Claims Included in SFY2010 3rd Trauma Supplemental Payments

Provider Name	Legacy Prov#	Billing Prov NPI	TCN	Paid Amount	Type	# Claims
GOOD SAMARITAN HOSPITAL CENTER	3303500	1841231461	901000771921202600000	$ 668.74	OPPS Claim	
GOOD SAMARITAN HOSPITAL CENTER	3303500	1841231461	901000771921202700000	$ 763.73	OPPS Claim	
GOOD SAMARITAN HOSPITAL CENTER	3303500	1841231461	901000771921202000000	$ 811.33	OPPS Claim	
GOOD SAMARITAN HOSPITAL CENTER Total				**$ 2,243.80**		**3**
HARBORVIEW MEDICAL CENTER	3018298	1053359729	930922955990007406000	$ 191.56	OPPS Claim	
HARBORVIEW MEDICAL CENTER	3018298	1053359729	930924455990004421000	$ 623.00	OPPS Claim	
HARBORVIEW MEDICAL CENTER	3018298	1053359729	930924555991056096000	$ 577.56	OPPS Claim	
HARBORVIEW MEDICAL CENTER	3018298	1053359729	930921755990003496000	$ 567.59	OPPS Claim	
HARBORVIEW MEDICAL CENTER	3018298	1053359729	930922255990000637000	$ 198.66	OPPS Claim	
HARBORVIEW MEDICAL CENTER	3018298	1053359729	930933655991010451000	$ 868.49	OPPS Claim	
HARBORVIEW MEDICAL CENTER	3018298	1053359729	930936355991007412000	$ 321.80	OPPS Claim	
HARBORVIEW MEDICAL CENTER	3018298	1053359729	931006155991014198000	$ 1,477.75	OPPS Claim	
HARBORVIEW MEDICAL CENTER	3018298	1053359729	931009855991005527000	$ 561.86	OPPS Claim	
HARBORVIEW MEDICAL CENTER Total				**$ 5,388.27**		**9**
HARBORVIEW MEDICAL CENTER	3100062	1053359729	930921855990001324000	$ 2,403.86	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	930923055992205922000	$ 3,527.32	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	930920555992032244000	$ 3,437.21	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	930921155990003264000	$ 1,128.05	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	930922655990003488000	$ 2,854.22	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	930922655990003489000	$ 11,990.03	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	930924655990005710000	$ 2,525.32	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	930924655990005714000	$ 2,730.43	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	930925255990006447000	$ 41,977.88	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	930926055992005721000	$ 1,023.81	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	930923755990002520000	$ 17,565.82	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	930923955249000007000	$ 66,105.60	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	930924355990207624000	$ 1,908.28	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	930926155991035034000	$ 3,347.62	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	930924755990001289000	$ 930.92	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	930925255990006452000	$ 2,396.33	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	930925955991011319000	$ 15,264.72	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	930926455991010330000	$ 115,349.67	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	930923655990009061000	$ 24,522.13	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	930922455990002395000	$ 2,859.95	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	930925955991011325000	$ 7,670.02	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	930924055990003612000	$ 60,415.58	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	930923155990004364000	$ 3,275.54	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	940923700045200001000	$ 34,858.51	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	930926155991035042000	$ 26,784.08	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	930921755990003724000	$ 3,314.36	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	930925855991006092000	$ 15,061.27	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	930919855990002865000	$ 1,489.40	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	930927255991008393000	$ 4,538.22	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	930927555991008425000	$ 13,092.14	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	930928855991006073000	$ 105,663.81	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	930928955990004529000	$ 1,177.47	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	930927355991007395000	$ 2,072.77	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	930928255991004928000	$ 10,880.85	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	930928555990016874000	$ 3,793.68	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	930928855991006066000	$ 98,777.71	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	930926555991011914000	$ 16,030.07	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	930926555991011918000	$ 23,688.09	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	930927555991008424000	$ 59,540.65	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	930927955991007418000	$ 8,965.43	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	930928555991215276000	$ 77,061.47	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	930928755990018018000	$ 78,743.51	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	930926755992011314000	$ 30,570.95	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	930927155991008179000	$ 13,222.74	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	930927955991007408000	$ 30,085.76	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	930928655991006005000	$ 32,926.36	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	930928955990004526000	$ 65,666.67	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	930930655992208315000	$ 9,150.81	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	930931755991004841000	$ 39,822.24	Inpatient Claim	

Provider Name	Legacy Prov#	Billing Prov NPI	TCN	Paid Amount	Type	# Claims
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93093245599100834800 0	$ 5,616.69	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93092875599123158300 0	$ 12,185.35	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93092955599100530000	$ 15,276.77	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93093065599101025100 0	$ 3,800.66	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93093085599100598200 0	$ 9,416.04	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93093245599100834100 0	$ 95,397.85	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93092945599100699600 0	$ 21,935.31	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93092945599100700000 0	$ 68,226.43	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93093175599100484300 0	$ 79,117.13	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93093205599100630400 0	$ 59,029.11	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93093005599101282600 0	$ 18,465.13	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93093025599000455000	$ 2,496.59	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93093065599101024900 0	$ 105,213.42	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93093205599100630900 0	$ 37,221.45	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93093225599100838100 0	$ 20,310.52	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93093275599100641400 0	$ 31,377.76	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93093295599100827200 0	$ 28,617.55	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93093365599101063100 0	$ 26,681.13	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93093425599100736700 0	$ 27,929.80	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93093425599100739500 0	$ 1,700.94	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93093425599100740800 0	$ 2,080.61	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93093285599100738100 0	$ 43,254.04	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93093295599202285100 0	$ 27,919.21	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93093385599100800700 0	$ 35,926.45	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93093385599100801100 0	$ 11,905.06	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93093425599100740200 0	$ 10,001.68	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93093435599102010800 0	$ 12,006.95	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93093495599001275000 0	$ 5,185.19	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93093505599000246800 0	$ 50,454.06	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93093525599100903400 0	$ 937.37	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93093525599100904200 0	$ 150,732.98	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93093555599101727000 0	$ 7,480.78	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93093365599101065700 0	$ 22,529.69	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93093375599100691000 0	$ 12,477.83	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93093375599100691400 0	$ 5,296.88	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93093445599100891600 0	$ 13,241.92	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93093495599001274800 0	$ 4,721.97	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93093285599100738000 0	$ 2,554.02	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93093295599100827000 0	$ 3,144.70	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93093365599101062900 0	$ 98,841.90	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93093375599100691100 0	$ 962.33	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93093425599100736100 0	$ 9,072.75	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93093625599121393500 0	$ 93,981.77	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93093635599100745700 0	$ 92,432.44	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93093645599222121700 0	$ 22,257.38	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93100185599100443500 0	$ 5,476.14	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93093645599100611900 0	$ 6,984.25	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93100145599100615400 0	$ 32,948.68	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93100155599100640200 0	$ 28,267.13	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93100185599100442600 0	$ 14,346.35	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93093515599120942300 0	$ 5,682.52	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93093565599101100900 0	$ 57,173.28	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93093575599101035800 0	$ 5,264.36	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93100075599100861300 0	$ 79,618.85	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93100135599100606900 0	$ 28,029.53	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93100145599100615200 0	$ 2,651.66	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	90093355473200180000 0	$ 84,265.24	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93093515599120850700 0	$ 13,143.18	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93093565599020144200 0	$ 14,887.70	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93100055599200500500 0	$ 1,778.80	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93100185599100443700 0	$ 1,811.22	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93100185599100444100 0	$ 2,027.52	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93100255599120885800 0	$ 841.79	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93100275599100541900 0	$ 3,727.34	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93100275599100543100 0	$ 15,174.54	Inpatient Claim	

Provider Name	Legacy Prov#	Billing Prov NPI	TCN	Paid Amount	Type	# Claims
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93100295599201946600 0	$ 6,949.43	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93100335599100989300 0	$ 18,067.30	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93100345599101090200 0	$ 12,829.31	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93100345599120837100 0	$ 3,498.15	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93100405599120646100 0	$ 24,648.92	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93100215599100613000 0	$ 6,588.45	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93100255599100861100 0	$ 3,442.01	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93100275599100543600 0	$ 109,517.01	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93100325599121632900 0	$ 3,674.19	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93100405599202173400 0	$ 16,622.10	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93100215599100612700 0	$ 10,062.34	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93100215599100613100 0	$ 6,262.18	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93100215599100613500 0	$ 7,023.63	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93100275599100542100 0	$ 69,295.13	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93100275599100544200 0	$ 31,877.52	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93100325599121614300 0	$ 30,382.03	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93100335599100989100 0	$ 33,960.60	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93100405599202174700 0	$ 69,552.11	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93100425599222204400 0	$ 6,254.85	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	94100260024920001500 0	$ 6,275.54	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	90100135473100060000 0	$ 35,408.75	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93100185599100441900 0	$ 3,197.49	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93100215599100613600 0	$ 17,467.04	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93100345599101090900 0	$ 43,498.80	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93100355599222246100 0	$ 9,674.46	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93100425599100698500 0	$ 6,415.62	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	90100555473000010000 0	$ 91,947.01	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93100485599200844100 0	$ 11,367.93	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93100505599100503700 0	$ 1,362.33	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93100535599020377700 0	$ 10,769.67	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93100535599100702800 0	$ 3,167.40	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93100555599100759000 0	$ 1,464.78	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93100575599000355600 0	$ 53,954.01	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93100605599100898400 0	$ 2,691.34	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93100775599100880200 0	$ 13,252.94	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93100785599100620700 0	$ 58,841.01	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93100465599100938300 0	$ 3,405.84	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93100555599100757900 0	$ 37,043.88	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93100575599000356600 0	$ 1,640.95	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93100615599101447400 0	$ 10,928.47	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93100635599100919400 0	$ 519.82	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93100785599100620800 0	$ 19,470.17	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93100495599100636100 0	$ 4,402.38	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93100545599101278700 0	$ 9,008.09	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93100575599000356200 0	$ 3,647.20	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93100685599100570400 0	$ 14,020.72	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93100745599101014000 0	$ 169,662.31	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93100765599100753400 0	$ 6,611.11	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93100765599100754200 0	$ 7,630.48	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	94100540006020004700 0	$ 78,830.62	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93100495599020179000 0	$ 16,775.98	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93100495599100636600 0	$ 16,018.98	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93100645599101206100 0	$ 2,096.87	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93100775599100881400 0	$ 24,150.75	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93100905599100844400 0	$ 37,638.21	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93100975599100805900 0	$ 2,324.34	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93100985599100561200 0	$ 21,565.32	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93100995599100960300 0	$ 15,160.05	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93100995599100962000 0	$ 30,130.54	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93101055599101946800 0	$ 39,839.84	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	90100575473000010000 0	$ 20,003.54	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93100775599100881500 0	$ 19,129.87	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93100785599100618800 0	$ 1,129.13	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93100845599100735700 0	$ 354,345.40	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93100975599100803800 0	$ 5,129.53	Inpatient Claim	

Provider Name	Legacy Prov#	Billing Prov NPI	TCN	Paid Amount	Type	# Claims
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93101095599100685400 0	$ 120,914.05	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93100795554820000200 0	$ 18,544.75	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93100885599120617400 0	$ 11,413.60	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93100895599100889100 0	$ 49,794.88	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93100915599120630600 0	$ 169,022.13	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93100925599101216500 0	$ 50,029.35	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93100985599100561500 0	$ 2,084.57	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93101025599100898900 0	$ 26,108.56	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93101045599100989500 0	$ 778.33	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93101095599100685500 0	$ 8,504.15	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	94100910095320023500 0	$ 2,571.62	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	94100960026520000900 0	$ 13,087.94	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93100825599102169800 0	$ 8,684.06	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93100835599100488700 0	$ 41,442.14	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93100915599100663000 0	$ 6,205.15	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93100925599101215500 0	$ 22,622.47	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93100955599120696000 0	$ 152,607.04	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93101025599100898700 0	$ 3,033.17	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93101065599102220500 0	$ 4,087.03	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93100835599100488500 0	$ 6,642.11	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93101095599100683600 0	$ 4,411.39	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93101135599102390800 0	$ 8,740.39	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93100995599100960500 0	$ 35,215.38	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93101065599102220900 0	$ 18,895.60	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93101095599100686000 0	$ 23,742.89	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93101105599101325600 0	$ 2,451.56	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93101115599100599200 0	$ 4,122.90	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93100985599100560400 0	$ 20,319.27	Inpatient Claim	
HARBORVIEW MEDICAL CENTER	3100062	1053359729	93101135599102390100 0	$ 1,997.79	Inpatient Claim	
HARBORVIEW MEDICAL CENTER Total				**$ 5,667,303.04**		**208**
HARRISON MEDICAL CENTER	3303500	1518912609	90100857192720040000 0	$ 10,809.18	Inpatient Claim	
HARRISON MEDICAL CENTER	3303500	1518912609	90100857192120040000 0	$ 332.87	OPPS Claim	
HARRISON MEDICAL CENTER	3303500	1518912609	90100857192120020000 0	$ 816.08	OPPS Claim	
HARRISON MEDICAL CENTER	3303500	1518912609	90100857192720030000 0	$ 4,206.37	Inpatient Claim	
HARRISON MEDICAL CENTER Total				**$ 16,164.50**		**4**
KADLEC HOSPITAL	3311305	1972507580	93093585599122576200 0	$ 17,798.84	Inpatient Claim	
KADLEC HOSPITAL	3311305	1972507580	93093585599122576600 0	$ 4,826.10	Inpatient Claim	
KADLEC HOSPITAL	3311305	1972507580	93093585599122576300 0	$ 14,576.60	Inpatient Claim	
KADLEC HOSPITAL	3311305	1972507580	93093585599122576700 0	$ 50,916.54	Inpatient Claim	
KADLEC HOSPITAL	3311305	1972507580	93093655599122796800 0	$ 139,778.48	Inpatient Claim	
KADLEC HOSPITAL	3311305	1972507580	93093585599122576100 0	$ 10,188.00	Inpatient Claim	
KADLEC HOSPITAL	3311305	1972507580	93093585599122583600 0	$ 1,138.94	OPPS Claim	
KADLEC HOSPITAL Total				**$ 239,223.50**		**7**
MULTICARE HEALTH SYSTEM	3300332	1366556227	93092085599201107300 0	$ 8,928.74	Inpatient Claim	
MULTICARE HEALTH SYSTEM	3300332	1366556227	93092545599203231500 0	$ 17,436.91	Inpatient Claim	
MULTICARE HEALTH SYSTEM	3300332	1366556227	93092575599201258400 0	$ 7,920.93	Inpatient Claim	
MULTICARE HEALTH SYSTEM	3300332	1366556227	93093345599200864500 0	$ 5,384.96	Inpatient Claim	
MULTICARE HEALTH SYSTEM	3300332	1366556227	93100225599302247700 0	$ 71,201.40	Inpatient Claim	
MULTICARE HEALTH SYSTEM	3300332	1366556227	93100215599202343500 0	$ 6,225.80	Inpatient Claim	
MULTICARE HEALTH SYSTEM	3300332	1366556227	93100775599202741300 0	$ 7,165.61	Inpatient Claim	
MULTICARE HEALTH SYSTEM Total (Tacoma General)				**$ 124,264.35**		**7**
MULTICARE HEALTH SYSTEM	3300340	1306952726	93093095599202817500 0	$ 45,885.04	Inpatient Claim	
MULTICARE HEALTH SYSTEM	3300340	1306952726	93093225599202084000 0	$ 18,009.56	Inpatient Claim	
MULTICARE HEALTH SYSTEM	3300340	1306952726	93093085599201236100 0	$ 7,234.16	Inpatient Claim	
MULTICARE HEALTH SYSTEM	3300340	1306952726	93100855599201726200 0	$ 85,878.52	Inpatient Claim	
MULTICARE HEALTH SYSTEM	3300340	1306952726	93100045599101528000 0	$ 873.97	OPPS Claim	
MULTICARE HEALTH SYSTEM Total (Mary Bridge)				**$ 157,881.25**		**5**
OVERLAKE HOSPITAL MEDICAL CNTR	3340809	1861432726	90093067192220290000 0	$ 1,980.44	OPPS Claim	
OVERLAKE HOSPITAL MEDICAL CNTR Total				**$ 1,980.44**		**1**
PROVIDENCE REGIONAL MEDICAL CENTER	3309606	1700037801	93100345599222214700 0	$ 2,425.28	OPPS Claim	
PROVIDENCE REGIONAL MEDICAL CENTER	3309606	1700037801	93100345599222218800 0	$ 367.76	OPPS Claim	
PROVIDENCE REGIONAL MEDICAL CENTER	3309606	1700037801	93100345599222217500 0	$ 5,122.52	Inpatient Claim	
PROVIDENCE REGIONAL MEDICAL CENTER	3309606	1700037801	93100345599222215200 0	$ 30,137.16	Inpatient Claim	
PROVIDENCE REGIONAL MEDICAL CENTER	3309606	1700037801	93100345599222217800 0	$ 436.18	OPPS Claim	
PROVIDENCE REGIONAL MEDICAL CENTER	3309606	1700037801	93100345599222215500 0	$ 757.89	OPPS Claim	

Provider Name	Legacy Prov#	Billing Prov NPI	TCN	Paid Amount	Type	# Claims
PROVIDENCE REGIONAL MEDICAL CENTER	3309606	1700037801	93100345599222214300 0	$ 11,905.52	Inpatient Claim	
PROVIDENCE REGIONAL MEDICAL CENTER	3309606	1700037801	93101055599202161000 0	$ 433.05	OPPS Claim	
PROVIDENCE REGIONAL MEDICAL CENTER Total (Everett)				**$ 51,585.36**		**8**
PROVIDENCE SACRED HEART MEDICAL CEN	3304201	1144471715	90092055372100050000 0	$ 3,558.61	Inpatient Claim	
PROVIDENCE SACRED HEART MEDICAL CEN	3304201	1144471715	93092185599200675800 0	$ 4,658.78	Inpatient Claim	
PROVIDENCE SACRED HEART MEDICAL CEN	3304201	1144471715	93092375599201026700 0	$ 54,549.36	Inpatient Claim	
PROVIDENCE SACRED HEART MEDICAL CEN	3304201	1144471715	93092585599201749800 0	$ 7,433.86	Inpatient Claim	
PROVIDENCE SACRED HEART MEDICAL CEN	3304201	1144471715	93092375599201019000 0	$ 27,279.84	Inpatient Claim	
PROVIDENCE SACRED HEART MEDICAL CEN	3304201	1144471715	93092475599200799000 0	$ 7,433.86	Inpatient Claim	
PROVIDENCE SACRED HEART MEDICAL CEN	3304201	1144471715	93092255599201331800 0	$ 13,293.18	Inpatient Claim	
PROVIDENCE SACRED HEART MEDICAL CEN	3304201	1144471715	93092715599200632600 0	$ 46,771.32	Inpatient Claim	
PROVIDENCE SACRED HEART MEDICAL CEN	3304201	1144471715	93092715599200633900 0	$ 20,587.65	Inpatient Claim	
PROVIDENCE SACRED HEART MEDICAL CEN	3304201	1144471715	93092745546500005900 0	$ 43,291.31	Inpatient Claim	
PROVIDENCE SACRED HEART MEDICAL CEN	3304201	1144471715	93092675599201388500 0	$ 45,715.51	Inpatient Claim	
PROVIDENCE SACRED HEART MEDICAL CEN	3304201	1144471715	93092875599001703400 0	$ 33,335.72	Inpatient Claim	
PROVIDENCE SACRED HEART MEDICAL CEN	3304201	1144471715	93093145599202410200 0	$ 9,326.74	Inpatient Claim	
PROVIDENCE SACRED HEART MEDICAL CEN	3304201	1144471715	93093205599202338000 0	$ 5,478.00	Inpatient Claim	
PROVIDENCE SACRED HEART MEDICAL CEN	3304201	1144471715	93092825599201677500 0	$ 50,982.51	Inpatient Claim	
PROVIDENCE SACRED HEART MEDICAL CEN	3304201	1144471715	93092935599201218400 0	$ 53,981.48	Inpatient Claim	
PROVIDENCE SACRED HEART MEDICAL CEN	3304201	1144471715	93093175599203463000 0	$ 3,652.00	Inpatient Claim	
PROVIDENCE SACRED HEART MEDICAL CEN	3304201	1144471715	93093205599202332500 0	$ 5,190.51	Inpatient Claim	
PROVIDENCE SACRED HEART MEDICAL CEN	3304201	1144471715	94093140031420001000 0	$ 62,978.41	Inpatient Claim	
PROVIDENCE SACRED HEART MEDICAL CEN	3304201	1144471715	93093035599202244500 0	$ 174.40	OPPS Claim	
PROVIDENCE SACRED HEART MEDICAL CEN	3304201	1144471715	93093035599202247300 0	$ 10,962.07	Inpatient Claim	
PROVIDENCE SACRED HEART MEDICAL CEN	3304201	1144471715	93093155599221911000 0	$ 10,956.00	Inpatient Claim	
PROVIDENCE SACRED HEART MEDICAL CEN	3304201	1144471715	93093275599200612400 0	$ 12,283.64	Inpatient Claim	
PROVIDENCE SACRED HEART MEDICAL CEN	3304201	1144471715	93093295599201746100 0	$ 1,247.63	OPPS Claim	
PROVIDENCE SACRED HEART MEDICAL CEN	3304201	1144471715	93093345599200562800 0	$ 1,220.17	OPPS Claim	
PROVIDENCE SACRED HEART MEDICAL CEN	3304201	1144471715	93093295599201746700 0	$ 4,658.78	Inpatient Claim	
PROVIDENCE SACRED HEART MEDICAL CEN	3304201	1144471715	93093435599202126000 0	$ 24,258.69	Inpatient Claim	
PROVIDENCE SACRED HEART MEDICAL CEN	3304201	1144471715	93093375599200580400 0	$ 4,904.45	OPPS Claim	
PROVIDENCE SACRED HEART MEDICAL CEN	3304201	1144471715	93093415599200976400 0	$ 5,120.53	Inpatient Claim	
PROVIDENCE SACRED HEART MEDICAL CEN	3304201	1144471715	93093635599200565000 0	$ 10,962.07	Inpatient Claim	
PROVIDENCE SACRED HEART MEDICAL CEN	3304201	1144471715	93100065599202473600 0	$ 102,281.38	Inpatient Claim	
PROVIDENCE SACRED HEART MEDICAL CEN	3304201	1144471715	93100185599200745800 0	$ 10,480.25	Inpatient Claim	
PROVIDENCE SACRED HEART MEDICAL CEN	3304201	1144471715	93100085599200725800 0	$ 10,480.25	Inpatient Claim	
PROVIDENCE SACRED HEART MEDICAL CEN	3304201	1144471715	93100115599200675400 0	$ 54,549.36	Inpatient Claim	
PROVIDENCE SACRED HEART MEDICAL CEN	3304201	1144471715	93093655599102356700 0	$ 35,766.30	Inpatient Claim	
PROVIDENCE SACRED HEART MEDICAL CEN	3304201	1144471715	93100075599203872000 0	$ 7,433.86	Inpatient Claim	
PROVIDENCE SACRED HEART MEDICAL CEN	3304201	1144471715	93100145599202541700 0	$ 9,479.89	Inpatient Claim	
PROVIDENCE SACRED HEART MEDICAL CEN	3304201	1144471715	93100435599201803400 0	$ 4,658.78	Inpatient Claim	
PROVIDENCE SACRED HEART MEDICAL CEN	3304201	1144471715	93100325599201317800 0	$ 782.23	OPPS Claim	
PROVIDENCE SACRED HEART MEDICAL CEN	3304201	1144471715	93100365599202061000 0	$ 2,303.58	Inpatient Claim	
PROVIDENCE SACRED HEART MEDICAL CEN	3304201	1144471715	93100285599222238800 0	$ 33,015.05	Inpatient Claim	
PROVIDENCE SACRED HEART MEDICAL CEN	3304201	1144471715	93100365599202064900 0	$ 407.27	OPPS Claim	
PROVIDENCE SACRED HEART MEDICAL CEN	3304201	1144471715	93100495599202067500 0	$ 32,329.99	Inpatient Claim	
PROVIDENCE SACRED HEART MEDICAL CEN	3304201	1144471715	93100535599200822200 0	$ 903.20	OPPS Claim	
PROVIDENCE SACRED HEART MEDICAL CEN	3304201	1144471715	90100707192720080000 0	$ 33,190.44	Inpatient Claim	
PROVIDENCE SACRED HEART MEDICAL CEN	3304201	1144471715	93100485599001158300 0	$ 4,658.78	Inpatient Claim	
PROVIDENCE SACRED HEART MEDICAL CEN	3304201	1144471715	93100485599301469500 0	$ 20,587.65	Inpatient Claim	
PROVIDENCE SACRED HEART MEDICAL CEN	3304201	1144471715	93101035599000258200 0	$ 7,433.86	Inpatient Claim	
PROVIDENCE SACRED HEART MEDICAL CEN	3304201	1144471715	93101065599200916900 0	$ 7,433.86	Inpatient Claim	
PROVIDENCE SACRED HEART MEDICAL CEN	3304201	1144471715	93101135599202240000 0	$ 24,258.69	Inpatient Claim	
PROVIDENCE SACRED HEART MEDICAL CEN	3304201	1144471715	93101105599202305500 0	$ 27,279.84	Inpatient Claim	
PROVIDENCE SACRED HEART MEDICAL CEN Total				**$ 1,015,961.59**		**51**
PUBLIC HOSPITAL DISTRICT NO 1	3312204	1649209230	93093555599201535300 0	$ 972.61	OPPS Claim	
PUBLIC HOSPITAL DISTRICT NO 1 Total (VMC-Renton)				**$ 972.61**		**1**
SOUTHWEST WASHINGTON MED CTR	3304409	1134178999	90093135372100090000 0	$ 12,898.84	Inpatient Claim	
SOUTHWEST WASHINGTON MED CTR Total				**$ 12,898.84**		**1**
ST JOSEPH HOSPITAL	3308905	1689677320	93092465599202542100 0	$ 11,680.42	Inpatient Claim	
ST JOSEPH HOSPITAL	3308905	1689677320	93092575599201312800 0	$ 2,193.93	OPPS Claim	
ST JOSEPH HOSPITAL	3308905	1689677320	93092885599201918000 0	$ 12,561.93	Inpatient Claim	
ST JOSEPH HOSPITAL	3308905	1689677320	90092927192720110000 0	$ 7,262.78	Inpatient Claim	
ST JOSEPH HOSPITAL	3308905	1689677320	93092995599201760700 0	$ 19,558.00	Inpatient Claim	
ST JOSEPH HOSPITAL	3308905	1689677320	93093105599202294400 0	$ 2,358.13	OPPS Claim	

Provider Name	Legacy Prov#	Billing Prov NPI		TCN	Paid Amount		Type	# Claims
ST JOSEPH HOSPITAL	3308905	1689677320		93100065599202320900 0	$ 6,518.57		Inpatient Claim	
ST JOSEPH HOSPITAL	3308905	1689677320		93093645599202017900 0	$ 82,694.30		Inpatient Claim	
ST JOSEPH HOSPITAL	3308905	1689677320		90100617192320200000 0	$ 951.57		OPPS Claim	
ST JOSEPH HOSPITAL	3308905	1689677320		90100857192720060000 0	$ 61,176.45		Inpatient Claim	
ST JOSEPH HOSPITAL	3308905	1689677320		93100955599222455500 0	$ 5,071.06		Inpatient Claim	
ST JOSEPH HOSPITAL	3308905	1689677320		90100857192220170000 0	$ 967.46		OPPS Claim	
ST JOSEPH HOSPITAL	3308905	1689677320		90100857192720070000 0	$ 38,322.39		Inpatient Claim	
ST JOSEPH HOSPITAL Total (Bellingham)					**$ 251,316.99**			**13**
ST JOSEPH MEDICAL CENTER	3309309	1952309098		93092475515300012400 0	$ 23,840.61		Inpatient Claim	
ST JOSEPH MEDICAL CENTER	3309309	1952309098		93092685599204363600 0	$ 8,513.41		Inpatient Claim	
ST JOSEPH MEDICAL CENTER	3309309	1952309098		93100115599201155400 0	$ 26,899.37		Inpatient Claim	
ST JOSEPH MEDICAL CENTER	3309309	1952309098		93100345599202153800 0	$ 112,352.17		Inpatient Claim	
ST JOSEPH MEDICAL CENTER	3309309	1952309098		93100545599202396400 0	$ 3,588.00		Inpatient Claim	
ST JOSEPH MEDICAL CENTER	3309309	1952309098		93100625599202008900 0	$ 12,112.32		Inpatient Claim	
ST JOSEPH MEDICAL CENTER	3309309	1952309098		93100955599202382600 0	$ 38,442.89		Inpatient Claim	
ST JOSEPH MEDICAL CENTER Total (Tacoma)					**$ 225,748.77**			**7**
YAKIMA VALLEY MEMORIAL HOSPITAL	3307501	1053373480		93092475599200546500 0	$ 2,258.18		OPPS Claim	
YAKIMA VALLEY MEMORIAL HOSPITAL	3307501	1053373480		93092995599201676500 0	$ 2,176.22		OPPS Claim	
YAKIMA VALLEY MEMORIAL HOSPITAL	3307501	1053373480		93100185599201021200 0	$ 8,939.75		Inpatient Claim	
YAKIMA VALLEY MEMORIAL HOSPITAL	3307501	1053373480		93100465599000298600 0	$ 37,597.52		Inpatient Claim	
YAKIMA VALLEY MEMORIAL HOSPITAL	3307501	1053373480		93100495599202528400 0	$ 603.64		OPPS Claim	
YAKIMA VALLEY MEMORIAL HOSPITAL	3307501	1053373480		93100535599201278600 0	$ 60,365.29		Inpatient Claim	
YAKIMA VALLEY MEMORIAL HOSPITAL	3307501	1053373480		93100985571800063800 0	$ 2,737.92		OPPS Claim	
YAKIMA VALLEY MEMORIAL HOSPITAL	3307501	1053373480		93101095599201191000 0	$ 111,744.00		Inpatient Claim	
YAKIMA VALLEY MEMORIAL HOSPITAL Total					**$ 226,422.52**			**8**
Grand Total					**$ 7,999,355.83**			**333**