

All Payers Corrective Action Report

Agency: Florida Sunshine Home Health

FINAL

Patient Name	ID#	'From' Date	'To' Date	Type	Charge	POC Needed	POC	VO	
							MD Sign	MD Sign	
FIVEINSMONTH, TEST	21111111105	05-01-2004	05-31-2004	331	\$ 989.60	Yes	No	No	
SIXINSMONTH, TEST	21111111106	05-01-2004	05-31-2004		\$ 1,207.67	Yes	No	No	
SEVENINSMONTH, TEST	21111111107	05-01-2004	05-31-2004	331	\$ 461.75	No	Yes	No	
EIGHTINSMONTH, TEST	21111111108	05-01-2004	05-31-2004		\$ 779.59	No	Yes	No	
ELEVENINSMONTH, TEST	21111111111	05-01-2004	05-31-2004		\$ 438.25	Yes	No	No	
TWELVEINSMONTH, TEST	21111111112	05-01-2004	05-31-2004		\$ 397.40	No	Yes	No	
PATIENT COUNT: 6	CLAIM COUNT: 6					TOTAL: \$4,274.26			