

Billing Provider Name	Provider Number
TERENCE CARDINAL COOKE HEALTH CARE CENTER	335665

Beneficiary Last Name	Beneficiary First Name	Beneficiary Claim HIC Num
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Claim Paid Date	Claim From Date	Claim Through Date	Number of Days in Claim	RUG Level	Quantity Billed (# of Days)	Part A RUG Amt Rate	Quantity of Deductable Days	Medicare Deductable Rate	Sequestration 2% Deduction - 1/1/13 Implementation	Claim Amount Paid
05/24/2013	04/18/2013	04/30/2013	-	RUB10RUB10	13	\$ 682.48				
05/24/2013	04/18/2013	04/30/2013	13		-	\$ -	0	\$ 148.00	\$ 177.44	\$ 8,694.80
07/19/2013	05/01/2013	05/31/2013	-	RUB10RUB10	1	\$ 682.48				
07/19/2013	05/01/2013	05/31/2013	-	RUB20RUB20	16	\$ 682.48				
07/19/2013	05/01/2013	05/31/2013	-	RUB30RUB30	4	\$ 682.48				
07/19/2013	05/01/2013	05/31/2013	-	RMB0DRMB0D	9	\$ 420.73				
07/19/2013	05/01/2013	05/31/2013	30		-	\$ -	23	\$ 148.00	\$ 294.29	\$ 14,420.36

Billing Provider Name	Provider Number
Clafin Hill Corporation aka Blaire House of Milford	225260

Beneficiary Last Name	Beneficiary First Name	Beneficiary Claim HIC Num

Claim Paid Date	Claim From Date	Claim Through Date	Number of Days in Claim	RUG Level	Quantity Billed (# of Days)	Part A RUG Amt Rate	Quantity of Deductable Days	Medicare Deductable Rate	Claim Amount Paid
06/26/2012	05/17/2012	05/31/2012	-	RUC10RUC10	14	\$ 600.09			
06/26/2012	05/17/2012	05/31/2012	-	RUC20RUC20	1	\$ 600.09			
06/26/2012	05/17/2012	05/31/2012	15		-	\$ -	0	\$ 144.50	\$ 9,001.35
07/25/2012	06/01/2012	06/12/2012	-	RUC20RUC20	11	\$ 600.09			
07/25/2012	06/01/2012	06/12/2012	11		-	\$ -	6	\$ 144.50	\$ 5,733.99

Billing Provider Name	Provider Number
Citizens Care and Rehabilitation Center of Frederick, LLC	215105
County Commissioners Accounting Office	215105

Beneficiary Last Name	Beneficiary First Name	Beneficiary Claim HIC Num

Claim Paid Date	Claim From Date	Claim Through Date	Number of Days in Claim	RUG Level	Quantity Billed (# of Days)	Part A RUG Amt Rate	Quantity of Deductible Days	Medicare Deductible Rate	Claim Amount Paid
03/24/2011	10/19/2010	10/31/2010	-	RHB10RHB10	13	\$ 449.90			
03/24/2011	10/19/2010	10/31/2010	13		-	\$ -	0	\$ 137.50	\$ 5,848.70
03/30/2011	11/01/2010	11/30/2010	-	RHB10RHB10	1	\$ 449.90			
03/30/2011	11/01/2010	11/30/2010	-	RUB20RUB20	16	\$ 657.35			
03/30/2011	11/01/2010	11/30/2010	-	RUB30RUB30	13	\$ 657.35			
03/30/2011	11/01/2010	11/30/2010	30		-	\$ -	29	\$ 137.50	\$ 15,525.55
03/28/2011	12/01/2010	12/20/2010	-	RUB30RUB30	17	\$ 657.35			
03/28/2011	12/01/2010	12/20/2010	-	RUB40RUB40	2	\$ 657.35			
03/28/2011	12/01/2010	12/20/2010	19		-	\$ -	19	\$ 137.50	\$ 9,877.15

Billing Provider Name	Provider Number
Core Care - Park Vista	555515

Beneficiary Last Name	Beneficiary First Name	Beneficiary Claim HIC Num
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Claim Paid Date	Claim From Date	Claim Through Date	Number of Days in Claim	RUG Level	Quantity Billed (# of Days)	Part A RUG Amt Rate	Quantity of Deductible Days	Medicare Deductible Rate	Claim Amount Paid
8/30/2010	7/7/2010	7/31/2010	-	RUB11	14	\$ 551.93			
8/30/2010	7/7/2010	7/31/2010	-	RUB07	11	\$ 551.93			
8/30/2010	7/7/2010	7/31/2010	25		-	\$ -	5	\$ 137.50	\$ 13,110.75
9/29/2010	8/1/2010	8/31/2010	-	RUB07	5	\$ 551.93			
9/29/2010	8/1/2010	8/31/2010	-	RUB02	26	\$ 551.93			
9/29/2010	8/1/2010	8/31/2010	31		-	\$ -	31	\$ 137.50	\$ 12,847.33
10/28/2010	9/1/2010	9/30/2010	-	RUB02	4	\$ 551.93			
10/28/2010	9/1/2010	9/30/2010	-	RUB03	26	\$ 551.93			
10/28/2010	9/1/2010	9/30/2010	30		-	\$ -	30	\$ 137.50	\$ 12,432.90
3/28/2011	10/1/2010	10/1/2010	-	RUB03	1	\$ 729.31			
3/28/2011	10/1/2010	10/1/2010	1		-	\$ -	1	\$ 137.50	\$ 591.81

Billing Provider Name	Provider Number
Clafin Hill Corporation aka Blaire House of Milford	225260

Beneficiary Last Name	Beneficiary First Name	Beneficiary Claim HIC Num

Claim Paid Date	Claim From Date	Claim Through Date	Number of Days in Claim	RUG Level	Quantity Billed (# of Days)	Part A RUG Amt Rate	Quantity of Deductable Days	Medicare Deductable Rate	Claim Amount Paid
11/28/2011	10/14/2011	10/31/2011	-	RUA10RUA10	14	\$ 501.77			
11/28/2011	10/14/2011	10/31/2011	-	RUB20RUB20	4	\$ 600.09			
11/28/2011	10/14/2011	10/31/2011	18		-	\$ -	0	\$ 141.50	\$ 9,425.14
12/27/2011	11/01/2011	11/21/2011	-	RUB20RUB20	12	\$ 600.09			
12/27/2011	11/01/2011	11/21/2011	-	RUB30RUB30	8	\$ 600.09			
12/27/2011	11/01/2011	11/21/2011	20		-	\$ -	18	\$ 141.50	\$ 9,454.80

Billing Provider Name	Provider Number
Clafin Hill Corporation aka Blaire House of Milford	225260

Beneficiary Last Name	Beneficiary First Name	Beneficiary Claim HIC Num
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Claim Paid Date	Claim From Date	Claim Through Date	Number of Days in Claim	RUG Level	Quantity Billed (# of Days)	Part A RUG Amt Rate	Quantity of Deductable Days	Medicare Deductable Rate	Claim Amount Paid
09/22/2010	08/12/2010	08/31/2010	-	RUB01RUB01	14	\$ 522.01			
09/22/2010	08/12/2010	08/31/2010	-	RUB07RUB07	6	\$ 522.01			
09/22/2010	08/12/2010	08/31/2010	20		-	\$ -	15	\$ 137.50	\$ 8,377.70
10/22/2010	09/01/2010	09/12/2010	-	RUB07RUB07	10	\$ 522.01			
10/22/2010	09/01/2010	09/12/2010	-	RUB32RUB32	1	\$ 522.01			
10/22/2010	09/01/2010	09/12/2010	11		-	\$ -	11	\$ 137.50	\$ 4,229.61

Billing Provider Name	Provider Number
HORIZONS LIVING AND REHAB CENTER, INC	205085
Rousseau Enterprises, Inc.	205085

Beneficiary Last Name	Beneficiary First Name	Beneficiary Claim HIC Num

Claim Paid Date	Claim From Date	Claim Through Date	Number of Days in Claim	RUG Level	Quantity Billed (# of Days)	Part A RUG Amt Rate	Quantity of Deductable Days	Medicare Deductable Rate	Claim Amount Paid
11/04/2011	08/18/2011	08/31/2011	-	RUA10RUA10	14	\$ 509.16			
11/04/2011	08/18/2011	08/31/2011	14		-	\$ -	0	\$ 141.50	\$ 7,128.24
11/21/2011	09/01/2011	09/20/2011	-	RUA20RUA20	16	\$ 509.16			
11/21/2011	09/01/2011	09/20/2011	-	RUA30RUA30	3	\$ 509.16			
11/21/2011	09/01/2011	09/20/2011	19		-	\$ -	13	\$ 141.50	\$ 7,834.54

Billing Provider Legal Name	Provider Number
Wingate at Beacon	335828

Beneficiary Last Name	Beneficiary First Name	Beneficiary Claim HIC Num
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Claim Paid Date	Claim From Date	Claim Through Date	Number of Days in Claim	RUG Level	Quantity Billed (# of Days)	Part A RUG Amt Rate	Quantity of Deductable Days	Medicare Deductable Rate	Claim Amount Paid
4/24/2012	3/5/2012	3/31/2012	-	RUA10	14	\$ 510.21			
4/24/2012	3/5/2012	3/31/2012	-	RUA20	4	\$ 510.21			
4/24/2012	3/5/2012	3/31/2012	-	RVA0D	7	\$ 451.55			
4/24/2012	3/5/2012	3/31/2012	-	RUA3D	2	\$ 510.21			
4/24/2012	3/5/2012	3/31/2012	27		-	\$ -	7	\$ 144.50	\$ 12,353.55
5/22/2012	4/1/2012	4/10/2012	-	RUA3D	9	\$ 510.21			
5/22/2012	4/1/2012	4/10/2012	9		-	\$ -	9	\$ 144.50	\$ 3,291.39

Billing Provider Name	Provider Number
Brighton Gardens of Bellaire	455975

Beneficiary Last Name	Beneficiary First Name	Beneficiary Claim HIC Num

Claim Paid Date	Claim From Date	Claim Through Date	Number of Days in Claim	RUG Level	Quantity Billed (# of Days)	Part A RUG Amt Rate	Quantity of Deductable Days	Medicare Deductable Rate	Claim Amount Paid
05/27/2011	02/03/2011	02/28/2011	-	RUB10	14	\$ 626.53			
05/27/2011	02/03/2011	02/28/2011	-	RUB20	12	\$ 626.53			
05/27/2011	02/03/2011	02/28/2011	26		-	\$ -	6	\$ 141.50	\$ 15,440.78
04/29/2011	03/01/2011	03/31/2011	-	RUB30	27	\$ 626.53			
04/29/2011	03/01/2011	03/31/2011	-	RUB20	4	\$ 626.53			
04/29/2011	03/01/2011	03/31/2011	31		-	\$ -	31	\$ 141.50	\$ 15,035.93
05/27/2011	04/01/2011	04/21/2011	-	RUB30	3	\$ 626.53			
05/27/2011	04/01/2011	04/21/2011	-	RUA40	17	\$ 506.50			
05/27/2011	04/01/2011	04/21/2011	20		-	\$ -	20	\$ 141.50	\$ 7,660.09

Billing Provider Name	Provider Number
Edgewood	225724

Beneficiary Last Name	Beneficiary First Name	Beneficiary Claim HIC Num

Claim Paid Date	Claim From Date	Claim Through Date	Number of Days in Claim	RUG Level	Quantity Billed (# of Days)	Part A RUG Amt Rate	Quantity of Deductable Days	Medicare Deductable Rate	Claim Amount Paid
8/2/2011	6/10/2011	6/30/2011	-	RUA10	14	\$ 547.55			
8/2/2011	6/10/2011	6/30/2011	-	RUA20	7	\$ 547.55			
8/2/2011	6/10/2011	6/30/2011	21		-	\$ -	1	\$ 141.50	\$ 11,357.05
8/25/2011	7/1/2011	7/31/2011	-	RUA20	9	\$ 547.55			
8/25/2011	7/1/2011	7/31/2011	-	RUA30	22	\$ 547.55			
8/25/2011	7/1/2011	7/31/2011	31		-	\$ -	31	\$ 141.50	\$ 12,587.55
10/3/2011	8/1/2011	8/31/2011	-	RUA30	8	\$ 547.55			
10/3/2011	8/1/2011	8/31/2011	-	RUA40	23	\$ 547.55			
10/3/2011	8/1/2011	8/31/2011	31		-	\$ -	31	\$ 141.50	\$ 12,587.55
10/25/2011	9/1/2011	9/18/2011	-	RUA40	7	\$ 547.55			
10/25/2011	9/1/2011	9/18/2011	-	RUA50	10	\$ 547.55			
10/25/2011	9/1/2011	9/18/2011	17		-	\$ -	17	\$ 141.50	\$ 6,902.85

Billing Provider Name	Provider Number
TERENCE CARDINAL COOKE HEALTH CARE CENTER	335665

Beneficiary Last Name	Beneficiary First Name	Beneficiary Claim HIC Num
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Claim Paid Date	Claim From Date	Claim Through Date	Number of Days in Claim	RUG Level	Quantity Billed (# of Days)	Part A RUG Amt Rate	Quantity of Deductable Days	Medicare Deductable Rate	Sequestration 2% Deduction - 1/1/13 Implementation	Claim Amount Paid
07/26/2013	06/21/2013	06/30/2013	-	RUB10RUB10	10	\$ 682.48				
07/26/2013	06/21/2013	06/30/2013	10		-	\$ -	10	\$ 148.00	\$ 106.90	\$ 5,237.90
08/28/2013	07/01/2013	07/29/2013	-	RUB10RUB10	4	\$ 682.48				
08/28/2013	07/01/2013	07/29/2013	-	RUB20RUB20	16	\$ 682.48				
08/28/2013	07/01/2013	07/29/2013	-	RUB30RUB30	9	\$ 682.48				
08/28/2013	07/01/2013	07/29/2013	29		-	\$ -	29	\$ 148.00	\$ 310.00	\$ 15,189.92

Billing Provider Legal Name	Provider Number
Wingate at Reading	225431

Beneficiary Last Name	Beneficiary First Name	Beneficiary Claim HIC Num
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Claim Paid Date	Claim From Date	Claim Through Date	Number of Days in Claim	RUG Level	Quantity Billed (# of Days)	Part A RUG Amt Rate	Quantity of Deductable Days	Medicare Deductable Rate	Sequestration 2% Deduction - 1/1/13 Implementation	Claim Amount Paid
5/23/2013	4/11/2013	4/30/2013	-	RVC10	8	\$ 530.34				
5/23/2013	4/11/2013	4/30/2013	-	RUB2D	12	\$ 618.20				
5/23/2013	4/11/2013	4/30/2013	20		-	\$ -	0	\$ 148.00	\$ 233.22	\$ 11,427.90
6/25/2013	5/1/2013	5/7/2013	-	RUB2D	6	\$ 618.20				
6/25/2013	5/1/2013	5/7/2013	6		-	\$ -	6	\$ 148.00	\$ 56.42	\$ 2,764.78

Billing Provider Name	Provider Number
Wingate at Haverhill aka KENOZA MANOR CONVALESCENT HOME	225404

Beneficiary Last Name	Beneficiary First Name	Beneficiary Claim HIC Num

Claim Paid Date	Claim From Date	Claim Through Date	Number of Days in Claim	RUG Level	Quantity Billed (# of Days)	Part A RUG Amt Rate	Quantity of Deductable Days	Medicare Deductable Rate	Claim Amount Paid
2/25/2013	1/30/2013	1/31/2013	-	RMC10	2	\$ 387.80			
2/25/2013	1/30/2013	1/31/2013	2		-	\$ -	0	\$ 148.00	\$ 775.60
3/25/2013	2/1/2013	2/16/2013	-	RMC10	12	\$ 387.80			
3/25/2013	2/1/2013	2/16/2013	-	RMB20	3	\$ 364.04			
3/25/2013	2/1/2013	2/16/2013	15		-	\$ -	0	\$ 148.00	\$ 5,745.72

Billing Provider Name	Provider Number
Heritage Oaks	675112

Beneficiary Last Name	Beneficiary First Name	Beneficiary Claim HIC Num
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Claim Paid Date	Claim From Date	Claim Through Date	Number of Days in Claim	RUG Level	Quantity Billed (# of Days)	Part A RUG Amt Rate	Quantity of Deductable Days	Medicare Deductable Rate	Claim Amount Paid
08/12/2011	07/06/2011	07/31/2011	-	RUC10	14	\$ 611.14			
08/12/2011	07/06/2011	07/31/2011	-	RUC20	12	\$ 611.14			
08/12/2011	07/06/2011	07/31/2011	26		-	\$ -	6	\$ 141.50	\$ 15,040.64
09/16/2011	08/01/2011	08/15/2011	-	RUC20	4	\$ 611.14			
09/16/2011	08/01/2011	08/15/2011	-	RUB30	11	\$ 611.14			
09/16/2011	08/01/2011	08/15/2011	15		-	\$ -	15	\$ 141.50	\$ 7,044.60



Billing Provider Name	Provider Number
TERENCE CARDINAL COOKE HEALTH CARE CENTER	335665

Beneficiary Last Name	Beneficiary First Name	Beneficiary Claim HIC Num
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Claim Paid Date	Claim From Date	Claim Through Date	Number of Days in Claim	RUG Level	Quantity Billed (# of Days)	Part A RUG Amt Rate	Quantity of Deductable Days	Medicare Deductable Rate	Claim Amount Paid
05/22/2012	01/15/2012	01/31/2012	-	RUB10RUB10	12	\$ 675.94			
05/22/2012	01/15/2012	01/31/2012	-	RUB20RUB20	5	\$ 675.94			
05/22/2012	01/15/2012	01/31/2012	17		-	\$ -	0	\$ 144.50	\$ 11,490.98
06/01/2012	02/01/2012	02/10/2012	-	RUB20RUB20	9	\$ 675.94			
06/01/2012	02/01/2012	02/10/2012	9		-	\$ -	6	\$ 144.50	\$ 5,216.46

Billing Provider Name	Provider Number
Ross Manor Associates	205064

Beneficiary Last Name	Beneficiary First Name	Beneficiary Claim HIC Num

Claim Paid Date	Claim From Date	Claim Through Date	Number of Days in Claim	RUG Level	Quantity Billed (# of Days)	Part A RUG Amt Rate	Quantity of Deductable Days	Medicare Deductable Rate	Claim Amount Paid
08/30/2011	07/14/2011	07/31/2011	-	RUA10RUA10	14	\$ 504.83			
08/30/2011	07/14/2011	07/31/2011	-	RUA20RUA20	4	\$ 504.83			
08/30/2011	07/14/2011	07/31/2011	18		-	\$ -	12	\$ 141.50	\$ 7,388.94
09/30/2011	08/01/2011	08/31/2011	-	RUA20RUA20	12	\$ 504.83			
09/30/2011	08/01/2011	08/31/2011	-	RUA30RUA30	19	\$ 504.83			
09/30/2011	08/01/2011	08/31/2011	31		-	\$ -	31	\$ 141.50	\$ 11,263.23
11/01/2011	09/01/2011	09/14/2011	-	RUA30RUA30	11	\$ 504.83			
11/01/2011	09/01/2011	09/14/2011	-	RUA40RUA40	3	\$ 504.83			
11/01/2011	09/01/2011	09/14/2011	14		-	\$ -	14	\$ 141.50	\$ 5,086.62

Billing Provider Name	Provider Number
Ferncliff Nursing Home Company, Inc.	335405

Beneficiary Last Name	Beneficiary First Name	Beneficiary Claim HIC Num

Claim Paid Date	Claim From Date	Claim Through Date	Number of Days in Claim	RUG Level	Quantity Billed (# of Days)	Part A RUG Amt Rate	Quantity of Deductable Days	Medicare Deductable Rate	Claim Amount Paid
02/27/2012	01/18/2012	01/31/2012	-	RUC10RUC10	14	\$ 610.19			
02/27/2012	01/18/2012	01/31/2012	14		-	\$ -	14	\$ 144.50	\$ 6,519.66
03/26/2012	02/01/2012	02/29/2012	-	RMC0DRMC0D	16	\$ 400.70			
03/26/2012	02/01/2012	02/29/2012	-	RUC20RUC20	1	\$ 610.19			
03/26/2012	02/01/2012	02/29/2012	-	RVC0DRV0D	12	\$ 523.47			
03/26/2012	02/01/2012	02/29/2012	29		-	\$ -	29	\$ 144.50	\$ 9,112.53
04/26/2012	03/01/2012	03/06/2012	-	RMC0DRMC0D	5	\$ 400.70			
04/26/2012	03/01/2012	03/06/2012	5		-	\$ -	5	\$ 144.50	\$ 1,281.00

Billing Provider Name	Provider Number
Friendship Village of Dublin, Ohio, Inc.	365560

Beneficiary Last Name	Beneficiary First Name	Beneficiary Claim HIC Num

Claim Paid Date	Claim From Date	Claim Through Date	Number of Days in Claim	RUG Level	Quantity Billed (# of Days)	Part A RUG Amt Rate	Quantity of Deductable Days	Medicare Deductable Rate	Claim Amount Paid
10/29/2012	08/28/2012	08/31/2012	-	RUB10RUB10	4	\$ 558.56			
10/29/2012	08/28/2012	08/31/2012	4		-	\$ -	0	\$ 144.50	\$ 2,234.24
11/28/2012	09/01/2012	09/30/2012	-	RUB10RUB10	10	\$ 558.56			
11/28/2012	09/01/2012	09/30/2012	-	RUA20RUA20	16	\$ 467.04			
11/28/2012	09/01/2012	09/30/2012	-	RUB30RUB30	4	\$ 558.56			
11/28/2012	09/01/2012	09/30/2012	30		-	\$ -	14	\$ 144.50	\$ 13,269.48
12/27/2012	10/01/2012	10/24/2012	-	RUB30RUB30	15	\$ 559.86			
12/27/2012	10/01/2012	10/24/2012	-	RHA0DRHA0D	8	\$ 331.61			
12/27/2012	10/01/2012	10/24/2012	23		-	\$ -	23	\$ 144.50	\$ 7,727.28

Billing Provider Name	Provider Number
Friendship Village of Dublin, Ohio, Inc.	365560

Beneficiary Last Name	Beneficiary First Name	Beneficiary Claim HIC Num
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Claim Paid Date	Claim From Date	Claim Through Date	Number of Days in Claim	RUG Level	Quantity Billed (# of Days)	Part A RUG Amt Rate	Quantity of Deductible Days	Medicare Deductible Rate	Claim Amount Paid
12/27/2012	10/26/2012	10/31/2012	-	RUC10RUC10	6	\$ 559.86			
12/27/2012	10/26/2012	10/31/2012	6		-	\$ -	0	\$ 144.50	\$ 3,359.16
01/31/2013	11/01/2012	11/30/2012	-	RUC10RUC10	8	\$ 559.86			
01/31/2013	11/01/2012	11/30/2012	-	RUC20RUC20	16	\$ 559.86			
01/31/2013	11/01/2012	11/30/2012	-	RUB30RUB30	6	\$ 559.86			
01/31/2013	11/01/2012	11/30/2012	30		-	\$ -	16	\$ 144.50	\$ 14,483.80
03/11/2013	12/01/2012	12/17/2012	-	RUB30RUB30	5	\$ 559.86			
03/11/2013	12/01/2012	12/17/2012	-	RMB0DRMB0D	12	\$ 345.14			
03/11/2013	12/01/2012	12/17/2012	17		-	\$ -	17	\$ 144.50	\$ 4,484.48

Billing Provider Name	Provider Number
Henry Ford Village, Inc.	235593

Beneficiary Last Name	Beneficiary First Name	Beneficiary Claim HIC Num
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Claim Paid Date	Claim From Date	Claim Through Date	Number of Days in Claim	RUG Level	Quantity Billed (# of Days)	Part A RUG Amt Rate	Quantity of Deductable Days	Medicare Deductable Rate	Claim Amount Paid
02/21/2013	12/14/2012	12/31/2012	-	RUA10RUA10	14	\$ 455.05			
02/21/2013	12/14/2012	12/31/2012	-	RUB20RUB20	4	\$ 544.22			
02/21/2013	12/14/2012	12/31/2012	18		-	\$ -	0	\$ 144.50	\$ 8,547.58
03/15/2013	01/01/2013	01/31/2013	-	RUB20RUB20	12	\$ 544.22			
03/15/2013	01/01/2013	01/31/2013	-	RUB30RUB30	18	\$ 544.22			
03/15/2013	01/01/2013	01/31/2013	30		-	\$ -	28	\$ 148.00	\$ 12,182.60

Billing Provider Name	Provider Number
Henry Ford Village, Inc.	235593

Beneficiary Last Name	Beneficiary First Name	Beneficiary Claim HIC Num

Claim Paid Date	Claim From Date	Claim Through Date	Number of Days in Claim	RUG Level	Quantity Billed (# of Days)	Part A RUG Amt Rate	Quantity of Deductable Days	Medicare Deductable Rate	Claim Amount Paid
02/19/2013	12/28/2012	12/31/2012	-	RVB10RVB10	4	\$ 404.30			
02/19/2013	12/28/2012	12/31/2012	4		-	\$ -	0	\$ 144.50	\$ 1,617.20
03/19/2013	01/01/2013	01/31/2013	-	RVB10RVB10	3	\$ 404.30			
03/19/2013	01/01/2013	01/31/2013	-	RUB2DRUB2D	23	\$ 544.22			
03/19/2013	01/01/2013	01/31/2013	-	RUA30RUA30	5	\$ 455.05			
03/19/2013	01/01/2013	01/31/2013	31		-	\$ -	15	\$ 148.00	\$ 13,785.21
04/15/2013	02/01/2013	02/28/2013	-	RUA30RUA30	25	\$ 455.05			
04/15/2013	02/01/2013	02/28/2013	-	RUA40RUA40	3	\$ 455.05			
04/15/2013	02/01/2013	02/28/2013	28		-	\$ -	28	\$ 148.00	\$ 8,597.40
05/08/2013	03/01/2013	03/05/2013	-	RUA40RUA40	4	\$ 455.05			
05/08/2013	03/01/2013	03/05/2013	4		-	\$ -	4	\$ 148.00	\$ 1,228.20

Billing Provider Name	Provider Number
Wingate at Beacon	335828

Beneficiary Last Name	Beneficiary First Name	Beneficiary Claim HIC Num
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Claim Paid Date	Claim From Date	Claim Through Date	Number of Days in Claim	RUG Level	Quantity Billed (# of Days)	Part A RUG Amt Rate	Quantity of Deductable Days	Medicare Deductable Rate	Claim Amount Paid
11/28/2011	10/13/2011	10/31/2011	-	RUA10	14	\$ 510.21			
11/28/2011	10/13/2011	10/31/2011	-	RUA20	5	\$ 510.21			
11/28/2011	10/13/2011	10/31/2011	19		-	\$ -	0	\$ 141.50	\$ 9,693.99
12/27/2011	11/1/2011	11/3/2011	-	RUA20	2	\$ 510.21			
12/27/2011	11/1/2011	11/3/2011	2		-	\$ -	1	\$ 141.50	\$ 878.92

Billing Provider Name	Provider Number
Citizens Care and Rehabilitation Center of Frederick, LLC	215105
County Commissioners Accounting Office	215105

Beneficiary Last Name	Beneficiary First Name	Beneficiary Claim HIC Num

Claim Paid Date	Claim From Date	Claim Through Date	Number of Days in Claim	RUG Level	Quantity Billed (# of Days)	Part A RUG Amt Rate	Quantity of Deductible Days	Medicare Deductible Rate	Sequestration 2% Deduction - 1/1/13 Implementation	Claim Amount Paid
03/30/2011	11/05/2010	11/30/2010	-	RUB20RUB20	12	\$ 657.35				
03/30/2011	11/05/2010	11/30/2010	-	RVB10RVB10	14	\$ 484.88				
03/30/2011	11/05/2010	11/30/2010	26		-	\$ -	6	\$ 137.50	\$ -	\$ 13,851.52
03/28/2011	12/01/2010	12/31/2010	-	RUB20RUB20	4	\$ 657.35				
03/28/2011	12/01/2010	12/31/2010	-	RUB30RUB30	27	\$ 657.35				
03/28/2011	12/01/2010	12/31/2010	31		-	\$ -	31	\$ 137.50	\$ -	\$ 16,115.35
03/17/2011	01/01/2011	01/31/2011	-	RUB30RUB30	3	\$ 657.35				
03/17/2011	01/01/2011	01/31/2011	-	RVB40RVB40	28	\$ 484.88				
03/17/2011	01/01/2011	01/31/2011	31		-	\$ -	31	\$ 137.50	\$ 124.00	\$ 11,162.19
03/28/2011	02/01/2011	02/12/2011	-	RVB40RVB40	2	\$ 484.88				
03/28/2011	02/01/2011	02/12/2011	-	RMB50RMB50	10	\$ 417.84				
03/28/2011	02/01/2011	02/12/2011	12		-	\$ -	12	\$ 137.50	\$ 48.00	\$ 3,450.16

Billing Provider Name	Provider Number
Wingate at Haverhill aka KENOZA MANOR CONVALESCENT HOME	225404

Beneficiary Last Name	Beneficiary First Name	Beneficiary Claim HIC Num

Claim Paid Date	Claim From Date	Claim Through Date	Number of Days in Claim	RUG Level	Quantity Billed (# of Days)	Part A RUG Amt Rate	Quantity of Deductable Days	Medicare Deductable Rate	Claim Amount Paid
04/13/2012	03/02/2012	03/26/2012	-	RUB20	10	\$ 585.58			
04/13/2012	03/02/2012	03/26/2012	-	RUB10	14	\$ 585.58			
04/13/2012	03/02/2012	03/26/2012	24		-	\$ -	24	\$ 144.50	\$ 10,585.92

Billing Provider Name	Provider Number
TERENCE CARDINAL COOKE HEALTH CARE CENTER	335665

Beneficiary Last Name	Beneficiary First Name	Beneficiary Claim HIC Num
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Claim Paid Date	Claim From Date	Claim Through Date	Number of Days in Claim	RUG Level	Quantity Billed (# of Days)	Part A RUG Amt Rate	Quantity of Deductable Days	Medicare Deductable Rate	Sequestration 2% Deduction - 1/1/13 Implementation	Claim Amount Paid
08/28/2013	07/05/2013	07/31/2013	-	RUB10RUB10	14	\$ 682.48				
08/28/2013	07/05/2013	07/31/2013	-	RUB20RUB20	13	\$ 682.48				
08/28/2013	07/05/2013	07/31/2013	27		-	\$ -	7	\$ 148.00	\$ 347.82	\$ 17,043.14
09/30/2013	08/01/2013	08/31/2013	-	RUB20RUB20	3	\$ 682.48				
09/30/2013	08/01/2013	08/31/2013	-	RUB30RUB30	28	\$ 682.48				
09/30/2013	08/01/2013	08/31/2013	31		-	\$ -	31	\$ 148.00	\$ 331.38	\$ 16,237.50
10/24/2013	09/01/2013	09/10/2013	-	RUB30RUB30	2	\$ 682.48				
10/24/2013	09/01/2013	09/10/2013	-	RUB40RUB40	7	\$ 682.48				
10/24/2013	09/01/2013	09/10/2013	9		-	\$ -	9	\$ 148.00	\$ 96.21	\$ 4,714.11

Billing Provider Name	Provider Number
Ross Manor Associates	205064

Beneficiary Last Name	Beneficiary First Name	Beneficiary Claim HIC Num

Claim Paid Date	Claim From Date	Claim Through Date	Number of Days in Claim	RUG Level	Quantity Billed (# of Days)	Part A RUG Amt Rate	Quantity of Deductable Days	Medicare Deductable Rate	Claim Amount Paid
01/28/2013	12/20/2012	12/31/2012	-	RUC10RUC10	12	\$ 576.24			
01/28/2013	12/20/2012	12/31/2012	12		-	\$ -	0	\$ 144.50	\$ 6,914.88
02/27/2013	01/01/2013	01/16/2013	-	RUC10RUC10	2	\$ 576.24			
02/27/2013	01/01/2013	01/16/2013	-	RUC0DRUC0D	14	\$ 576.24			
02/27/2013	01/01/2013	01/16/2013	16		-	\$ -	8	\$ 148.00	\$ 8,035.84

Billing Provider Name	Provider Number
150 Riverside Op. LLC	335334
Kateri Residence	335334

Beneficiary Last Name	Beneficiary First Name	Beneficiary Claim HIC Num

Claim Paid Date	Claim From Date	Claim Through Date	Number of Days in Claim	RUG Level	Quantity Billed (# of Days)	Part A RUG Amt Rate	Quantity of Deductable Days	Medicare Deductable Rate	Claim Amount Paid
06/27/2011	05/02/2011	05/31/2011	-	RUB10RUB10	14	\$ 764.18			
06/27/2011	05/02/2011	05/31/2011	-	RUB20RUB20	16	\$ 764.18			
06/27/2011	05/02/2011	05/31/2011	30		-	\$ -	10	\$ 141.50	\$ 21,510.40
07/27/2011	06/01/2011	06/30/2011	-	RUB30RUB30	30	\$ 764.18			
07/27/2011	06/01/2011	06/30/2011	30		-	\$ -	30	\$ 141.50	\$ 18,680.40
08/24/2011	07/01/2011	07/29/2011	-	RUB40RUB40	28	\$ 764.18			
08/24/2011	07/01/2011	07/29/2011	28		-	\$ -	28	\$ 141.50	\$ 17,435.04

Billing Provider Name	Provider Number
TERENCE CARDINAL COOKE HEALTH CARE CENTER	335665

Beneficiary Last Name	Beneficiary First Name	Beneficiary Claim HIC Num
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Claim Paid Date	Claim From Date	Claim Through Date	Number of Days in Claim	RUG Level	Quantity Billed (# of Days)	Part A RUG Amt Rate	Quantity of Deductable Days	Medicare Deductable Rate	Sequestration 2% Deduction - 1/1/13 Implementation	Claim Amount Paid
06/03/2013	04/24/2013	04/30/2013	-	RUC10RUC10	7	\$ 682.48				
06/03/2013	04/24/2013	04/30/2013	7		-	\$ -	0	\$ 148.00	\$ 95.55	\$ 4,681.81
07/01/2013	05/01/2013	05/31/2013	-	RUC10RUC10	7	\$ 682.48				
07/01/2013	05/01/2013	05/31/2013	-	RUC20RUC20	16	\$ 682.48				
07/01/2013	05/01/2013	05/31/2013	-	RUC30RUC30	8	\$ 682.48				
07/01/2013	05/01/2013	05/31/2013	31		-	\$ -	18	\$ 148.00	\$ 369.86	\$ 18,123.02
07/29/2013	06/01/2013	06/23/2013	-	RUC30RUC30	22	\$ 682.48				
07/29/2013	06/01/2013	06/23/2013	-	RVC40RVC40	1	\$ 585.50				
07/29/2013	06/01/2013	06/23/2013	23		-	\$ -	23	\$ 148.00	\$ 243.92	\$ 11,952.14

Billing Provider Name	Provider Number
St Johns Nursing Home Inc aka Brandon Woods of New Bedford	225264

Beneficiary Last Name	Beneficiary First Name	Beneficiary Claim HIC Num
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Claim Paid Date	Claim From Date	Claim Through Date	Number of Days in Claim	RUG Level	Quantity Billed (# of Days)	Part A RUG Amt Rate	Quantity of Deductible Days	Medicare Deductible Rate	Claim Amount Paid
06/25/2012	05/02/2012	05/31/2012	-	RUC10RUC10	14	\$ 583.32			
06/25/2012	05/02/2012	05/31/2012	-	RUC20RUC20	16	\$ 583.32			
06/25/2012	05/02/2012	05/31/2012	30		-	\$ -	10	\$ 144.50	\$ 16,054.60
07/25/2012	06/01/2012	06/30/2012	-	RUC30RUC30	30	\$ 583.32			
07/25/2012	06/01/2012	06/30/2012	30		-	\$ -	30	\$ 144.50	\$ 13,164.60
08/27/2012	07/01/2012	07/19/2012	-	RUC40RUC40	7	\$ 583.32			
08/27/2012	07/01/2012	07/19/2012	-	RMC0DRMC0D	11	\$ 383.06			
08/27/2012	07/01/2012	07/19/2012	18		-	\$ -	18	\$ 144.50	\$ 5,695.90

Billing Provider Name	Provider Number
Park Manor Cypress Station	675986

Beneficiary Last Name	Beneficiary First Name	Beneficiary Claim HIC Num

Claim Paid Date	Claim From Date	Claim Through Date	Number of Days in Claim	RUG Level	Quantity Billed (# of Days)	Part A RUG Amt Rate	Quantity of Deductible Days	Medicare Deductible Rate	Claim Amount Paid
3/1/2011	12/24/2010	12/31/2010	-	RUB10	8	\$ 626.53			
3/1/2011	12/24/2010	12/31/2010	8		-	\$ -	0	\$ 137.50	\$ 5,012.24
3/4/2011	1/1/2011	1/31/2011	-	RUB10	6	\$ 626.53			
3/4/2011	1/1/2011	1/31/2011	-	RUB20	16	\$ 626.53			
3/4/2011	1/1/2011	1/31/2011	-	RUB30	9	\$ 626.53			
3/4/2011	1/1/2011	1/31/2011	31		-	\$ -	19	\$ 141.50	\$ 16,733.93
3/18/2011	2/1/2011	2/28/2011	-	RUB30	21	\$ 626.53			
3/18/2011	2/1/2011	2/28/2011	-	RUA40	7	\$ 506.50			
3/18/2011	2/1/2011	2/28/2011	28		-	\$ -	28	\$ 141.50	\$ 12,740.63
4/22/2011	3/1/2011	3/31/2011	-	RVA50	8	\$ 460.60			
4/22/2011	3/1/2011	3/31/2011	-	RUA40	23	\$ 506.50			
4/22/2011	3/1/2011	3/31/2011	31		-	\$ -	31	\$ 141.50	\$ 10,947.80
5/23/2011	4/1/2011	4/2/2011	-	RVA50	2	\$ 460.60			
5/23/2011	4/1/2011	4/2/2011	2		-	\$ -	2	\$ 141.50	\$ 638.20

Billing Provider Name	Provider Number
TERENCE CARDINAL COOKE HEALTH CARE CENTER	335665

Beneficiary Last Name	Beneficiary First Name	Beneficiary Claim HIC Num
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Claim Paid Date	Claim From Date	Claim Through Date	Number of Days in Claim	RUG Level	Quantity Billed (# of Days)	Part A RUG Amt Rate	Quantity of Deductable Days	Medicare Deductable Rate	Sequestration 2% Deduction - 1/1/13 Implementation	Claim Amount Paid
02/28/2013	02/28/2013	02/28/2013	-	RUB10RUB10	1	\$ 682.48				
02/28/2013	02/28/2013	02/28/2013	1		-	\$ -	0	\$ 148.00	\$ -	\$ 682.48
02/28/2013	03/01/2013	03/31/2013	-	RUB10RUB10	13	\$ 682.48				
02/28/2013	03/01/2013	03/31/2013	-	RUB20RUB20	16	\$ 682.48				
02/28/2013	03/01/2013	03/31/2013	-	RUB30RUB30	2	\$ 682.48				
02/28/2013	03/01/2013	03/31/2013	31		-	\$ -	12	\$ 148.00	\$ -	\$ 19,380.88
02/28/2013	04/01/2013	04/19/2013	-	RUB30RUB30	18	\$ 682.48				
02/28/2013	04/01/2013	04/19/2013	18		-	\$ -	18	\$ 148.00	\$ 192.41	\$ 9,428.23

Billing Provider Name	Provider Number
Clafin Hill Corporation aka Blaire House of Milford	225260

Beneficiary Last Name	Beneficiary First Name	Beneficiary Claim HIC Num
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Claim Paid Date	Claim From Date	Claim Through Date	Number of Days in Claim	RUG Level	Quantity Billed (# of Days)	Part A RUG Amt Rate	Quantity of Deductable Days	Medicare Deductable Rate	Claim Amount Paid
11/28/2011	10/10/2011	10/31/2011	-	RUB10RUB10	14	\$ 600.09			
11/28/2011	10/10/2011	10/31/2011	-	RUA20RUA20	8	\$ 501.77			
11/28/2011	10/10/2011	10/31/2011	22		-	\$ -	2	\$ 141.50	\$ 12,132.42
12/27/2011	11/01/2011	11/11/2011	-	RUA20RUA20	8	\$ 501.77			
12/27/2011	11/01/2011	11/11/2011	-	RUB30RUB30	3	\$ 600.09			
12/27/2011	11/01/2011	11/11/2011	11		-	\$ -	11	\$ 141.50	\$ 4,257.93

Billing Provider Name	Provider Number
William Hill Manor	215137

Beneficiary Last Name	Beneficiary First Name	Beneficiary Claim HIC Num

Claim Paid Date	Claim From Date	Claim Through Date	Number of Days in Claim	RUG Level	Quantity Billed (# of Days)	Part A RUG Amt Rate	Quantity of Deductable Days	Medicare Deductable Rate	Claim Amount Paid
9/28/2011	8/11/2011	8/31/2011	-	RUB20	7	\$ 617.59			
9/28/2011	8/11/2011	8/31/2011	-	RUC10	14	\$ 617.59			
9/28/2011	8/11/2011	8/31/2011	21		-	\$ -	21	\$ 141.50	\$ 9,997.89
10/28/2011	9/1/2011	9/14/2011	-	RUB20	9	\$ 617.59			
10/28/2011	9/1/2011	9/14/2011	-	RUB30	4	\$ 617.59			
10/28/2011	9/1/2011	9/14/2011	13		-	\$ -	13	\$ 141.50	\$ 6,189.17

Billing Provider Name	Provider Number
Clafin Hill Corporation aka Blaire House of Milford	225260

Beneficiary Last Name	Beneficiary First Name	Beneficiary Claim HIC Num
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Claim Paid Date	Claim From Date	Claim Through Date	Number of Days in Claim	RUG Level	Quantity Billed (# of Days)	Part A RUG Amt Rate	Quantity of Deductable Days	Medicare Deductable Rate	Claim Amount Paid
03/26/2012	02/01/2012	02/29/2012	-	RUB10RUB10	14	\$ 600.09			
03/26/2012	02/01/2012	02/29/2012	-	RVB0DRVB0D	14	\$ 445.81			
03/26/2012	02/01/2012	02/29/2012	-	RMB0DRMB0D	1	\$ 369.93			
03/26/2012	02/01/2012	02/29/2012	29		-	\$ -	21	\$ 144.50	\$ 11,978.03
04/26/2012	03/01/2012	03/07/2012	-	RMB0DRMB0D	6	\$ 369.93			
04/26/2012	03/01/2012	03/07/2012	6		-	\$ -	6	\$ 144.50	\$ 1,352.58



Billing Provider Name	Provider Number
Wingate at Haverhill aka KENOZA MANOR CONVALESCENT HOME	225404

Beneficiary Last Name	Beneficiary First Name	Beneficiary Claim HIC Num

Claim Paid Date	Claim From Date	Claim Through Date	Number of Days in Claim	RUG Level	Quantity Billed (# of Days)	Part A RUG Amt Rate	Quantity of Deductible Days	Medicare Deductible Rate	Sequestration 2% Deduction - 1/1/13 Implementation	Claim Amount Paid
2/25/2013	1/25/2013	1/31/2013	-	RUC10	7	\$ 590.53				
2/25/2013	1/25/2013	1/31/2013	7		-	\$ -	0	\$ 148.00	\$ -	\$ 4,133.71
3/25/2013	2/1/2013	2/28/2013	-	RUC10	7	\$ 590.53				
3/25/2013	2/1/2013	2/28/2013	-	RVC20	1	\$ 506.61				
3/25/2013	2/1/2013	2/28/2013	-	RUC0D	15	\$ 590.53				
3/25/2013	2/1/2013	2/28/2013	-	RUC30	5	\$ 590.53				
3/25/2013	2/1/2013	2/28/2013	28		-	\$ -	15	\$ 148.00	\$ -	\$ 14,230.92
4/23/2013	3/1/2013	3/31/2013	-	RUC30	25	\$ 590.53				
4/23/2013	3/1/2013	3/31/2013	-	RUB40	6	\$ 590.53				
4/23/2013	3/1/2013	3/31/2013	31		-	\$ -	31	\$ 148.00	\$ -	\$ 13,718.43
5/22/2013	4/1/2013	4/17/2013	-	RUB40	16	\$ 590.53				
5/22/2013	4/1/2013	4/17/2013	16		-	\$ -	16	\$ 148.00	\$ 141.61	\$ 6,938.87

Billing Provider Name	Provider Number
Fundamental - Broomall Rehabilitation and Nursing Center	395078

Beneficiary Last Name	Beneficiary First Name	Beneficiary Claim HIC Num
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Claim Paid Date	Claim From Date	Claim Through Date	Number of Days in Claim	RUG Level	Quantity Billed (# of Days)	Part A RUG Amt Rate	Quantity of Deductable Days	Medicare Deductable Rate	Claim Amount Paid
10/21/2011	9/16/2011	9/30/2011	-	RUB11	14	\$ 669.57			
10/21/2011	9/16/2011	9/30/2011	-	RUB20	1	\$ 669.57			
10/21/2011	9/16/2011	9/30/2011	15		-	\$ -	15	\$ 141.50	\$ 7,921.05
11/21/2011	10/1/2011	10/31/2011	-	RUB20	15	\$ 587.96			
11/21/2011	10/1/2011	10/31/2011	-	RUA30	16	\$ 491.63			
11/21/2011	10/1/2011	10/31/2011	31		-	\$ -	31	\$ 141.50	\$ 12,298.98
12/22/2011	11/1/2011	11/30/2011	-	RUA30	2	\$ 491.63			
12/22/2011	11/1/2011	11/30/2011	2		-	\$ -	2	\$ 141.50	\$ 700.26

Billing Provider Name	Provider Number
Regents Park, Inc.	105476

Beneficiary Last Name	Beneficiary First Name	Beneficiary Claim HIC Num

Claim Paid Date	Claim From Date	Claim Through Date	Number of Days in Claim	RUG Level	Quantity Billed (# of Days)	Part A RUG Amt Rate	Quantity of Deductable Days	Medicare Deductable Rate	Claim Amount Paid
09/23/2011	08/04/2011	08/31/2011	-	RUB10RUB10	14	\$ 631.37			
09/23/2011	08/04/2011	08/31/2011	-	RUB20RUB20	14	\$ 631.37			
09/23/2011	08/04/2011	08/31/2011	28		-	\$ -	8	\$ 141.50	\$ 16,546.36
10/25/2011	09/01/2011	09/05/2011	-	RUB20RUB20	2	\$ 631.37			
10/25/2011	09/01/2011	09/05/2011	-	RVA30RVA30	2	\$ 464.15			
10/25/2011	09/01/2011	09/05/2011	4		-	\$ -	4	\$ 141.50	\$ 1,625.04

Billing Provider Name	Provider Number
Clafin Hill Corporation aka Blaire House of Milford	225260

Beneficiary Last Name	Beneficiary First Name	Beneficiary Claim HIC Num
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Claim Paid Date	Claim From Date	Claim Through Date	Number of Days in Claim	RUG Level	Quantity Billed (# of Days)	Part A RUG Amt Rate	Quantity of Deductable Days	Medicare Deductable Rate	Claim Amount Paid
03/10/2011	12/08/2010	12/31/2010	-	RUB20RUB20	10	\$ 678.76			
03/10/2011	12/08/2010	12/31/2010	-	RUC10RUC10	14	\$ 678.76			
03/10/2011	12/08/2010	12/31/2010	24		-	\$ -	4	\$ 137.50	\$ 15,740.24
04/12/2011	01/01/2011	01/31/2011	-	RUB20RUB20	6	\$ 678.76			
04/12/2011	01/01/2011	01/31/2011	-	RUC30RUC30	25	\$ 678.76			
04/12/2011	01/01/2011	01/31/2011	31		-	\$ -	31	\$ 141.50	\$ 16,655.06
05/19/2011	02/01/2011	02/22/2011	-	RUC30RUC30	5	\$ 678.76			
05/19/2011	02/01/2011	02/22/2011	-	RUB40RUB40	16	\$ 678.76			
05/19/2011	02/01/2011	02/22/2011	21		-	\$ -	21	\$ 141.50	\$ 11,282.46

Billing Provider Name	Provider Number
Sunrise - Bedford Court	215246

Beneficiary Last Name	Beneficiary First Name	Beneficiary Claim HIC Num
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Claim Paid Date	Claim From Date	Claim Through Date	Number of Days in Claim	RUG Level	Quantity Billed (# of Days)	Part A RUG Amt Rate	Quantity of Deductable Days	Medicare Deductable Rate	Claim Amount Paid
10/3/2011	8/23/2011	8/31/2011	-	RUB10	9	\$ 657.35			
10/3/2011	8/23/2011	8/31/2011	9		-	\$ -	0	\$ 141.50	\$ 5,916.15
11/28/2011	9/1/2011	9/28/2011	-	RUB10	5	\$ 657.35			
11/28/2011	9/1/2011	9/28/2011	-	RUA20	16	\$ 531.41			
11/28/2011	9/1/2011	9/28/2011	-	RUA30	6	\$ 531.41			
11/28/2011	9/1/2011	9/28/2011	27		-	\$ -	16	\$ 141.50	\$ 12,713.77

Billing Provider Name	Provider Number
Citizens Care and Rehabilitation Center of Frederick, LLC	215105
County Commissioners Accounting Office	215105

Beneficiary Last Name	Beneficiary First Name	Beneficiary Claim HIC Num
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Claim Paid Date	Claim From Date	Claim Through Date	Number of Days in Claim	RUG Level	Quantity Billed (# of Days)	Part A RUG Amt Rate	Quantity of Deductable Days	Medicare Deductable Rate	Sequestration 2% Deduction - 1/1/13 Implementation	Claim Amount Paid
10/30/2013	09/04/2013	09/30/2013	-	RUC10RUC10	14	\$ 583.64				
10/30/2013	09/04/2013	09/30/2013	-	RUB20RUB20	13	\$ 583.64				
10/30/2013	09/04/2013	09/30/2013	27		-	\$ -	7	\$ 148.00	\$ 294.45	\$ 14,427.83
11/26/2013	10/01/2013	10/24/2013	-	RUB20RUB20	3	\$ 589.64				
11/26/2013	10/01/2013	10/24/2013	-	RUC30RUC30	20	\$ 589.64				
11/26/2013	10/01/2013	10/24/2013	23		-	\$ -	23	\$ 148.00	\$ 203.15	\$ 9,954.57

Billing Provider Name	Provider Number
TERENCE CARDINAL COOKE HEALTH CARE CENTER	335665

Beneficiary Last Name	Beneficiary First Name	Beneficiary Claim HIC Num
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Claim Paid Date	Claim From Date	Claim Through Date	Number of Days in Claim	RUG Level	Quantity Billed (# of Days)	Part A RUG Amt Rate	Quantity of Deductible Days	Medicare Deductible Rate	Sequestration 2% Deduction - 1/1/13 Implementation	Claim Amount Paid
06/26/2013	05/08/2013	05/31/2013	-	RUA0DRUA0D	11	\$ 570.66				
06/26/2013	05/08/2013	05/31/2013	-	RUB10RUB10	13	\$ 682.48				
06/26/2013	05/08/2013	05/31/2013	24		-	\$ -	4	\$ 148.00	\$ 291.15	\$ 14,266.35
07/26/2013	06/01/2013	06/03/2013	-	RUA0DRUA0D	2	\$ 570.66				
07/26/2013	06/01/2013	06/03/2013	2		-	\$ -	2	\$ 148.00	\$ 16.91	\$ 828.41

Billing Provider Name	Provider Number
Sunrise - Villa Valencia	555462

Beneficiary Last Name	Beneficiary First Name	Beneficiary Claim HIC Num

Claim Paid Date	Claim From Date	Claim Through Date	Number of Days in Claim	RUG Level	Quantity Billed (# of Days)	Part A RUG Amt Rate	Quantity of Deductable Days	Medicare Deductable Rate	Claim Amount Paid
5/9/2011	1/21/2011	1/31/2011	-	RUB10	11	\$ 729.31			
5/9/2011	1/21/2011	1/31/2011	11		-	\$ -	0	\$ 141.50	\$ 8,022.41
5/25/2011	2/1/2011	3/1/2011	-	RUB10	3	\$ 729.31			
5/25/2011	2/1/2011	3/1/2011	-	RUB20	16	\$ 729.31			
5/25/2011	2/1/2011	3/1/2011	-	RUA30	9	\$ 589.59			
5/25/2011	2/1/2011	3/1/2011	28		-	\$ -	19	\$ 141.50	\$ 16,474.70