



BlueCross BlueShield of Mississippi

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www.bcbsms.com

Madison County Board of Supervisors
PO Box 608
Canton MS 39046

Summary Claim Billing Statement Notice of Payment Due

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Statement Date: 03/31/2015

Voucher ID Number: V000220

Invoice Number: 150331B0002201

Period From: 03/20/2015

Period To: 03/31/2015

Amount Due: \$82,304.19

Payment Details

TOTAL CLAIMS PAID	\$82,540.82
BLUE CARD ACCESS FEE	12.67
BLUE CARD ADMIN FEE	23.00
PHARMACY REBATE	-272.30
Total Amount Due Current Period	\$82,304.19
Total Amount Billed (Current Period)	\$82,304.19

Detail Analysis

Invoice Number: 150331B0002201

Group: C2519A

MADISON COUNTY BOARD OF

TOTAL CLAIMS PAID	\$82,540.82
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BLUE CARD ADMIN FEE	23.00
PHARMACY REBATE	-272.30
Total Amount Billed	\$82,304.19

Group Number	Claims Paid	Blue Card Access Fee	Blue Card Admin Fee
048887	\$81,104.07	\$12.67	\$23.00
048888	\$1,436.75	\$0.00	\$0.00
Totals:	\$82,540.82	\$12.67	\$23.00