/25/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

Patient Name:	KEMP Z FEREBEE	**Patient Control No.:**	98129
Medicaid ID:	30567175630	**NPI:**	1245597228
Claim No.:	202132012398	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/30/2021 - 03/30/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

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Patient Name:	TANYIAH FORTUNE	**Patient Control No.:**	98827
Medicaid ID:	30993092701	**NPI:**	1245597228
Claim No.:	202132012435	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/31/2021 - 03/31/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

Patient Name:	MICHAEL C FROST	**Patient Control No.:**	98131
Medicaid ID:	30834289650	**NPI:**	1245597228
Claim No.:	202132012333	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/22/2021 - 03/22/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

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Patient Name:	MICHAEL C FROST	**Patient Control No.:**	98130
Medicaid ID:	30834289650	**NPI:**	1245597228
Claim No.:	202132012386	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/21/2021 - 03/21/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

Patient Name:	ASHLEY GRABENSTEIN	**Patient Control No.:**	98830
Medicaid ID:	03223306910	**NPI:**	1245597228
Claim No.:	202132012438	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/31/2021 - 03/31/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

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Patient Name:	ASHLEY GRABENSTEIN	**Patient Control No.:**	99264
Medicaid ID:	03223306910	**NPI:**	1245597228
Claim No.:	202132012441	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/08/2021 - 03/08/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

Patient Name:	ASHLEY GRABENSTEIN	**Patient Control No.:**	100112
Medicaid ID:	03223306910	**NPI:**	1245597228
Claim No.:	202132012494	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/04/2021 - 03/04/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

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Patient Name:	ASHLEY GRABENSTEIN	**Patient Control No.:**	100113
Medicaid ID:	03223306910	**NPI:**	1245597228
Claim No.:	202132012506	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/03/2021 - 03/03/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

Patient Name:	ALBERT L HAMLET	**Patient Control No.:**	98838
Medicaid ID:	30888461600	**NPI:**	1245597228
Claim No.:	202132012478	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/31/2021 - 03/31/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

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Patient Name:	ALBERT L HAMLET	**Patient Control No.:**	98132
Medicaid ID:	30888461600	**NPI:**	1245597228
Claim No.:	202132012500	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/25/2021 - 03/25/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

Patient Name:	KEVIN W HARRIS	**Patient Control No.:**	98134
Medicaid ID:	30990302660	**NPI:**	1245597228
Claim No.:	202132012487	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/25/2021 - 03/25/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

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Patient Name:	KE'ONTAY K HINTON	**Patient Control No.:**	98135
Medicaid ID:	30096174803	**NPI:**	1245597228
Claim No.:	202132012469	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/30/2021 - 03/30/2021	T1017		2	$71.30	$71.30	$71.30	$0.00	$0.00	$71.30	
				Subtotal:	$71.30	$71.30	$71.30	$0.00	$0.00	$71.30	

Patient Name:	MICHAEL W HOLLEY	**Patient Control No.:**	98136
Medicaid ID:	30825386670	**NPI:**	1245597228
Claim No.:	202132012407	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/03/2021 - 03/03/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

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Patient Name:	MICHAEL W HOLLEY	**Patient Control No.:**	98091
Medicaid ID:	30825386670	**NPI:**	1245597228
Claim No.:	202132012414	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	02/19/2021 - 02/19/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

Patient Name:	MICHAEL W HOLLEY	**Patient Control No.:**	98137
Medicaid ID:	30825386670	**NPI:**	1245597228
Claim No.:	202132012468	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/10/2021 - 03/10/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

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WRAPAROUND MARYLAND INC
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Patient Name:	MARIA M HOLMES	**Patient Control No.:**	98103
Medicaid ID:	30782311660	**NPI:**	1245597228
Claim No.:	202132012337	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	02/25/2021 - 02/25/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

Patient Name:	MARIA M HOLMES	**Patient Control No.:**	98104
Medicaid ID:	30782311660	**NPI:**	1245597228
Claim No.:	202132012364	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	02/24/2021 - 02/24/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

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Patient Name:	MARIA M HOLMES	**Patient Control No.:**	98107
Medicaid ID:	30782311660	**NPI:**	1245597228
Claim No.:	202132012368	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	02/08/2021 - 02/08/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

Patient Name:	MARIA M HOLMES	**Patient Control No.:**	98138
Medicaid ID:	30782311660	**NPI:**	1245597228
Claim No.:	202132012372	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/11/2021 - 03/11/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

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Patient Name:	MARIA M HOLMES	**Patient Control No.:**	98106
Medicaid ID:	30782311660	**NPI:**	1245597228
Claim No.:	202132012375	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	02/16/2021 - 02/16/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

Patient Name:	MARIA M HOLMES	**Patient Control No.:**	98092
Medicaid ID:	30782311660		
Claim No.:	202132012394	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	02/03/2021 - 02/03/2021	T1016		1	$132.89	$0.00	$0.00	$132.89	$0.00	$0.00	61 62
				Subtotal:	$132.89	$0.00	$0.00	$132.89	$0.00	$0.00	

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Patient Name:	MARIA M HOLMES	**Patient Control No.:**	98096
Medicaid ID:	30782311660		
Claim No.:	202132012405	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	02/04/2021 - 02/04/2021	T1016		1	$132.89	$0.00	$0.00	$132.89	$0.00	$0.00	61 62
				Subtotal:	$132.89	$0.00	$0.00	$132.89	$0.00	$0.00	

Patient Name:	MARIA M HOLMES	**Patient Control No.:**	98105
Medicaid ID:	30782311660	**NPI:**	1245597228
Claim No.:	202132012514	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	02/18/2021 - 02/18/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

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Patient Name:	SYNEL Y HUBBARD	**Patient Control No.:**	99281
Medicaid ID:	30546226580	**NPI:**	1245597228
Claim No.:	202132012402	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/22/2021 - 03/22/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

Patient Name:	RAELYNNE B JENKINS	**Patient Control No.:**	98886
Medicaid ID:	30786473670	**NPI:**	1245597228
Claim No.:	202132012379	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/18/2021 - 03/18/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

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Patient Name:	RAELYNNE B JENKINS	**Patient Control No.:**	99019
Medicaid ID:	30786473670	**NPI:**	1245597228
Claim No.:	202132012437	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/25/2021 - 03/25/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

Patient Name:	KIWANA JENNINGS	**Patient Control No.:**	98887
Medicaid ID:	46603657700	**NPI:**	1245597228
Claim No.:	202132012363	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/30/2021 - 03/30/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

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Detailed Remittance Advice

WRAPAROUND MARYLAND INC
1118 E MAIN STREET
SALISBURY, MD 218045230

Patient Name:	KIWANA JENNINGS	**Patient Control No.:**	98141
Medicaid ID:	46603657700	**NPI:**	1245597228
Claim No.:	202132012397	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/24/2021 - 03/24/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

Patient Name:	KIWANA JENNINGS	**Patient Control No.:**	98143
Medicaid ID:	46603657700	**NPI:**	1245597228
Claim No.:	202132012451	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/29/2021 - 03/29/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

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Detailed Remittance Advice

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Patient Name:	KIWANA JENNINGS	**Patient Control No.:**	98142
Medicaid ID:	46603657700	**NPI:**	1245597228
Claim No.:	202132012485	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/25/2021 - 03/25/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

Patient Name:	KIWANA JENNINGS	**Patient Control No.:**	98140
Medicaid ID:	46603657700	**NPI:**	1245597228
Claim No.:	202132012511	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/23/2021 - 03/23/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

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Patient Name:	ALEXANDER JOHNSON	**Patient Control No.:**	98145
Medicaid ID:	99082418610	**NPI:**	1245597228
Claim No.:	202132012452	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/19/2021 - 03/19/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

Patient Name:	ALEXANDER JOHNSON	**Patient Control No.:**	98144
Medicaid ID:	99082418610	**NPI:**	1245597228
Claim No.:	202132012499	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/18/2021 - 03/18/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

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WRAPAROUND MARYLAND INC
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Patient Name:	TARON A JOHNSON	**Patient Control No.:**	98148
Medicaid ID:	30665344804	**NPI:**	1245597228
Claim No.:	202132012369	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/24/2021 - 03/24/2021	T1017		4	$142.60	$142.60	$142.60	$0.00	$0.00	$142.60	
				Subtotal:	$142.60	$142.60	$142.60	$0.00	$0.00	$142.60	

Patient Name:	TARON A JOHNSON	**Patient Control No.:**	98149
Medicaid ID:	30665344804	**NPI:**	1245597228
Claim No.:	202132012390	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/26/2021 - 03/26/2021	T1017		1	$35.65	$35.65	$35.65	$0.00	$0.00	$35.65	
				Subtotal:	$35.65	$35.65	$35.65	$0.00	$0.00	$35.65	

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WRAPAROUND MARYLAND INC
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Patient Name:	TARON A JOHNSON	**Patient Control No.:**	98147
Medicaid ID:	30665344804	**NPI:**	1245597228
Claim No.:	202132012411	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/22/2021 - 03/22/2021	T1017		4	$142.60	$142.60	$142.60	$0.00	$0.00	$142.60	
				Subtotal:	$142.60	$142.60	$142.60	$0.00	$0.00	$142.60	

Patient Name:	TARON A JOHNSON	**Patient Control No.:**	98146
Medicaid ID:	30665344804		
Claim No.:	202132012430	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/18/2021 - 03/18/2021	T1017		5	$178.25	$0.00	$0.00	$178.25	$0.00	$0.00	61 62
				Subtotal:	$178.25	$0.00	$0.00	$178.25	$0.00	$0.00	

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Detailed Remittance Advice

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Patient Name:	JERMAINE JONES	**Patient Control No.:**	100131
Medicaid ID:	30943955750	**NPI:**	1245597228
Claim No.:	202132012493	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/11/2021 - 03/11/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

Patient Name:	JUSTYN K JONES	**Patient Control No.:**	98150
Medicaid ID:	43501555301	**NPI:**	1245597228
Claim No.:	202132012357	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/16/2021 - 03/16/2021	T1017		1	$35.65	$35.65	$35.65	$0.00	$0.00	$35.65	
				Subtotal:	$35.65	$35.65	$35.65	$0.00	$0.00	$35.65	

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Patient Name:	JUSTYN K JONES	**Patient Control No.:**	99018
Medicaid ID:	43501555301	**NPI:**	1245597228
Claim No.:	202132012362	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/23/2021 - 03/23/2021	T1017		6	$213.90	$213.90	$213.90	$0.00	$0.00	$213.90	
				Subtotal:	$213.90	$213.90	$213.90	$0.00	$0.00	$213.90	

Patient Name:	JUSTYN K JONES	**Patient Control No.:**	98152
Medicaid ID:	43501555301	**NPI:**	1245597228
Claim No.:	202132012443	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/30/2021 - 03/30/2021	T1017		2	$71.30	$71.30	$71.30	$0.00	$0.00	$71.30	
				Subtotal:	$71.30	$71.30	$71.30	$0.00	$0.00	$71.30	

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Patient Name:	JUSTYN K JONES	**Patient Control No.:**	98151
Medicaid ID:	43501555301	**NPI:**	1245597228
Claim No.:	202132012458	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/19/2021 - 03/19/2021	T1017		1	$35.65	$35.65	$35.65	$0.00	$0.00	$35.65	
				Subtotal:	$35.65	$35.65	$35.65	$0.00	$0.00	$35.65	

Patient Name:	VERONICA L JONES	**Patient Control No.:**	98154
Medicaid ID:	30107833960	**NPI:**	1245597228
Claim No.:	202132012403	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/26/2021 - 03/26/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

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Patient Name:	VERONICA L JONES	**Patient Control No.:**	98153
Medicaid ID:	30107833960	**NPI:**	1245597228
Claim No.:	202132012410	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/25/2021 - 03/25/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

Patient Name:	VERONICA L JONES	**Patient Control No.:**	99265
Medicaid ID:	30107833960	**NPI:**	1245597228
Claim No.:	202132012418	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/30/2021 - 03/30/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

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Patient Name:	VERONICA L JONES	**Patient Control No.:**	98839
Medicaid ID:	30107833960	**NPI:**	1245597228
Claim No.:	202132012433	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/31/2021 - 03/31/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

Patient Name:	JONATHAN KENT	**Patient Control No.:**	98155
Medicaid ID:	48904022300	**NPI:**	1245597228
Claim No.:	202132012517	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/19/2021 - 03/19/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

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WRAPAROUND MARYLAND INC
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Patient Name:	JAMES LAYMAN	**Patient Control No.:**	98161
Medicaid ID:	99111981700	**NPI:**	1245597228
Claim No.:	202132012352	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/30/2021 - 03/30/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

Patient Name:	JAMES LAYMAN	**Patient Control No.:**	98158
Medicaid ID:	99111981700	**NPI:**	1245597228
Claim No.:	202132012384	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/25/2021 - 03/25/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

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Detailed Remittance Advice

WRAPAROUND MARYLAND INC
1118 E MAIN STREET
SALISBURY, MD 218045230

Patient Name:	JAMES LAYMAN	**Patient Control No.:**	98156
Medicaid ID:	99111981700	**NPI:**	1245597228
Claim No.:	202132012413	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/20/2021 - 03/20/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

Patient Name:	JAMES LAYMAN	**Patient Control No.:**	98157
Medicaid ID:	99111981700	**NPI:**	1245597228
Claim No.:	202132012426	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/23/2021 - 03/23/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

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WRAPAROUND MARYLAND INC
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Patient Name:	JAMES LAYMAN	**Patient Control No.:**	98160
Medicaid ID:	99111981700	**NPI:**	1245597228
Claim No.:	202132012490	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/29/2021 - 03/29/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

Patient Name:	JAMES LAYMAN	**Patient Control No.:**	98159
Medicaid ID:	99111981700	**NPI:**	1245597228
Claim No.:	202132012498	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/26/2021 - 03/26/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

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WRAPAROUND MARYLAND INC
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Patient Name:	SHAUNTE M LEE	**Patient Control No.:**	98162
Medicaid ID:	30755772810	**NPI:**	1245597228
Claim No.:	202132012515	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/17/2021 - 03/17/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

Patient Name:	LARRY A LOMAX	**Patient Control No.:**	98093
Medicaid ID:	30998529910	**NPI:**	1245597228
Claim No.:	202132012355	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	02/22/2021 - 02/22/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

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Patient Name:	LARRY A LOMAX	**Patient Control No.:**	98101
Medicaid ID:	30998529910	**NPI:**	1245597228
Claim No.:	202132012389	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	02/23/2021 - 02/23/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

Patient Name:	LARRY A LOMAX	**Patient Control No.:**	98100
Medicaid ID:	30998529910	**NPI:**	1245597228
Claim No.:	202132012404	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	02/27/2021 - 02/27/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

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Patient Name:	LARRY A LOMAX	**Patient Control No.:**	98102
Medicaid ID:	30998529910	**NPI:**	1245597228
Claim No.:	202132012476	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	02/19/2021 - 02/19/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

Patient Name:	LARRY A LOMAX	**Patient Control No.:**	98164
Medicaid ID:	30998529910	**NPI:**	1245597228
Claim No.:	202132012516	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/03/2021 - 03/03/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

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WRAPAROUND MARYLAND INC
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Patient Name:	DAVION L MARSHALL	**Patient Control No.:**	98168
Medicaid ID:	30813964802	**NPI:**	1245597228
Claim No.:	202132012420	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/25/2021 - 03/25/2021	T1017		4	$142.60	$142.60	$142.60	$0.00	$0.00	$142.60	
				Subtotal:	$142.60	$142.60	$142.60	$0.00	$0.00	$142.60	

Patient Name:	DAVION L MARSHALL	**Patient Control No.:**	98169
Medicaid ID:	30813964802	**NPI:**	1245597228
Claim No.:	202132012444	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/30/2021 - 03/30/2021	T1017		2	$71.30	$71.30	$71.30	$0.00	$0.00	$71.30	
				Subtotal:	$71.30	$71.30	$71.30	$0.00	$0.00	$71.30	

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Patient Name:	DONALD E MCAVOY	**Patient Control No.:**	98848
Medicaid ID:	99109064550	**NPI:**	1245597228
Claim No.:	202132012417	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	02/03/2021 - 02/03/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

Patient Name:	DONALD E MCAVOY	**Patient Control No.:**	98844
Medicaid ID:	99109064550	**NPI:**	1245597228
Claim No.:	202132012460	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/31/2021 - 03/31/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

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Patient Name:	MARILYN MONROE	**Patient Control No.:**	100132
Medicaid ID:	48102189800	**NPI:**	1245597228
Claim No.:	202132012383	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/18/2021 - 03/18/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

Patient Name:	CATHY D MOORE	**Patient Control No.:**	98173
Medicaid ID:	99053289620		
Claim No.:	202132012350	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/29/2021 - 03/29/2021	T1016		1	$132.89	$0.00	$0.00	$132.89	$0.00	$0.00	61 62
				Subtotal:	$132.89	$0.00	$0.00	$132.89	$0.00	$0.00	

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Patient Name:	CATHY D MOORE	**Patient Control No.:**	98170
Medicaid ID:	99053289620		
Claim No.:	202132012447	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/16/2021 - 03/16/2021	T1016		1	$132.89	$0.00	$0.00	$132.89	$0.00	$0.00	61 62
				Subtotal:	$132.89	$0.00	$0.00	$132.89	$0.00	$0.00	

Patient Name:	CATHY D MOORE	**Patient Control No.:**	98171
Medicaid ID:	99053289620		
Claim No.:	202132012457	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/18/2021 - 03/18/2021	T1016		1	$132.89	$0.00	$0.00	$132.89	$0.00	$0.00	61 62
				Subtotal:	$132.89	$0.00	$0.00	$132.89	$0.00	$0.00	

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Patient Name:	CATHY D MOORE	**Patient Control No.:**	98172
Medicaid ID:	99053289620		
Claim No.:	202132012497	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/25/2021 - 03/25/2021	T1016		1	$132.89	$0.00	$0.00	$132.89	$0.00	$0.00	61 62
				Subtotal:	$132.89	$0.00	$0.00	$132.89	$0.00	$0.00	

Patient Name:	JAMAL T MORGAN	**Patient Control No.:**	99017
Medicaid ID:	30857754800	**NPI:**	1245597228
Claim No.:	202132012479	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/31/2021 - 03/31/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

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Patient Name:	DANIELLE MORRING	**Patient Control No.:**	98888
Medicaid ID:	30765784840	**NPI:**	1245597228
Claim No.:	202132012439	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/19/2021 - 03/19/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

Patient Name:	VERONICA PACK	**Patient Control No.:**	98099
Medicaid ID:	30859329620	**NPI:**	1245597228
Claim No.:	202132012385	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	02/18/2021 - 02/18/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

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Patient Name:	VERONICA PACK	**Patient Control No.:**	98174
Medicaid ID:	30859329620		
Claim No.:	202132012396	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/16/2021 - 03/16/2021	T1016		1	$132.89	$0.00	$0.00	$132.89	$0.00	$0.00	61 62
				Subtotal:	$132.89	$0.00	$0.00	$132.89	$0.00	$0.00	

Patient Name:	VERONICA PACK	**Patient Control No.:**	98098
Medicaid ID:	30859329620		
Claim No.:	202132012448	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	02/23/2021 - 02/23/2021	T1016		1	$132.89	$0.00	$0.00	$132.89	$0.00	$0.00	61 62
				Subtotal:	$132.89	$0.00	$0.00	$132.89	$0.00	$0.00	

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Patient Name:	VERONICA PACK	**Patient Control No.:**	98175
Medicaid ID:	30859329620		
Claim No.:	202132012465	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/30/2021 - 03/30/2021	T1016		1	$132.89	$0.00	$0.00	$132.89	$0.00	$0.00	61 62
				Subtotal:	$132.89	$0.00	$0.00	$132.89	$0.00	$0.00	

Patient Name:	VERONICA PACK	**Patient Control No.:**	98095
Medicaid ID:	30859329620		
Claim No.:	202132012466	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	02/26/2021 - 02/26/2021	T1016		1	$132.89	$0.00	$0.00	$132.89	$0.00	$0.00	61 62
				Subtotal:	$132.89	$0.00	$0.00	$132.89	$0.00	$0.00	

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Patient Name:	THURGOOD PARKER	**Patient Control No.:**	99267
Medicaid ID:	99043667560	**NPI:**	1245597228
Claim No.:	202132012507	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/23/2021 - 03/23/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

Patient Name:	ASHLEY D PLUMMER	**Patient Control No.:**	98842
Medicaid ID:	30753935900	**NPI:**	1245597228
Claim No.:	202132012339	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/31/2021 - 03/31/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

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Patient Name:	ASHLEY D PLUMMER	**Patient Control No.:**	98176
Medicaid ID:	30753935900	**NPI:**	1245597228
Claim No.:	202132012425	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/16/2021 - 03/16/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

Patient Name:	ASHLEY D PLUMMER	**Patient Control No.:**	98177
Medicaid ID:	30753935900	**NPI:**	1245597228
Claim No.:	202132012454	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/22/2021 - 03/22/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

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Patient Name:	JAMAL R POSEY	**Patient Control No.:**	96262
Medicaid ID:	41502156700	**NPI:**	1245597228
Claim No.:	202132012416	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	11/17/2020 - 11/17/2020	T1016		1	$128.40	$128.40	$128.40	$0.00	$0.00	$128.40	
				Subtotal:	$128.40	$128.40	$128.40	$0.00	$0.00	$128.40	

Patient Name:	JAMAL R POSEY	**Patient Control No.:**	96265
Medicaid ID:	41502156700	**NPI:**	1245597228
Claim No.:	202132012429	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	11/02/2020 - 11/02/2020	T1016		1	$128.40	$128.40	$128.40	$0.00	$0.00	$128.40	
				Subtotal:	$128.40	$128.40	$128.40	$0.00	$0.00	$128.40	

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Patient Name:	AULANDER POWELL	**Patient Control No.:**	98178
Medicaid ID:	99042936650	**NPI:**	1245597228
Claim No.:	202132012373	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/20/2021 - 03/20/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

Patient Name:	AULANDER POWELL	**Patient Control No.:**	98180
Medicaid ID:	99042936650	**NPI:**	1245597228
Claim No.:	202132012421	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/24/2021 - 03/24/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

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Patient Name:	AULANDER POWELL	**Patient Control No.:**	98845
Medicaid ID:	99042936650	**NPI:**	1245597228
Claim No.:	202132012432	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/31/2021 - 03/31/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

Patient Name:	AULANDER POWELL	**Patient Control No.:**	98179
Medicaid ID:	99042936650	**NPI:**	1245597228
Claim No.:	202132012442	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/22/2021 - 03/22/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

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Patient Name:	LAURA N PRATT	**Patient Control No.:**	98181
Medicaid ID:	30792769610	**NPI:**	1245597228
Claim No.:	202132012334	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/17/2021 - 03/17/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

Patient Name:	LAURA N PRATT	**Patient Control No.:**	99016
Medicaid ID:	30792769610	**NPI:**	1245597228
Claim No.:	202132012480	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/24/2021 - 03/24/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

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Patient Name:	JAMES E PRESTBURY	**Patient Control No.:**	98182
Medicaid ID:	44202061700	**NPI:**	1245597228
Claim No.:	202132012356	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/16/2021 - 03/16/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

Patient Name:	JAMES E PRESTBURY	**Patient Control No.:**	98183
Medicaid ID:	44202061700	**NPI:**	1245597228
Claim No.:	202132012510	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/21/2021 - 03/21/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

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Patient Name:	CRYSTAL K RANDALL	**Patient Control No.:**	98184
Medicaid ID:	30813964870	**NPI:**	1245597228
Claim No.:	202132012336	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/25/2021 - 03/25/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

Patient Name:	IMANI S RANDALL	**Patient Control No.:**	98185
Medicaid ID:	30813964801	**NPI:**	1245597228
Claim No.:	202132012464	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/30/2021 - 03/30/2021	T1017		2	$71.30	$71.30	$71.30	$0.00	$0.00	$71.30	
				Subtotal:	$71.30	$71.30	$71.30	$0.00	$0.00	$71.30	

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Patient Name:	TROY L ROBERTS	**Patient Control No.:**	98186
Medicaid ID:	30100170780	**NPI:**	1245597228
Claim No.:	202132012449	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/24/2021 - 03/24/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

Patient Name:	TROY L ROBERTS	**Patient Control No.:**	98187
Medicaid ID:	30100170780	**NPI:**	1245597228
Claim No.:	202132012486	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/25/2021 - 03/25/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

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Patient Name:	KEVIN ROBINSON	**Patient Control No.:**	98846
Medicaid ID:	99050675590	**NPI:**	1245597228
Claim No.:	202132012338	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/31/2021 - 03/31/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

Patient Name:	KEVIN ROBINSON	**Patient Control No.:**	98189
Medicaid ID:	99050675590	**NPI:**	1245597228
Claim No.:	202132012408	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/29/2021 - 03/29/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

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Patient Name:	RAVEL RONE	**Patient Control No.:**	99280
Medicaid ID:	30111360701	**NPI:**	1245597228
Claim No.:	202132012440	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/31/2021 - 03/31/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

Patient Name:	RAVEL RONE	**Patient Control No.:**	98190
Medicaid ID:	30111360701	**NPI:**	1245597228
Claim No.:	202132012509	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/22/2021 - 03/22/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

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Patient Name:	JOHN H ROSS	**Patient Control No.:**	98193
Medicaid ID:	99055740600	**NPI:**	1245597228
Claim No.:	202132012335	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/25/2021 - 03/25/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

Patient Name:	JOHN H ROSS	**Patient Control No.:**	99268
Medicaid ID:	99055740600	**NPI:**	1245597228
Claim No.:	202132012342	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/26/2021 - 03/26/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

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Patient Name:	JOHN H ROSS	**Patient Control No.:**	98191
Medicaid ID:	99055740600	**NPI:**	1245597228
Claim No.:	202132012378	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/18/2021 - 03/18/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

Patient Name:	JOHN H ROSS	**Patient Control No.:**	98192
Medicaid ID:	99055740600	**NPI:**	1245597228
Claim No.:	202132012488	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/24/2021 - 03/24/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

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Patient Name:	JOHN H ROSS	**Patient Control No.:**	99269
Medicaid ID:	99055740600	**NPI:**	1245597228
Claim No.:	202132012508	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/30/2021 - 03/30/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

Patient Name:	ARTHUR N SCOTT	**Patient Control No.:**	98196
Medicaid ID:	30751094600	**NPI:**	1245597228
Claim No.:	202132012351	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/21/2021 - 03/21/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

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Patient Name:	ARTHUR N SCOTT	**Patient Control No.:**	98197
Medicaid ID:	30751094600	**NPI:**	1245597228
Claim No.:	202132012388	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/23/2021 - 03/23/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

Patient Name:	ARTHUR N SCOTT	**Patient Control No.:**	98195
Medicaid ID:	30751094600	**NPI:**	1245597228
Claim No.:	202132012406	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/20/2021 - 03/20/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

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Patient Name:	ARTHUR N SCOTT	**Patient Control No.:**	98198
Medicaid ID:	30751094600	**NPI:**	1245597228
Claim No.:	202132012409	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/26/2021 - 03/26/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

Patient Name:	ARTHUR N SCOTT	**Patient Control No.:**	98194
Medicaid ID:	30751094600	**NPI:**	1245597228
Claim No.:	202132012431	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/17/2021 - 03/17/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

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Patient Name:	MANZIE SMITH	**Patient Control No.:**	98201
Medicaid ID:	42604122100	**NPI:**	1245597228
Claim No.:	202132012343	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/26/2021 - 03/26/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

Patient Name:	MANZIE SMITH	**Patient Control No.:**	98200
Medicaid ID:	42604122100	**NPI:**	1245597228
Claim No.:	202132012450	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/25/2021 - 03/25/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

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Patient Name:	MANZIE SMITH	**Patient Control No.:**	98199
Medicaid ID:	42604122100	**NPI:**	1245597228
Claim No.:	202132012474	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/16/2021 - 03/16/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

Patient Name:	RHONDA SMITH	**Patient Control No.:**	99970
Medicaid ID:	30675289590	**NPI:**	1245597228
Claim No.:	202132012382	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/19/2021 - 03/19/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

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Patient Name:	RONALD J SMITH	**Patient Control No.:**	98202
Medicaid ID:	42503563500	**NPI:**	1245597228
Claim No.:	202132012453	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/22/2021 - 03/22/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

Patient Name:	RONALD J SMITH	**Patient Control No.:**	98206
Medicaid ID:	42503563500	**NPI:**	1245597228
Claim No.:	202132012489	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/25/2021 - 03/25/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

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Patient Name:	RONALD J SMITH	**Patient Control No.:**	98204
Medicaid ID:	42503563500	**NPI:**	1245597228
Claim No.:	202132012513	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/24/2021 - 03/24/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

Patient Name:	RUBY SMITH	**Patient Control No.:**	98207
Medicaid ID:	30094050410	**NPI:**	1245597228
Claim No.:	202132012467	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/16/2021 - 03/16/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

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Patient Name:	AMIN SNEED	**Patient Control No.:**	99015
Medicaid ID:	30553795802	**NPI:**	1245597228
Claim No.:	202132012380	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/17/2021 - 03/17/2021	T1017		8	$285.20	$285.20	$285.20	$0.00	$0.00	$285.20	
				Subtotal:	$285.20	$285.20	$285.20	$0.00	$0.00	$285.20	

Patient Name:	AMIN SNEED	**Patient Control No.:**	98203
Medicaid ID:	30553795802	**NPI:**	1245597228
Claim No.:	202132012475	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/30/2021 - 03/30/2021	T1017		2	$71.30	$71.30	$71.30	$0.00	$0.00	$71.30	
				Subtotal:	$71.30	$71.30	$71.30	$0.00	$0.00	$71.30	

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Patient Name:	PRINCE J STUCKEY	**Patient Control No.:**	98208
Medicaid ID:	42802592402	**NPI:**	1245597228
Claim No.:	202132012387	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/29/2021 - 03/29/2021	T1017		8	$285.20	$285.20	$285.20	$0.00	$0.00	$285.20	
				Subtotal:	$285.20	$285.20	$285.20	$0.00	$0.00	$285.20	

Patient Name:	PRINCE J STUCKEY	**Patient Control No.:**	97758
Medicaid ID:	42802592402	**NPI:**	1245597228
Claim No.:	202132012393	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/11/2021 - 03/11/2021	T1017		4	$142.60	$142.60	$142.60	$0.00	$0.00	$142.60	
				Subtotal:	$142.60	$142.60	$142.60	$0.00	$0.00	$142.60	

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Patient Name:	PRINCE J STUCKEY	**Patient Control No.:**	98205
Medicaid ID:	42802592402	**NPI:**	1245597228
Claim No.:	202132012412	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/28/2021 - 03/28/2021	T1017		8	$285.20	$285.20	$285.20	$0.00	$0.00	$285.20	
				Subtotal:	$285.20	$285.20	$285.20	$0.00	$0.00	$285.20	

Patient Name:	LAMONT J THRASH	**Patient Control No.:**	98210
Medicaid ID:	30665344805	**NPI:**	1245597228
Claim No.:	202132012344	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/18/2021 - 03/18/2021	T1017		1	$35.65	$35.65	$35.65	$0.00	$0.00	$35.65	
				Subtotal:	$35.65	$35.65	$35.65	$0.00	$0.00	$35.65	

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Patient Name:	LAMONT J THRASH	**Patient Control No.:**	98212
Medicaid ID:	30665344805	**NPI:**	1245597228
Claim No.:	202132012349	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/30/2021 - 03/30/2021	T1017		2	$71.30	$71.30	$71.30	$0.00	$0.00	$71.30	
				Subtotal:	$71.30	$71.30	$71.30	$0.00	$0.00	$71.30	

Patient Name:	LAMONT J THRASH	**Patient Control No.:**	99972
Medicaid ID:	30665344805	**NPI:**	1245597228
Claim No.:	202132012391	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/16/2021 - 03/16/2021	T1017		1	$35.65	$35.65	$35.65	$0.00	$0.00	$35.65	
				Subtotal:	$35.65	$35.65	$35.65	$0.00	$0.00	$35.65	

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Patient Name:	LAMONT J THRASH	**Patient Control No.:**	98211
Medicaid ID:	30665344805	**NPI:**	1245597228
Claim No.:	202132012427	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/22/2021 - 03/22/2021	T1017		4	$142.60	$142.60	$142.60	$0.00	$0.00	$142.60	
				Subtotal:	$142.60	$142.60	$142.60	$0.00	$0.00	$142.60	

Patient Name:	SHERRI TORBIT	**Patient Control No.:**	98213
Medicaid ID:	30859616700	**NPI:**	1245597228
Claim No.:	202132014890	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/18/2021 - 03/18/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

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Patient Name:	SHERRI TORBIT	**Patient Control No.:**	98214
Medicaid ID:	30859616700	**NPI:**	1245597228
Claim No.:	202132014900	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/19/2021 - 03/19/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

Patient Name:	DONNA L VARNER	**Patient Control No.:**	99014
Medicaid ID:	03131488610	**NPI:**	1245597228
Claim No.:	202132012481	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/31/2021 - 03/31/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

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Patient Name:	DONNA L VARNER	**Patient Control No.:**	98215
Medicaid ID:	03131488610	**NPI:**	1245597228
Claim No.:	202132014893	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/19/2021 - 03/19/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

Patient Name:	DONNA L VARNER	**Patient Control No.:**	98216
Medicaid ID:	03131488610	**NPI:**	1245597228
Claim No.:	202132014895	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/27/2021 - 03/27/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

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Patient Name:	DONNA L VARNER	**Patient Control No.:**	98217
Medicaid ID:	03131488610	**NPI:**	1245597228
Claim No.:	202132014897	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/29/2021 - 03/29/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

Patient Name:	ANTHONY VAUGHAN	**Patient Control No.:**	98847
Medicaid ID:	99155309670	**NPI:**	1245597228
Claim No.:	202132012473	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/31/2021 - 03/31/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

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Patient Name:	ANTHONY VAUGHAN	**Patient Control No.:**	98219
Medicaid ID:	99155309670	**NPI:**	1245597228
Claim No.:	202132014887	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/21/2021 - 03/21/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

Patient Name:	ANTHONY VAUGHAN	**Patient Control No.:**	98218
Medicaid ID:	99155309670	**NPI:**	1245597228
Claim No.:	202132014892	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/19/2021 - 03/19/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

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Patient Name:	DESTINY VENEY	**Patient Control No.:**	98828
Medicaid ID:	30938594930	**NPI:**	1245597228
Claim No.:	202132012341	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/31/2021 - 03/31/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

Patient Name:	DESTINY VENEY	**Patient Control No.:**	99013
Medicaid ID:	30938594930	**NPI:**	1245597228
Claim No.:	202132012381	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/23/2021 - 03/23/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

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Patient Name:	DESTINY VENEY	**Patient Control No.:**	98220
Medicaid ID:	30938594930	**NPI:**	1245597228
Claim No.:	202132014891	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/24/2021 - 03/24/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

Patient Name:	CARLES W WAITH	**Patient Control No.:**	98221
Medicaid ID:	30660316800	**NPI:**	1245597228
Claim No.:	202132014902	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/25/2021 - 03/25/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

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Patient Name:	SCOTT WANAMAKER	**Patient Control No.:**	98222
Medicaid ID:	99168948700	**NPI:**	1245597228
Claim No.:	202132014894	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/22/2021 - 03/22/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

Patient Name:	ANGELA M WIGGINS	**Patient Control No.:**	98229
Medicaid ID:	30908213750	**NPI:**	1245597228
Claim No.:	202132012502	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/29/2021 - 03/29/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

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Patient Name:	ANGELA M WIGGINS	**Patient Control No.:**	98225
Medicaid ID:	30908213750	**NPI:**	1245597228
Claim No.:	202132014889	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/19/2021 - 03/19/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

Patient Name:	ANGELA M WIGGINS	**Patient Control No.:**	98223
Medicaid ID:	30908213750	**NPI:**	1245597228
Claim No.:	202132014898	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/17/2021 - 03/17/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

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Patient Name:	ANGELA M WIGGINS	**Patient Control No.:**	98224
Medicaid ID:	30908213750	**NPI:**	1245597228
Claim No.:	202132014899	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/18/2021 - 03/18/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

Patient Name:	ROBERT B YOUNG	**Patient Control No.:**	97129
Medicaid ID:	99125835640	**NPI:**	1245597228
Claim No.:	202132012353	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	02/26/2021 - 02/26/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

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Patient Name:	ROBERT B YOUNG	**Patient Control No.:**	97759
Medicaid ID:	99125835640	**NPI:**	1245597228
Claim No.:	202132012415	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/02/2021 - 03/02/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

Patient Name:	ROBERT B YOUNG	**Patient Control No.:**	98890
Medicaid ID:	99125835640	**NPI:**	1245597228
Claim No.:	202132012419	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/04/2021 - 03/04/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

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Patient Name:	ROBERT B YOUNG	**Patient Control No.:**	98108
Medicaid ID:	99125835640	**NPI:**	1245597228
Claim No.:	202132012483	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/23/2021 - 03/23/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

Patient Name:	ROBERT B YOUNG	**Patient Control No.:**	98228
Medicaid ID:	99125835640	**NPI:**	1245597228
Claim No.:	202132014888	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/16/2021 - 03/16/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

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Patient Name:	ROBERT B YOUNG	**Patient Control No.:**	98227
Medicaid ID:	99125835640	**NPI:**	1245597228
Claim No.:	202132014896	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/17/2021 - 03/17/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

Patient Name:	ROBERT B YOUNG	**Patient Control No.:**	98226
Medicaid ID:	99125835640	**NPI:**	1245597228
Claim No.:	202132014901	**Rendering Provider Name:**	WRAPAROUND MARYLAND INC

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	03/19/2021 - 03/19/2021	T1016		1	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	
				Subtotal:	$132.89	$132.89	$132.89	$0.00	$0.00	$132.89	

	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Withhold Amount	Withhold Code	Estimated Payment Offset	Estimated Offset Code	Payment
Total	$24,993.78	$23,486.63	$23,486.63	$1,507.15	$0.00	$0.00		$0.00		$23,486.63

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Explanation Code	Description
1	Contract Amount
45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use only with Group Codes PR or CO depending upon liability)
61	Units exceed authorized/daily limit allowed
62	Payment denied/reduced for absence of, or exceeded, pre-certification/authorization.

You have the right to request a reconsideration of this payment decision by submitting the appropriate documentation to Optum Maryland's Member/Provider Services Department within ninety (90) calendar days of the date on the remittance statement. All documentation should be submitted to the address on page 1 on this remittance. If your claim was denied for no pre-authorization, please submit supporting documentation, clinical data, etc. to the address on page 1, or fax to 1-844-913-0799. If you have questions, please call the Call Center at 1-800-888-1965.