

SFY09 Inpatient claims for Managed Care enrollees provided at an IHS or 638 facility

Servicing Provider ID	Servicing Provider Name	Billed Amount	Paid Amount (Calc)
020488	IHS FT DEFIANCE HOSP	\$845,584.00	\$220,996.00
020503	IHS SHIPROCK HOSPITAL	\$159,883.00	\$71,422.80
020529	IHS KEAMS CANYON	\$120,856.00	\$54,995.00
020537	IHS PARKER	\$200,796.00	\$36,220.00
020561	IHS WHITERIVER	\$259,418.00	\$129,709.00
020579	IHS TUCSON SELLS	\$91,358.00	\$42,603.00
020800	IHS GALLUP HOSPITAL	\$494,836.00	\$236,552.00
021171	IHS CHINLE HOSPITAL	\$567,007.00	\$252,100.00
022062	IHS PHOENIX INDIAN MED CT	\$7,007,814.00	\$2,991,325.43
536245	DESERT VISIONS Y W C IHS	\$472,651.62	\$226,353.73
721250	TUBA CITY INDIAN MED CNTR	\$1,531,970.00	\$751,778.00
334582	HU HU KAM MEMORIAL HOSP	\$51,468.00	\$25,734.00
020553	IHS SAN CARLOS	\$3,812.00	\$1,906.00
		\$11,807,453.62	\$5,041,694.96