Optum Maryland
P.O. BOX 30532
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Payment Date: 05/23/2021
Payment Number: 50147259
Payment Amount: $20,707.53

POTOMAC CASE MANAGEMENT SVCS INC
324 EAST ANTIETAM ST
SUITE 301
HAGERSTOWN, MD 21740

Optum Maryland
P.O. BOX 30532
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BANK OF AMERICA

7-163
520 MD

50147259

DATE 05/23/2021
AMOUNT $20,707.53

ACH PAYMENT

PAY TO THE ORDER OF

POTOMAC CASE MANAGEMENT SVCS INC
324 EAST ANTIETAM ST
SUITE 301
HAGERSTOWN, MD 21740

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

Detailed Remittance Advice

Payment Date: 05/23/2021
Payment Number: 50147259
Payment Amount: $20,707.53

POTOMAC CASE MANAGEMENT SVCS INC
324 EAST ANTIETAM ST
SUITE 301
HAGERSTOWN, MD 21740

Patient Name:	FAITH L ARMSTRONGCHAFFMAN	**Patient Control No.:**	109854
Medicaid ID:	15071121760	**NPI:**	1184028219
Claim No.:	202133454159	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/18/2021 - 05/18/2021	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:	TINA ASKINS	**Patient Control No.:**	108761
Medicaid ID:	99135164650	**NPI:**	1184028219
Claim No.:	202133382214	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/12/2021 - 05/12/2021	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	

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Patient Name:	TINA ASKINS	**Patient Control No.:**	110064
Medicaid ID:	99135164650	**NPI:**	1184028219
Claim No.:	202133453223	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/19/2021 - 05/19/2021	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:	REBECCA L BAKER	**Patient Control No.:**	109775
Medicaid ID:	10033501550	**NPI:**	1184028219
Claim No.:	202133381854	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/17/2021 - 05/17/2021	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:	REBECCA L BAKER	**Patient Control No.:**	108755
Medicaid ID:	10033501550	**NPI:**	1184028219
Claim No.:	202133382443	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/13/2021 - 05/13/2021	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:	LORI R BARON	**Patient Control No.:**	110066
Medicaid ID:	40023805100	**NPI:**	1184028219
Claim No.:	202133453151	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/19/2021 - 05/19/2021	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:	MENELIK BEKURE	**Patient Control No.:**	108777
Medicaid ID:	47303285601	**NPI:**	1184028219
Claim No.:	202133382394	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/13/2021 - 05/13/2021	T1017		5	$178.25	$178.25	$178.25	$0.00	$0.00	$178.25	
				Subtotal:	$178.25	$178.25	$178.25	$0.00	$0.00	$178.25	

Patient Name:	SELOME S BEKURE	**Patient Control No.:**	109780
Medicaid ID:	47303285600	**NPI:**	1184028219
Claim No.:	202133381841	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/17/2021 - 05/17/2021	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:	SELOME S BEKURE	**Patient Control No.:**	108754
Medicaid ID:	47303285600	**NPI:**	1184028219
Claim No.:	202133382155	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/12/2021 - 05/12/2021	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:	PEYTON J BELL	**Patient Control No.:**	108758
Medicaid ID:	45902192800	**NPI:**	1184028219
Claim No.:	202133382093	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/13/2021 - 05/13/2021	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:	IKEA BOWIE	**Patient Control No.:**	108292
Medicaid ID:	10052761910	**NPI:**	1184028219
Claim No.:	202133381801	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/12/2021 - 05/12/2021	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:	SAMIRA BOWINS	**Patient Control No.:**	108779
Medicaid ID:	10026866701	**NPI:**	1184028219
Claim No.:	202133382081	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/13/2021 - 05/13/2021	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	

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Patient Name:	DAVID BREWER	**Patient Control No.:**	109702
Medicaid ID:	41801955500	**NPI:**	1184028219
Claim No.:	202133382213	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/12/2021 - 05/12/2021	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:	DAVID BREWER	**Patient Control No.:**	110059
Medicaid ID:	41801955500	**NPI:**	1184028219
Claim No.:	202133453204	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/17/2021 - 05/17/2021	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:	SHANIQUA BROOKS	**Patient Control No.:**	109741
Medicaid ID:	46402460200	**NPI:**	1184028219
Claim No.:	202133382165	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/12/2021 - 05/12/2021	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:	CHRISTINA BROWN	**Patient Control No.:**	108768
Medicaid ID:	40600451500	**NPI:**	1184028219
Claim No.:	202133382049	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/13/2021 - 05/13/2021	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:	CHRISTINA BROWN	**Patient Control No.:**	109861
Medicaid ID:	40600451500	**NPI:**	1184028219
Claim No.:	202133454205	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/18/2021 - 05/18/2021	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:	TERESA BROWN	**Patient Control No.:**	109703
Medicaid ID:	42300209000	**NPI:**	1184028219
Claim No.:	202133381879	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/13/2021 - 05/13/2021	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:	TERESA BROWN	**Patient Control No.:**	110060
Medicaid ID:	42300209000	**NPI:**	1184028219
Claim No.:	202133453221	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/17/2021 - 05/17/2021	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:	KASSIA D BRYANT	**Patient Control No.:**	108285
Medicaid ID:	47705071200	**NPI:**	1184028219
Claim No.:	202133381901	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/12/2021 - 05/12/2021	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	

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Patient Name:	MICHAEL O BURLEY	**Patient Control No.:**	108748
Medicaid ID:	41701086000	**NPI:**	1184028219
Claim No.:	202133382153	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/10/2021 - 05/10/2021	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:	MICHAEL O BURLEY	**Patient Control No.:**	108752
Medicaid ID:	41701086000	**NPI:**	1184028219
Claim No.:	202133382246	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/12/2021 - 05/12/2021	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	

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Patient Name:	ERIN BYRNE	**Patient Control No.:**	108753
Medicaid ID:	41302622200	**NPI:**	1184028219
Claim No.:	202133381834	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/12/2021 - 05/12/2021	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:	ERIN BYRNE	**Patient Control No.:**	109776
Medicaid ID:	41302622200	**NPI:**	1184028219
Claim No.:	202133381904	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/17/2021 - 05/17/2021	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:	ERIN BYRNE	**Patient Control No.:**	108747
Medicaid ID:	41302622200	**NPI:**	1184028219
Claim No.:	202133382430	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/10/2021 - 05/10/2021	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:	KATHLEEN CAHILL	**Patient Control No.:**	108286
Medicaid ID:	45403039000	**NPI:**	1184028219
Claim No.:	202133382453	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/12/2021 - 05/12/2021	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	

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Patient Name:	ADRIAN J CANNON	**Patient Control No.:**	108773
Medicaid ID:	43602861900	**NPI:**	1184028219
Claim No.:	202133382344	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/12/2021 - 05/12/2021	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:	LYAH D CAVALLO	**Patient Control No.:**	108763
Medicaid ID:	48205704500	**NPI:**	1184028219
Claim No.:	202133382033	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/13/2021 - 05/13/2021	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:	DOUGLAS B CHAFFMAN	**Patient Control No.:**	109740
Medicaid ID:	47202622000	**NPI:**	1184028219
Claim No.:	202133381822	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/06/2021 - 05/06/2021	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:	DOUGLAS B CHAFFMAN	**Patient Control No.:**	110061
Medicaid ID:	47202622000	**NPI:**	1184028219
Claim No.:	202133453285	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/17/2021 - 05/17/2021	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:	ZANIAH V CHERRY	**Patient Control No.:**	108769
Medicaid ID:	48204674700	**NPI:**	1184028219
Claim No.:	202133382231	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/13/2021 - 05/13/2021	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:	LISA A COLE	**Patient Control No.:**	110070
Medicaid ID:	11397090730	**NPI:**	1184028219
Claim No.:	202133453317	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/18/2021 - 05/18/2021	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:	DANIEL COLLINS	**Patient Control No.:**	109699
Medicaid ID:	11380179810	**NPI:**	1184028219
Claim No.:	202133381861	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/12/2021 - 05/12/2021	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:	JANET COMBS	**Patient Control No.:**	108765
Medicaid ID:	11288159310	**NPI:**	1184028219
Claim No.:	202133382174	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/13/2021 - 05/13/2021	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:	JANET COMBS	**Patient Control No.:**	109708
Medicaid ID:	11288159310	**NPI:**	1184028219
Claim No.:	202133382288	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/17/2021 - 05/17/2021	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:	KAMAYIAH A COWAN	**Patient Control No.:**	109715
Medicaid ID:	46402460201	**NPI:**	1184028219
Claim No.:	202133381962	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/17/2021 - 05/17/2021	T1017		5	$178.25	$178.25	$178.25	$0.00	$0.00	$178.25	
				Subtotal:	$178.25	$178.25	$178.25	$0.00	$0.00	$178.25	

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Patient Name:	ANN CRUM	**Patient Control No.:**	109866
Medicaid ID:	99196976620	**NPI:**	1184028219
Claim No.:	202133454160	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/18/2021 - 05/18/2021	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:	PATRICIA DEVORE	**Patient Control No.:**	109700
Medicaid ID:	11349858430	**NPI:**	1184028219
Claim No.:	202133382044	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/12/2021 - 05/12/2021	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	

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Patient Name:	BECKY L DODSON	**Patient Control No.:**	110071
Medicaid ID:	46100468600	**NPI:**	1184028219
Claim No.:	202133453163	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/20/2021 - 05/20/2021	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:	ISABELLA M DODSON	**Patient Control No.:**	109675
Medicaid ID:	46100468602	**NPI:**	1184028219
Claim No.:	202133382010	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/12/2021 - 05/12/2021	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	

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Patient Name:	ISABELLA M DODSON	**Patient Control No.:**	109867
Medicaid ID:	46100468602	**NPI:**	1184028219
Claim No.:	202133454184	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/18/2021 - 05/18/2021	T1017		5	$178.25	$178.25	$178.25	$0.00	$0.00	$178.25	
				Subtotal:	$178.25	$178.25	$178.25	$0.00	$0.00	$178.25	

Patient Name:	DEBRA A DOWNS	**Patient Control No.:**	108293
Medicaid ID:	01003196200	**NPI:**	1184028219
Claim No.:	202133382176	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/12/2021 - 05/12/2021	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	

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Patient Name:	ROBERT L DOYLE	**Patient Control No.:**	108294
Medicaid ID:	10070449880	**NPI:**	1184028219
Claim No.:	202133381980	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/12/2021 - 05/12/2021	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:	ELIZABETH ECHEVERRI	**Patient Control No.:**	109024
Medicaid ID:	47602655100	**NPI:**	1184028219
Claim No.:	202133382339	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/13/2021 - 05/13/2021	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 P EVANS	**Patient Control No.:**	109695
Medicaid ID:	45701340800	**NPI:**	1184028219
Claim No.:	202133381877	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/10/2021 - 05/10/2021	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:	CHELSEY G FLICKINGER	**Patient Control No.:**	108750
Medicaid ID:	85454023686	**NPI:**	1184028219
Claim No.:	202133381872	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/10/2021 - 05/10/2021	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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Patient Name:	TARA M FLYNN	**Patient Control No.:**	109856
Medicaid ID:	48201275600	**NPI:**	1184028219
Claim No.:	202133454169	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/18/2021 - 05/18/2021	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:	LAURA A FOGLE	**Patient Control No.:**	108759
Medicaid ID:	10026194540	**NPI:**	1184028219
Claim No.:	202133381878	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/13/2021 - 05/13/2021	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 A FOGLE	**Patient Control No.:**	108751
Medicaid ID:	10026194540	**NPI:**	1184028219
Claim No.:	202133382008	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/12/2021 - 05/12/2021	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:	LAURA A FOGLE	**Patient Control No.:**	109777
Medicaid ID:	10026194540	**NPI:**	1184028219
Claim No.:	202133382162	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/17/2021 - 05/17/2021	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:	REBECCA L FOGLE	**Patient Control No.:**	109864
Medicaid ID:	10026194820	**NPI:**	1184028219
Claim No.:	202133454206	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/18/2021 - 05/18/2021	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:	DEANNA F FOSTER	**Patient Control No.:**	109874
Medicaid ID:	15331423701	**NPI:**	1184028219
Claim No.:	202133454193	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/13/2021 - 05/13/2021	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 N FRALEY	**Patient Control No.:**	109697
Medicaid ID:	48300506200	**NPI:**	1184028219
Claim No.:	202133382440	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/10/2021 - 05/10/2021	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:	KIESHA N FRAZIER	**Patient Control No.:**	110077
Medicaid ID:	15240194840	**NPI:**	1184028219
Claim No.:	202133453172	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/19/2021 - 05/19/2021	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:	LYNALE E FRAZIER	**Patient Control No.:**	110062
Medicaid ID:	21064554810	**NPI:**	1184028219
Claim No.:	202133453230	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/17/2021 - 05/17/2021	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:	SIOBHAN GEESLIN	**Patient Control No.:**	110081
Medicaid ID:	40015799300	**NPI:**	1184028219
Claim No.:	202133453251	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/18/2021 - 05/18/2021	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:	RACHEL GILLISPIE	**Patient Control No.:**	109690
Medicaid ID:	41500581800	**NPI:**	1184028219
Claim No.:	202133382228	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/17/2021 - 05/17/2021	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:	CATHERINE GONZALEZ	**Patient Control No.:**	108775
Medicaid ID:	11358299740	**NPI:**	1184028219
Claim No.:	202133382011	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/13/2021 - 05/13/2021	T1017		3	$106.95	$106.95	$106.95	$0.00	$0.00	$106.95	
				Subtotal:	$106.95	$106.95	$106.95	$0.00	$0.00	$106.95	

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Patient Name:	ELI GONZALEZ	**Patient Control No.:**	108774
Medicaid ID:	11358299660	**NPI:**	1184028219
Claim No.:	202133381880	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/13/2021 - 05/13/2021	T1017		3	$106.95	$106.95	$106.95	$0.00	$0.00	$106.95	
				Subtotal:	$106.95	$106.95	$106.95	$0.00	$0.00	$106.95	

Patient Name:	KANDICE K GRANT	**Patient Control No.:**	107816
Medicaid ID:	49902619600	**NPI:**	1184028219
Claim No.:	202133194219	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/04/2021 - 05/04/2021	H0031		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 R GREEN	**Patient Control No.:**	109687
Medicaid ID:	41400380500	**NPI:**	1184028219
Claim No.:	202133382082	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/12/2021 - 05/12/2021	H0031		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:	JOAN C HADAWAY	**Patient Control No.:**	110069
Medicaid ID:	02135048580	**NPI:**	1184028219
Claim No.:	202133453165	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/18/2021 - 05/18/2021	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:	REBECCA M HAWKINS	**Patient Control No.:**	109857
Medicaid ID:	40022286400	**NPI:**	1184028219
Claim No.:	202133454150	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/18/2021 - 05/18/2021	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:	COREY HODGE-CHISHOLM	**Patient Control No.:**	109694
Medicaid ID:	40505651700	**NPI:**	1184028219
Claim No.:	202133382199	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/17/2021 - 05/17/2021	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:	COREY HODGE-CHISHOLM	**Patient Control No.:**	108283
Medicaid ID:	40505651700	**NPI:**	1184028219
Claim No.:	202133382236	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/12/2021 - 05/12/2021	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:	GABRIELLA IZCUE	**Patient Control No.:**	108771
Medicaid ID:	40600451501	**NPI:**	1184028219
Claim No.:	202133382328	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/13/2021 - 05/13/2021	T1017		12	$427.80	$427.80	$427.80	$0.00	$0.00	$427.80	
				Subtotal:	$427.80	$427.80	$427.80	$0.00	$0.00	$427.80	

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Patient Name:	KAYMEN JACKSON	**Patient Control No.:**	109723
Medicaid ID:	30883028703	**NPI:**	1184028219
Claim No.:	202133382276	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/17/2021 - 05/17/2021	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:	AMONTE JAMES	**Patient Control No.:**	108776
Medicaid ID:	42005445500	**NPI:**	1184028219
Claim No.:	202133382349	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/13/2021 - 05/13/2021	T1017		10	$356.50	$356.50	$356.50	$0.00	$0.00	$356.50	
				Subtotal:	$356.50	$356.50	$356.50	$0.00	$0.00	$356.50	

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Patient Name:	CHRISTINE C JANSON	**Patient Control No.:**	108289
Medicaid ID:	45705554400	**NPI:**	1184028219
Claim No.:	202133381809	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/12/2021 - 05/12/2021	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:	CHRISTINE C JANSON	**Patient Control No.:**	109709
Medicaid ID:	45705554400	**NPI:**	1184028219
Claim No.:	202133381936	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/17/2021 - 05/17/2021	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:	DEBORAH A JENKINS	**Patient Control No.:**	109022
Medicaid ID:	48304228000	**NPI:**	1184028219
Claim No.:	202133382241	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/13/2021 - 05/13/2021	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:	LINDA S JOHNSON	**Patient Control No.:**	110068
Medicaid ID:	10031222600	**NPI:**	1184028219
Claim No.:	202133453210	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/18/2021 - 05/18/2021	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:	MELANIE JOHNSON	**Patient Control No.:**	110072
Medicaid ID:	46003364800	**NPI:**	1184028219
Claim No.:	202133453312	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/20/2021 - 05/20/2021	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:	MICHELLE JOHNSON	**Patient Control No.:**	109691
Medicaid ID:	10065032720	**NPI:**	1184028219
Claim No.:	202133382242	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/17/2021 - 05/17/2021	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:	HALLECK R JONES	**Patient Control No.:**	109865
Medicaid ID:	41203953900	**NPI:**	1184028219
Claim No.:	202133454161	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/18/2021 - 05/18/2021	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:	RICKY JONES	**Patient Control No.:**	109774
Medicaid ID:	45600267800	**NPI:**	1184028219
Claim No.:	202133382439	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/17/2021 - 05/17/2021	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:	BROOKLYN KERILL	**Patient Control No.:**	109720
Medicaid ID:	21070688803	**NPI:**	1184028219
Claim No.:	202133381937	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/17/2021 - 05/17/2021	T1017		7	$249.55	$249.55	$249.55	$0.00	$0.00	$249.55	
				Subtotal:	$249.55	$249.55	$249.55	$0.00	$0.00	$249.55	

Patient Name:	BROOKLYN KERILL	**Patient Control No.:**	109868
Medicaid ID:	21070688803	**NPI:**	1184028219
Claim No.:	202133454175	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/18/2021 - 05/18/2021	T1017		9	$320.85	$320.85	$320.85	$0.00	$0.00	$320.85	
				Subtotal:	$320.85	$320.85	$320.85	$0.00	$0.00	$320.85	

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Patient Name:	OLIVIA KERILL	**Patient Control No.:**	109721
Medicaid ID:	21070688804	**NPI:**	1184028219
Claim No.:	202133382076	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/17/2021 - 05/17/2021	T1017		5	$178.25	$178.25	$178.25	$0.00	$0.00	$178.25	
				Subtotal:	$178.25	$178.25	$178.25	$0.00	$0.00	$178.25	

Patient Name:	OLIVIA KERILL	**Patient Control No.:**	109869
Medicaid ID:	21070688804	**NPI:**	1184028219
Claim No.:	202133454136	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/18/2021 - 05/18/2021	T1017		7	$249.55	$249.55	$249.55	$0.00	$0.00	$249.55	
				Subtotal:	$249.55	$249.55	$249.55	$0.00	$0.00	$249.55	

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Patient Name:	TIMOTHY L KING	**Patient Control No.:**	108295
Medicaid ID:	46700212500	**NPI:**	1184028219
Claim No.:	202133382249	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/12/2021 - 05/12/2021	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:	KIVIAN N KUILAN	**Patient Control No.:**	108746
Medicaid ID:	42302857000	**NPI:**	1184028219
Claim No.:	202133382184	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/10/2021 - 05/10/2021	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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Patient Name:	AUTUMN LANCASTER	**Patient Control No.:**	108291
Medicaid ID:	48703016000	**NPI:**	1184028219
Claim No.:	202133381960	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/12/2021 - 05/12/2021	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:	AUTUMN LANCASTER	**Patient Control No.:**	110079
Medicaid ID:	48703016000	**NPI:**	1184028219
Claim No.:	202133453212	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/19/2021 - 05/19/2021	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:	BARBARA LANZA	**Patient Control No.:**	108760
Medicaid ID:	11358299410	**NPI:**	1184028219
Claim No.:	202133381852	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/13/2021 - 05/13/2021	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:	VICTORIA A LINTHICUM	**Patient Control No.:**	110073
Medicaid ID:	85494035942	**NPI:**	1184028219
Claim No.:	202133453235	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/20/2021 - 05/20/2021	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:	AALIYAH LUCAS	**Patient Control No.:**	108426
Medicaid ID:	48900224601	**NPI:**	1184028219
Claim No.:	202133382274	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/12/2021 - 05/12/2021	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:	MICHELLE L MCINTYRE	**Patient Control No.:**	109863
Medicaid ID:	40022630000	**NPI:**	1184028219
Claim No.:	202133454148	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/18/2021 - 05/18/2021	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:	DAMIEN L MERCER	**Patient Control No.:**	108778
Medicaid ID:	42001918803	**NPI:**	1184028219
Claim No.:	202133381942	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/13/2021 - 05/13/2021	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:	ANDREANNA MILLER	**Patient Control No.:**	108149
Medicaid ID:	46405081800		
Claim No.:	202133234177	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/10/2021 - 05/10/2021	T1016		1	$132.89	$0.00	$0.00	$132.89	$0.00	$0.00	14 22
				Subtotal:	$132.89	$0.00	$0.00	$132.89	$0.00	$0.00	

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Patient Name:	TINA M MILLERSOLAIMAN	**Patient Control No.:**	110076
Medicaid ID:	41402840300	**NPI:**	1184028219
Claim No.:	202133453332	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/19/2021 - 05/19/2021	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:	SUSAN MILLS	**Patient Control No.:**	109696
Medicaid ID:	49100346200	**NPI:**	1184028219
Claim No.:	202133382156	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/10/2021 - 05/10/2021	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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Patient Name:	SUSAN MILLS	**Patient Control No.:**	110067
Medicaid ID:	49100346200	**NPI:**	1184028219
Claim No.:	202133453334	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/18/2021 - 05/18/2021	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:	KAYLA MOATS	**Patient Control No.:**	109719
Medicaid ID:	46205694100	**NPI:**	1184028219
Claim No.:	202133381842	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/17/2021 - 05/17/2021	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	

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Patient Name:	LILYANNE MOATS	**Patient Control No.:**	108772
Medicaid ID:	49305754800	**NPI:**	1184028219
Claim No.:	202133382378	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/13/2021 - 05/13/2021	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:	CHRISTINE M MOBERLY	**Patient Control No.:**	110063
Medicaid ID:	10048443640	**NPI:**	1184028219
Claim No.:	202133453180	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/17/2021 - 05/17/2021	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:	PATRICK MORLEY	**Patient Control No.:**	108296
Medicaid ID:	46403693200	**NPI:**	1184028219
Claim No.:	202133382113	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/12/2021 - 05/12/2021	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:	STEVE C MORRISON	**Patient Control No.:**	109855
Medicaid ID:	42500311900	**NPI:**	1184028219
Claim No.:	202133454180	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/18/2021 - 05/18/2021	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:	INWHA I PARK	**Patient Control No.:**	108770
Medicaid ID:	47402211201		
Claim No.:	202133382179	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/13/2021 - 05/13/2021	T1017		6	$213.90	$0.00	$0.00	$213.90	$0.00	$0.00	14 22
				Subtotal:	$213.90	$0.00	$0.00	$213.90	$0.00	$0.00	

Patient Name:	ABIGAIL L PITTS	**Patient Control No.:**	109717
Medicaid ID:	03302491703	**NPI:**	1184028219
Claim No.:	202133381814	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/17/2021 - 05/17/2021	T1017		3	$106.95	$106.95	$106.95	$0.00	$0.00	$106.95	
				Subtotal:	$106.95	$106.95	$106.95	$0.00	$0.00	$106.95	

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Patient Name:	ROBERT L PRICHARD	**Patient Control No.:**	108410
Medicaid ID:	40002593100	**NPI:**	1184028219
Claim No.:	202133382433	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/12/2021 - 05/12/2021	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:	BRIAN REYNOLDS	**Patient Control No.:**	108762
Medicaid ID:	48205352400	**NPI:**	1184028219
Claim No.:	202133382138	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/13/2021 - 05/13/2021	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:	LOUIS E RICH	**Patient Control No.:**	109858
Medicaid ID:	30775971620	**NPI:**	1184028219
Claim No.:	202133454149	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/18/2021 - 05/18/2021	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:	MILTON H RICKETTS	**Patient Control No.:**	108756
Medicaid ID:	15294810650	**NPI:**	1184028219
Claim No.:	202133382198	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/13/2021 - 05/13/2021	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:	LAVERNE A RIDDLE	**Patient Control No.:**	109023
Medicaid ID:	41304714800	**NPI:**	1184028219
Claim No.:	202133382205	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/13/2021 - 05/13/2021	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:	DEANA RODE	**Patient Control No.:**	110058
Medicaid ID:	47004882500	**NPI:**	1184028219
Claim No.:	202133453181	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/13/2021 - 05/13/2021	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:	DEANA RODE	**Patient Control No.:**	110065
Medicaid ID:	47004882500	**NPI:**	1184028219
Claim No.:	202133453275	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/19/2021 - 05/19/2021	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:	JESSICA SAVAGE	**Patient Control No.:**	109706
Medicaid ID:	43400472800	**NPI:**	1184028219
Claim No.:	202133381931	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/17/2021 - 05/17/2021	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:	ROBERT J SCHOEPFER	**Patient Control No.:**	109707
Medicaid ID:	40500349200	**NPI:**	1184028219
Claim No.:	202133381869	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/17/2021 - 05/17/2021	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 J SCHOEPFER	**Patient Control No.:**	108290
Medicaid ID:	40500349200	**NPI:**	1184028219
Claim No.:	202133382114	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/12/2021 - 05/12/2021	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	

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Patient Name:	ROBERT J SCHOEPFER	**Patient Control No.:**	108766
Medicaid ID:	40500349200	**NPI:**	1184028219
Claim No.:	202133382154	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/13/2021 - 05/13/2021	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:	DORIAN SCOTT	**Patient Control No.:**	108429
Medicaid ID:	47305047901	**NPI:**	1184028219
Claim No.:	202133382144	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/11/2021 - 05/11/2021	T1017		11	$392.15	$392.15	$392.15	$0.00	$0.00	$392.15	
				Subtotal:	$392.15	$392.15	$392.15	$0.00	$0.00	$392.15	

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Patient Name:	BRANDY L SHANKLE	**Patient Control No.:**	108425
Medicaid ID:	43103010300	**NPI:**	1184028219
Claim No.:	202133382243	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/12/2021 - 05/12/2021	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:	ANTHONY SHANKS	**Patient Control No.:**	109870
Medicaid ID:	45800432902	**NPI:**	1184028219
Claim No.:	202133454153	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/18/2021 - 05/18/2021	T1017		7	$249.55	$249.55	$249.55	$0.00	$0.00	$249.55	
				Subtotal:	$249.55	$249.55	$249.55	$0.00	$0.00	$249.55	

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Patient Name:	MELISSA SHEPPARD	**Patient Control No.:**	110078
Medicaid ID:	48403418400	**NPI:**	1184028219
Claim No.:	202133453152	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/19/2021 - 05/19/2021	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:	CURTIS SHIM	**Patient Control No.:**	109853
Medicaid ID:	40901785700	**NPI:**	1184028219
Claim No.:	202133454194	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/18/2021 - 05/18/2021	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:	KIMBERLY A SMITH	**Patient Control No.:**	108757
Medicaid ID:	47900513500	**NPI:**	1184028219
Claim No.:	202133382338	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/13/2021 - 05/13/2021	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:	JENNIFER L SMITH PARKER	**Patient Control No.:**	108749
Medicaid ID:	06031667890	**NPI:**	1184028219
Claim No.:	202133382321	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/10/2021 - 05/10/2021	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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Patient Name:	KAYLI STERN	**Patient Control No.:**	109676
Medicaid ID:	47004882600	**NPI:**	1184028219
Claim No.:	202133382282	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/12/2021 - 05/12/2021	T1017		7	$249.55	$249.55	$249.55	$0.00	$0.00	$249.55	
				Subtotal:	$249.55	$249.55	$249.55	$0.00	$0.00	$249.55	

Patient Name:	CHARLENE STEVENSON	**Patient Control No.:**	109704
Medicaid ID:	16234045640	**NPI:**	1184028219
Claim No.:	202133381951	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/13/2021 - 05/13/2021	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:	DANA A SUAREZ	**Patient Control No.:**	108428
Medicaid ID:	49100647102	**NPI:**	1184028219
Claim No.:	202133381885	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/12/2021 - 05/12/2021	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:	SARAH E SZYMCZAK	**Patient Control No.:**	108744
Medicaid ID:	41505713800	**NPI:**	1184028219
Claim No.:	202133382323	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/13/2021 - 05/13/2021	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:	SARAH E SZYMCZAK	**Patient Control No.:**	110074
Medicaid ID:	41505713800	**NPI:**	1184028219
Claim No.:	202133453339	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/20/2021 - 05/20/2021	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:	MALIYAH THOMAS	**Patient Control No.:**	109724
Medicaid ID:	15201534806	**NPI:**	1184028219
Claim No.:	202133382435	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/17/2021 - 05/17/2021	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	

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Patient Name:	SAMEER THOMAS	**Patient Control No.:**	109722
Medicaid ID:	15201534805	**NPI:**	1184028219
Claim No.:	202133382334	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/17/2021 - 05/17/2021	T1017		9	$320.85	$320.85	$320.85	$0.00	$0.00	$320.85	
				Subtotal:	$320.85	$320.85	$320.85	$0.00	$0.00	$320.85	

Patient Name:	NIAISHA N THOMPSON	**Patient Control No.:**	109021
Medicaid ID:	10060535900	**NPI:**	1184028219
Claim No.:	202133382260	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/13/2021 - 05/13/2021	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:	DANIEL V TRAVIS	**Patient Control No.:**	109686
Medicaid ID:	44005444300	**NPI:**	1184028219
Claim No.:	202133381905	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/13/2021 - 05/13/2021	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:	DANIEL V TRAVIS	**Patient Control No.:**	109849
Medicaid ID:	44005444300	**NPI:**	1184028219
Claim No.:	202133454168	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/10/2021 - 05/10/2021	H0031		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:	DANIEL V TRAVIS	**Patient Control No.:**	109860
Medicaid ID:	44005444300	**NPI:**	1184028219
Claim No.:	202133454171	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/18/2021 - 05/18/2021	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:	MICHELLE R TROUT	**Patient Control No.:**	109020
Medicaid ID:	03274844720	**NPI:**	1184028219
Claim No.:	202133382202	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/13/2021 - 05/13/2021	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:	JOAO VIEIRA	**Patient Control No.:**	109688
Medicaid ID:	41903463800	**NPI:**	1184028219
Claim No.:	202133381821	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/12/2021 - 05/12/2021	H0031		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:	JOAO VIEIRA	**Patient Control No.:**	109859
Medicaid ID:	41903463800	**NPI:**	1184028219
Claim No.:	202133454132	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/18/2021 - 05/18/2021	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:	DEAN A WENDIG	**Patient Control No.:**	110080
Medicaid ID:	47902731300	**NPI:**	1184028219
Claim No.:	202133453305	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/19/2021 - 05/19/2021	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:	THOMAS WININGER	**Patient Control No.:**	108430
Medicaid ID:	21053506901	**NPI:**	1184028219
Claim No.:	202133381994	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/11/2021 - 05/11/2021	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	

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HAGERSTOWN, MD 217400000

Patient Name:	DESTINY WOOLDRIDGE	**Patient Control No.:**	109692
Medicaid ID:	43502439900	**NPI:**	1184028219
Claim No.:	202133381993	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/17/2021 - 05/17/2021	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:	DESTINY WOOLDRIDGE	**Patient Control No.:**	108767
Medicaid ID:	43502439900	**NPI:**	1184028219
Claim No.:	202133382222	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/13/2021 - 05/13/2021	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	

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

Detailed Remittance Advice

POTOMAC CASE MANAGEMENT SVCS INC
324 EAST ANTIETAM ST
SUITE 301
HAGERSTOWN, MD 217400000

Patient Name:	JESSIE WORKMAN	**Patient Control No.:**	109778
Medicaid ID:	47300279900	**NPI:**	1184028219
Claim No.:	202133382164	**Rendering Provider Name:**	POTOMAC CASE MANAGEMENT SVCS I

Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes
100	05/17/2021 - 05/17/2021	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	

	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Withhold Amount	Withhold Code	Estimated Payment Offset	Estimated Offset Code	Payment
Total	$21,054.32	$20,707.53	$20,707.53	$346.79	$0.00	$0.00		$0.00		$20,707.53

Explanation Code	Description
1	Contract Amount
14	Service Payable by other Primary Carrier
22	This care may be covered by another payer per coordination of benefits.
45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use only with Group Codes PR or CO depending upon liability)

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.