



Invoices - Invoice Details

BARS Number: TX433010006 - HIDALGO COUNTY

Invoice Period: 03/04/2017 - 03/10/2017 Process Date: 03/10/2017

Invoice Detail

Invoice Detail summarizes claims activity by association.

Claim Period: 03/04/2017 - 03/10/2017

Cust Nbr	Set Nbr	ASC Nbr	Association Name	Total Claims Month To Date	Total Claims Week To Date	Drug Claims	Dental Claims	All Claims But Drug, Dental	Claim Count
TX433	01	001	HIDALGO COUNTY	\$45,350.67	\$4,737.52	\$0.00	\$0.00	\$4,737.52	64
TX433	01	002	HEAD START	\$7,422.12	\$4,047.18	\$0.00	\$0.00	\$4,047.18	36
TX433	01	003	APPRAISAL DISTRICT	\$752.72	\$586.97	\$0.00	\$0.00	\$586.97	1
TX433	01	005	DRAINAGE DISTRICT	\$199.10	\$199.10	\$0.00	\$0.00	\$199.10	6
TX433	01	006	RETIREEES	\$145.40	\$145.40	\$0.00	\$0.00	\$145.40	2
TX433	01	007	COBRA	\$123.37	\$123.37	\$0.00	\$0.00	\$123.37	2
			Customer Total Claims	\$53,993.38	\$9,839.54	\$0.00	\$0.00	\$9,839.54	111
			Customer Grand Total	\$53,993.38	\$9,839.54	\$0.00	\$0.00	\$9,839.54	111



BlueCross BlueShield of Texas

Invoices - Invoice Details

BARS Number: TX433010006 - HIDALGO COUNTY

Invoice Period: 03/11/2017 - 03/17/2017 Process Date: 03/17/2017

Invoice Detail

Invoice Detail summarizes claims activity by association.

Claim Period: 03/11/2017 - 03/17/2017

Cust Nbr	Set Nbr	ASC Nbr	Association Name	Total Claims Month To Date	Total Claims Week To Date	Drug Claims	Dental Claims	All Claims But Drug, Dental	Claim Count
TX433	01	001	HIDALGO COUNTY	\$58,939.51	\$13,588.84	\$0.00	\$0.00	\$13,588.84	95
TX433	01	002	HEAD START	\$10,279.14	\$2,857.02	\$0.00	\$0.00	\$2,857.02	29
TX433	01	003	APPRAISAL DISTRICT	\$947.89	\$195.17	\$0.00	\$0.00	\$195.17	16
TX433	01	005	DRAINAGE DISTRICT	\$622.11	\$423.01	\$0.00	\$0.00	\$423.01	13
TX433	01	006	RETIREEES	\$248.48	\$103.08	\$0.00	\$0.00	\$103.08	2
TX433	01	007	COBRA	\$176.29	\$52.92	\$0.00	\$0.00	\$52.92	1
			Customer Total Claims	\$71,213.42	\$17,220.04	\$0.00	\$0.00	\$17,220.04	156
			Customer Grand Total	\$71,213.42	\$17,220.04	\$0.00	\$0.00	\$17,220.04	156



**BlueCross BlueShield
of Texas**

Invoices - Invoice Details

BARS Number: TX433010006 - HIDALGO COUNTY

Invoice Period: 03/18/2017 - 03/24/2017 Process Date: 03/24/2017

Invoice Detail

Invoice Detail summarizes claims activity by association.

Claim Period: 03/18/2017 - 03/24/2017

Cust Nbr	Set Nbr	ASC Nbr	Association Name	Total Claims Month To Date	Total Claims Week To Date	Drug Claims	Dental Claims	All Claims But Drug, Dental	Claim Count
TX433	01	001	HIDALGO COUNTY	\$63,021.49	\$4,081.98	\$0.00	\$0.00	\$4,081.98	98
TX433	01	002	HEAD START	\$15,323.64	\$5,044.50	\$0.00	\$0.00	\$5,044.50	20
TX433	01	003	APPRAISAL DISTRICT	\$1,116.88	\$168.99	\$0.00	\$0.00	\$168.99	6
TX433	01	005	DRAINAGE DISTRICT	\$622.11	\$0.00	\$0.00	\$0.00	\$0.00	0
TX433	01	006	RETIREEES	\$2,103.66	\$1,855.18	\$0.00	\$0.00	\$1,855.18	13
TX433	01	007	COBRA	\$176.29	\$0.00	\$0.00	\$0.00	\$0.00	0
			Customer Total Claims	\$82,364.07	\$11,150.65	\$0.00	\$0.00	\$11,150.65	137
			Customer Grand Total	\$82,364.07	\$11,150.65	\$0.00	\$0.00	\$11,150.65	137

