

Q/CARE 1
 PROGRAM ID: FMFX0238 2
 CLAIM TYPE: FACILITY
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HEALTH NET OF CALIFORNIA
 Q/CARE MEDI-CAL CLAIMS

5 RUN DATE: 06/21/2001
6 RUN TIME: 13:55:02:22
7 PAGE NUM: 1

4 EOC 300/308 REPORT
8 REMIT NUM: 01171100010
9 CHECK DATE: 06/20/2001

SERVICING PROVIDER: 991111111 PRINCESS OF HOSPITALS
10

11 PAY TO: PRINCESS OF HOSPITALS

12
 CAPPED PPG/HOSP/PHONE: QUEEN OF HOSPITALS (916) 555-1111

13 <u>MEMBER ID</u>	14 <u>MBR LAST NAME</u>	15 <u>MBR FIRST NAME</u>	16 <u>CLAIM NUMBER</u>	17 <u>BEG DOS</u>	18 <u>END DOS</u>	19 <u>PROC</u>	20 <u>DIAG</u>	21 <u>EOC</u>	22 <u>BILLED AMT</u>
5551055510	MEMBER1	MARY	200110307770101	05/13/2001	05/14/2001		68102	308	1545.00
5557155500	MEMBER2	TOM	200110307770201	04/28/2001	04/28/2001	Z7502	53500	308	188.00
5558855510	MEMBER3	SUSAN	200110307770301	05/13/2001	05/13/2001	X5864	462	308	254.00

CAPPED PPG/HOSP/PHONE: DOCTOR A (916) 777-1111

<u>MEMBER ID</u>	<u>MBR LAST NAME</u>	<u>MBR FIRST NAME</u>	<u>CLAIM NUMBER</u>	<u>BEG DOS</u>	<u>END DOS</u>	<u>PROC</u>	<u>DIAG</u>	<u>EOC</u>	<u>BILLED AMT</u>
7771055510	MEMBER4	JANE	200111007770401	06/13/2001	06/13/2001	Z7502	83101	300	202.00
7777155500	MEMBER5	LARRY	200111007770501	05/28/2001	05/28/2001	Z7502	531	300	192.00
7778855510	MEMBER6	KAY	200111007770601	06/13/2001	06/13/2001	X5764	462	300	375.00