



**Invoices - Invoice Details**

**BARS Number:** TX433010006 - HIDALGO COUNTY

**Invoice Period:** 07/01/2017 - 07/07/2017 Process Date: 07/07/2017

<b>Invoice Detail</b>
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Invoice Detail summarizes claims activity by association.

**Claim Period:** 07/01/2017 - 07/07/2017

<b>Cust Nbr</b>	<b>Set Nbr</b>	<b>ASC Nbr</b>	<b>Association Name</b>	<b>Total Claims Month To Date</b>	<b>Total Claims Week To Date</b>	<b>Drug Claims</b>	<b>Dental Claims</b>	<b>All Claims But Drug, Dental</b>	<b>Claim Count</b>
TX433	01	001	HIDALGO COUNTY	\$6,208.88	\$6,208.88	\$2,036.85	\$0.00	\$4,172.03	58
TX433	01	002	HEAD START	\$1,214.93	\$1,214.93	\$0.00	\$0.00	\$1,214.93	6
TX433	01	003	APPRAISAL DISTRICT	\$60.11	\$60.11	\$60.11	\$0.00	\$0.00	1
TX433	01	004	COMMUNITY SERVICE	\$833.53	\$833.53	\$0.00	\$0.00	\$833.53	6
			<b>Customer Total Claims</b>	\$8,317.45	\$8,317.45	\$2,096.96	\$0.00	\$6,220.49	71
			<b>Customer Grand Total</b>	\$8,317.45	\$8,317.45	\$2,096.96	\$0.00	\$6,220.49	71





**BlueCross BlueShield  
of Texas**

**Invoices - Invoice Details**

**BARS Number:** TX433010006 - HIDALGO COUNTY

**Invoice Period:** 07/08/2017 - 07/14/2017 Process Date: 07/14/2017

**Invoice Detail**

Invoice Detail summarizes claims activity by association.

**Claim Period:** 07/08/2017 - 07/14/2017

<b>Cust Nbr</b>	<b>Set Nbr</b>	<b>ASC Nbr</b>	<b>Association Name</b>	<b>Total Claims Month To Date</b>	<b>Total Claims Week To Date</b>	<b>Drug Claims</b>	<b>Dental Claims</b>	<b>All Claims But Drug, Dental</b>	<b>Claim Count</b>
TX433	01	001	HIDALGO COUNTY	\$8,991.98	\$2,783.10	\$0.00	\$0.00	\$2,783.10	96
TX433	01	002	HEAD START	\$752.05	(\$462.88)	\$0.00	\$0.00	(\$462.88)	3
TX433	01	003	APPRAISAL DISTRICT	\$60.11	\$0.00	\$0.00	\$0.00	\$0.00	0
TX433	01	004	COMMUNITY SERVICE	\$833.53	\$0.00	\$0.00	\$0.00	\$0.00	0
			<b>Customer Total Claims</b>	\$10,637.67	\$2,320.22	\$0.00	\$0.00	\$2,320.22	99
			<b>Customer Grand Total</b>	\$10,637.67	\$2,320.22	\$0.00	\$0.00	\$2,320.22	99

