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be healthy. be tobacco-free.

choose not to smoke.

## Summary Claim Billing Statement Notice of Payment Due

Madison County Board of Supervisors PO Box 608 Canton MS 39046

Stateme	nt Date:	10/	09/20	13

 Voucher ID Number:
 V000220
 Invoice Number:
 131009B0002201

 Period From:
 10/01/2013
 Period To:
 10/09/2013

**Amount Due: \$56,249.68** 

## **Payment Details**

TOTAL CLAIMS PAID	\$56,004.33		
BLUE CARD ACCESS FEE BLUE CARD ADMIN FEE	226.75 36.00		
PHARMACY REBATE			
Total Amount Due Current Period	\$56,249.68		
Total Amount Billed (Current Period)	\$56,249.68		

## **Detail Analysis**

## **MADISON COUNTY BOARD OF**

TOTAL CLAIMS PAID \$56,004.33
BLUE CARD ACCESS FEE 226.75
BLUE CARD ADMIN FEE 36.00
PHARMACY REBATE -17.40
Total Amount Billed \$56,249.68

Group Number	•	Claims Paid	Blue Card Access Fee	Blue Card Admin Fee
048887		\$55,347.92	\$226.75	\$36.00
048888		\$656.41	\$0.00	\$0.00
Totals:		\$56,004,33	\$226.75	\$36.00