CLAIMS LIST

2nd Periodic Distribution - SFY2011

Dates of Service: 7/1/2010 - 2/28/2011

BILLING PROVIDER NAME	BILLING NPI	TCN	PAID AMOUNT	CLAIM TYPE	# CLAIMS
HARBORVIEW MEDICAL CENTER	1053359729	321105500036620	$226,477.88	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	321105600030358	51,599.57	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	321036100048777	3,066.67	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	301030100087240	2,525.05	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	321101700028437	19,654.33	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	321100500032525	2,476.68	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	321032300020223	2,427.14	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	301026700017736	3,225.46	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	321036501031459	35,329.42	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	321032200026112	1,812.11	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	301028000027698	1,624.57	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	321032100029062	42,014.26	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	201030800014107	77,998.92	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	321106300070758	6,342.33	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	301029100129261	51,541.07	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	301025200050690	1,324.44	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	201028920015201	3,614.92	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	321102600037486	74,881.58	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	321104000047261	4,474.91	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	321034700012477	1,037.50	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	301030600150921	2,882.68	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	301029800049677	5,602.10	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	301030800026534	6,043.05	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	201102500026159	3,628.74	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	321103500047350	10,602.25	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	301023600026804	1,481.28	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	321101800091985	79,674.67	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	301027000133798	9,489.23	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	321103200050256	845.18	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	301023600026336	69,931.26	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	321036501031433	35,931.28	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	301025200050546	67,057.46	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	321033700026356	117,652.44	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	201034020005003	5,458.50	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	301028600045023	918.17	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	301030100082631	21,409.62	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	301029300039118	21,282.94	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	321101200026606	71,461.71	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	321100500032714	4,482.21	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	301027400030874	1,513.88	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	301023800096841	1,802.54	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	301029200216137	72,281.64	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	301023900121182	47,142.74	Inpatient	

BILLING PROVIDER NAME	BILLING NPI	TCN	PAID AMOUNT	CLAIM TYPE	# CLAIMS
HARBORVIEW MEDICAL CENTER	1053359729	321035700037368	49,698.18	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	321035000026918	46,884.79	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	321033500030276	32,013.89	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	301027400021935	5,466.56	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	301024400068550	51,867.54	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	321105900011163	8,427.86	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	301025900030027	4,359.60	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	301026600024023	1,437.47	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	321033300010502	18,029.76	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	301025300056160	11,729.45	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	301022900116466	15,857.83	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	321032000139531	1,239.52	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	321036300029525	22,398.70	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	321103500047403	52,092.42	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	201102600025916	61,756.56	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	321102700092776	849.83	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	321104700025653	10,870.30	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	201035700013447	3,839.46	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	321101200026988	7,468.19	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	301030600150845	33,964.17	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	301023000024122	7,962.42	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	321104600056917	1,144.30	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	301023800100459	3,386.98	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	321034300023149	40,691.16	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	321103800017154	1,036.48	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	321034900028952	110,013.07	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	321033600043104	13,641.73	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	321033600043302	4,238.27	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	301030600151103	3,179.96	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	301030600151450	49,448.49	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	301024400069109	8,045.92	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	301023900121316	9,167.46	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	321104800040881	1,070.13	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	301027400021432	17,738.20	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	301027900030355	4,811.76	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	321032700017722	9,234.29	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	301025000026370	32,753.67	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	201028720017513	21,192.95	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	321034400021618	1,059.89	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	301023000023943	3,797.31	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	301025700030407	7,964.17	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	321036300029579	53,674.22	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	321105900011406	11,140.27	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	321102600037406	13,351.75	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	201100700020500	2,941.88	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	321104500014068	62,356.91	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	321034200028460	3,843.73	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	201105300006843	112,796.77	Inpatient	

BILLING PROVIDER NAME	BILLING NPI	TCN	PAID AMOUNT	CLAIM TYPE	# CLAIMS
HARBORVIEW MEDICAL CENTER	1053359729	321035700037252	57,462.69	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	321104000046108	40,844.12	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	321035700031804	50,410.29	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	301027100062429	17,480.74	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	321033500034694	26,152.76	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	301024400072757	5,662.57	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	301029800045301	30,357.88	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	321034400021539	6,899.07	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	201030900014077	15,468.86	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	321033500030750	41,364.06	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	301025700030623	14,988.66	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	321100700025312	36,306.86	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	301027700023412	8,189.16	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	321034300022886	1,192.32	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	321033500030870	27,031.04	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	301030000060039	12,119.33	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	321103200050536	6,738.10	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	321105900011504	6,009.22	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	321101200026959	2,128.36	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	321104000046637	1,101.41	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	321100700025222	6,365.75	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	301025900034366	56,605.19	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	321032200026075	84,320.65	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	321036501031360	36,099.86	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	321036501031324	13,112.73	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	201104600044544	27,693.03	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	321036501023695	8,546.96	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	321032800070218	1,119.12	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	321034700012653	27,076.84	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	321032100028759	1,067.27	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	201032300012016	29,908.07	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	301029200215925	30,879.19	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	301023800096527	1,074.57	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	321034800035726	2,710.35	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	321034400021440	162,589.51	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	301025000026461	36,714.38	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	321106700067887	10,987.29	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	321034700012431	9,157.96	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	301030100082975	36,263.14	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	301022900108074	2,167.94	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	321102600037817	34,260.53	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	321103900032144	62,055.24	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	321105600030288	18,082.22	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	321102100031471	9,471.77	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	321100700025363	6,837.43	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	321104000046949	24,741.71	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	321033500030419	3,637.94	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	301030200046625	128,962.56	Inpatient	

BILLING PROVIDER NAME	BILLING NPI	TCN	PAID AMOUNT	CLAIM TYPE	# CLAIMS
HARBORVIEW MEDICAL CENTER	1053359729	301025300056244	1,519.22	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	301025000026302	59,679.05	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	301029800045188	61,165.44	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	201030700014070	5,482.06	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	321035400048817	3,724.68	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	321033500030903	107,104.35	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	301029200216230	13,138.56	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	301029100126184	18,180.00	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	201035520090158	10,855.36	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	301027400021536	89,375.95	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	301025300056062	145,157.77	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	321103400054837	37,650.65	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	201103300043925	13,392.37	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	321102100031749	58,060.66	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	321101400104567	19,022.03	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	321101100024822	852.06	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	321100700025277	18,523.13	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	321101200027306	84,466.40	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	321104200037275	19,392.99	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	301027301003699	4,724.93	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	321100500032543	2,886.33	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	321032100028729	51,052.18	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	321032200025746	15,256.34	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	301025300056851	6,593.93	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	301025300056440	7,087.00	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	301029800045245	65,719.87	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	301025000026705	55,979.88	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	321034200024719	15,679.04	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	301023200037481	37,558.11	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	301025200050582	49,634.98	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	321032800070247	3,297.54	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	321034400021678	17,919.31	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	201028720017384	36,550.70	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	321034300023044	8,911.00	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	301023200037706	90,495.94	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	301025200050274	3,490.31	Inpatient	
HARBORVIEW MEDICAL CENTER	1053359729	321033300012900	84.58	OPPS	
			$4,844,042.00		**176**
LEGACY EMANUEL HOSPITAL	1831112358	321100400067275	13,844.12	Inpatient	
LEGACY EMANUEL HOSPITAL	1831112358	201104820027061	5,016.15	Inpatient	
LEGACY EMANUEL HOSPITAL	1831112358	201104820026988	13,755.00	Inpatient	
LEGACY EMANUEL HOSPITAL	1831112358	201104720016950	5,016.15	Inpatient	
LEGACY EMANUEL HOSPITAL	1831112358	201030020041750	3,409.77	Inpatient	
LEGACY EMANUEL HOSPITAL	1831112358	201030020043948	83,573.89	Inpatient	
LEGACY EMANUEL HOSPITAL	1831112358	201104720017128	1,965.00	Inpatient	
			126,580.08		**7**
MULTICARE HEALTH SYSTEM - Tacoma Gen	1366556227	301030800045536	12,793.32	Inpatient	
MULTICARE HEALTH SYSTEM - Tacoma Gen	1366556227	321032200067853	47,829.93	Inpatient	

BILLING PROVIDER NAME	BILLING NPI	TCN	PAID AMOUNT	CLAIM TYPE	# CLAIMS
MULTICARE HEALTH SYSTEM - Tacoma Gen	1366556227	301029500067733	27,324.00	Inpatient	
MULTICARE HEALTH SYSTEM - Tacoma Gen	1366556227	301023100015904	11,470.53	Inpatient	
MULTICARE HEALTH SYSTEM - Tacoma Gen	1366556227	301028700044447	56,812.74	Inpatient	
			156,230.52		**5**
MULTICARE HEALTH SYSTEM - Mary Bridge	1306952726	321103300072750	9,853.04	Inpatient	
MULTICARE HEALTH SYSTEM - Mary Bridge	1306952726	301023100054581	9,641.85	Inpatient	
			19,494.89		**2**
PROVIDENCE REGIONAL MEDICAL CENTER	1700037801	321033720053893	8,537.16	Inpatient	
PROVIDENCE REGIONAL MEDICAL CENTER	1700037801	321030920070474	53,755.63	Inpatient	
PROVIDENCE REGIONAL MEDICAL CENTER	1700037801	321033720054013	5,177.36	Inpatient	
PROVIDENCE REGIONAL MEDICAL CENTER	1700037801	321102820141126	306.66	OPPS	
			67,776.81		**4**
PROVIDENCE SACRED HEART MEDICAL CEN	1144471715	301025100048279	33,335.72	Inpatient	
PROVIDENCE SACRED HEART MEDICAL CEN	1144471715	321023700158303	7,794.08	Inpatient	
PROVIDENCE SACRED HEART MEDICAL CEN	1144471715	321104800096672	14,684.73	Inpatient	
PROVIDENCE SACRED HEART MEDICAL CEN	1144471715	321104600098807	10,091.54	Inpatient	
PROVIDENCE SACRED HEART MEDICAL CEN	1144471715	321028000038616	35,987.66	Inpatient	
PROVIDENCE SACRED HEART MEDICAL CEN	1144471715	321102000112740	98,360.37	Inpatient	
PROVIDENCE SACRED HEART MEDICAL CEN	1144471715	321103400076658	2,180.00	Inpatient	
PROVIDENCE SACRED HEART MEDICAL CEN	1144471715	301023700171460	54,549.36	Inpatient	
PROVIDENCE SACRED HEART MEDICAL CEN	1144471715	321104100082459	4,947.19	Inpatient	
PROVIDENCE SACRED HEART MEDICAL CEN	1144471715	321103900075772	17,247.87	Inpatient	
PROVIDENCE SACRED HEART MEDICAL CEN	1144471715	301023100041711	7,605.36	Inpatient	
PROVIDENCE SACRED HEART MEDICAL CEN	1144471715	301023600059876	14,024.52	Inpatient	
PROVIDENCE SACRED HEART MEDICAL CEN	1144471715	321034100085784	14,684.73	Inpatient	
PROVIDENCE SACRED HEART MEDICAL CEN	1144471715	321028000037653	52,087.47	Inpatient	
PROVIDENCE SACRED HEART MEDICAL CEN	1144471715	321023700157627	4,658.78	Inpatient	
PROVIDENCE SACRED HEART MEDICAL CEN	1144471715	321025800241171	62,978.41	Inpatient	
PROVIDENCE SACRED HEART MEDICAL CEN	1144471715	321104900054808	8,750.59	Inpatient	
PROVIDENCE SACRED HEART MEDICAL CEN	1144471715	321104700072129	62,978.41	Inpatient	
PROVIDENCE SACRED HEART MEDICAL CEN	1144471715	321025800238583	35,344.08	Inpatient	
PROVIDENCE SACRED HEART MEDICAL CEN	1144471715	301022300049625	4,202.77	Inpatient	
PROVIDENCE SACRED HEART MEDICAL CEN	1144471715	301022300049006	8,573.03	Inpatient	
PROVIDENCE SACRED HEART MEDICAL CEN	1144471715	321033500063845	32,988.69	Inpatient	
PROVIDENCE SACRED HEART MEDICAL CEN	1144471715	321027100091969	7,112.64	Inpatient	
PROVIDENCE SACRED HEART MEDICAL CEN	1144471715	321030700070452	63,278.85	Inpatient	
PROVIDENCE SACRED HEART MEDICAL CEN	1144471715	321034300070431	53,981.50	Inpatient	
PROVIDENCE SACRED HEART MEDICAL CEN	1144471715	321027400020266	11,955.54	Inpatient	
PROVIDENCE SACRED HEART MEDICAL CEN	1144471715	321031500088005	9,130.00	Inpatient	
PROVIDENCE SACRED HEART MEDICAL CEN	1144471715	321032100068245	13,758.94	Inpatient	
PROVIDENCE SACRED HEART MEDICAL CEN	1144471715	321034200052955	54,549.36	Inpatient	
PROVIDENCE SACRED HEART MEDICAL CEN	1144471715	321031600081239	8,562.13	Inpatient	
PROVIDENCE SACRED HEART MEDICAL CEN	1144471715	321032600067265	174.99	OPPS	
PROVIDENCE SACRED HEART MEDICAL CEN	1144471715	301023500163636	2,107.69	OPPS	
PROVIDENCE SACRED HEART MEDICAL CEN	1144471715	321024400081441	411.50	OPPS	
PROVIDENCE SACRED HEART MEDICAL CEN	1144471715	321101800119443	388.31	OPPS	
PROVIDENCE SACRED HEART MEDICAL CEN	1144471715	321024200850104	1,611.39	OPPS	
			815,078.20		**35**

BILLING PROVIDER NAME	BILLING NPI	TCN	PAID AMOUNT	CLAIM TYPE	# CLAIMS
PUBLIC HOSPITAL DISTRICT NO 1 - Renton	1649209230	201101420066198	990.54	OPPS	
PUBLIC HOSPITAL DISTRICT NO 1	1649209230	201101420066278	696.57	OPPS	
PUBLIC HOSPITAL DISTRICT NO 1	1649209230	201101420066319	34,184.15	Inpatient	
PUBLIC HOSPITAL DISTRICT NO 1	1649209230	201034920017562	42,716.57	Inpatient	
PUBLIC HOSPITAL DISTRICT NO 1	1649209230	201101420066249	1,800.73	Inpatient	
PUBLIC HOSPITAL DISTRICT NO 1	1649209230	201034920017641	5,807.77	Inpatient	
PUBLIC HOSPITAL DISTRICT NO 1	1649209230	201101420066162	1,674.79	Inpatient	
			87,871.12		**7**
ST JOSEPH MEDICAL CENTER - Tacoma	1952309098	321104000062131	11,788.80	Inpatient	
ST JOSEPH MEDICAL CENTER	1952309098	301025600034923	62,100.05	Inpatient	
ST JOSEPH MEDICAL CENTER	1952309098	321100500079630	86,812.25	Inpatient	
ST JOSEPH MEDICAL CENTER	1952309098	321032100054820	6,033.82	Inpatient	
ST JOSEPH MEDICAL CENTER	1952309098	301023500132653	23,840.61	Inpatient	
ST JOSEPH MEDICAL CENTER	1952309098	321104900052208	147,662.89	Inpatient	
ST JOSEPH MEDICAL CENTER	1952309098	321034700262955	1,578.18	OPPS	
			339,816.60		**7**
ST JOSEPH HOSPITAL - Belllingham	1689677320	321101220055307	2,279.08	OPPS	
ST JOSEPH HOSPITAL	1689677320	301027020035564	1,192.30	OPPS	
ST JOSEPH HOSPITAL	1689677320	321104620174858	5,080.03	Inpatient	
ST JOSEPH HOSPITAL	1689677320	321104620175707	61,529.12	Inpatient	
ST JOSEPH HOSPITAL	1689677320	301022900120410	146,305.31	Inpatient	
ST JOSEPH HOSPITAL	1689677320	321104620175058	5,840.21	Inpatient	
ST JOSEPH HOSPITAL	1689677320	301021500097496	5,051.45	Inpatient	
			227,277.50		**7**
GRAND TOTAL			**$6,684,167.72**		**250**