



**BlueCross BlueShield
of Texas**

Invoices - Invoice Details

BARS Number: TX433010006 - HIDALGO COUNTY

Invoice Period: 08/26/2017 - 08/31/2017 Process Date: 09/01/2017

Invoice Detail

Invoice Detail summarizes claims activity by association.

Claim Period: 08/26/2017 - 08/31/2017

| 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 | \$630.11 | (\$74.49) | \$0.00 | \$0.00 | (\$74.49) | 13 |
| TX433 | 01 | 002 | HEAD START | \$11,050.59 | \$635.96 | \$0.00 | \$0.00 | \$635.96 | 1 |
| TX433 | 01 | 005 | DRAINAGE DISTRICT | \$46.47 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0 |
| Customer Total Claims | | | | \$11,727.17 | \$561.47 | \$0.00 | \$0.00 | \$561.47 | 14 |
| Customer Grand Total | | | | \$11,727.17 | \$561.47 | \$0.00 | \$0.00 | \$561.47 | 14 |

