

**CONSOLIDATED SOAH DOCKET NO. 454-10-0972.M4 (LEAD DOCKET)
MR NO. _____**

VISTA HOSPITAL OF DALLAS,	§	BEFORE THE STATE OFFICE
Petitioner	§	
	§	
v.	§	OF
	§	
FACILITY INSURANCE COMPANY,	§	
Respondent	§	ADMINISTRATIVE HEARINGS

DECISION AND ORDER

I. INTRODUCTION

This docket was consolidated for hearing cases (hereinafter “Consolidated Docket,” listed on Attachment A) that involve the same legal issues and types of evidence. Each case purportedly¹ involves hospital outpatient services provided prior to March 1, 2008, by Vista Medical Center Hospital, Vista Hospital of Dallas, or Surgery Specialty Hospitals of America (hereinafter referred to jointly as “Vista”) to injured employees covered by the Texas workers’ compensation insurance system. The Consolidated Docket involves multiple insurance carriers (Carriers).

In each of the cases, Vista filed a request for dispute resolution with the Medical Review Division (MRD) of the Texas Department of Insurance, Division of Workers’ Compensation (Division). The Division issued its Medical Fee Dispute Resolution Findings and Decision (MRD Decision) for each case, wherein it denied Vista’s request for additional reimbursement. Vista timely requested a hearing in each case. All of the cases were consolidated under the lead docket captioned above.

On April 6-7, 2015, the undersigned Administrative Law Judges (ALJs) of the State Office of Administrative Hearings (SOAH) convened the consolidated hearing on the merits at SOAH’s offices in Austin, Texas. Vista was represented by attorney David F. Bragg, and Carriers were represented by attorney Steven M. Tipton. The record closed on September 17, 2015, after the parties’ submission of post-hearing briefs and following an inquiry by the ALJs regarding the designation of one of the cases as a hospital outpatient fee dispute.

¹ At least two cases did not involve outpatient services.

The issue to be addressed involves the determination of a fair and reasonable reimbursement for hospital outpatient services. After considering all of the evidence and arguments, the ALJs conclude that the current Hospital Outpatient Facility Fee Guideline (Hospital Outpatient Guideline) methodology provides a reasonable means by which to derive such a reimbursement. Employing that methodology produces the reimbursement in the amounts indicated on Attachment B.

II. APPLICABLE LAW

Texas Workers' Compensation Act (Act) § 413.011 provides that the Division, by rule, shall establish medical policies and guidelines relating to fees charged or paid for medical services for employees who suffer compensable injuries, including guidelines relating to fees for specific medical treatments or services. Section 413.011(d) provides that fee guidelines must be fair and reasonable and designed to ensure the quality of medical care and to achieve effective medical cost control; may not provide for payment of a fee in excess of the fee charged for similar treatment of an injured individual of an equivalent standard of living and paid by that individual or by someone acting on that individual's behalf; and shall consider the increased security of payment afforded by the Act.

Where the Division has not established a fee guideline and where no negotiated contract exists, reimbursement shall be at a fair and reasonable rate. Until May 2, 2006, "fair and reasonable reimbursement" was defined as follows:

Reimbursement that meets the standards set out in § 413.011 of the Texas Labor Code, and the lesser of a health care provider's usual and customary charge, or

- (A) the maximum allowable reimbursement, when one has been established in an applicable Commission fee guideline,
- (B) the determination of a payment amount for medical treatment(s) and/or service(s) for which the Commission has established no maximum allowable reimbursement amount, or
- (C) a negotiated contract amount.²

Effective May 2, 2006, the Division defined "fair and reasonable reimbursement" as reimbursement that:

- (1) is consistent with the criteria of Labor Code § 413.011;

² 28 Tex. Admin. Code § 133.1(8).

- (2) ensures that similar procedures provided in similar circumstances receive similar reimbursement; and
- (3) is based on nationally recognized published studies, published Division medical dispute decisions, and values assigned for services involving similar work and resource commitments, if available.³

III. DISCUSSION

Vista argues that a fair and reasonable payment for the disputed services can be determined by employing the methodology from the Hospital Outpatient Guideline, adopted on March 1, 2008 (after the dates of service at issue in this docket).⁴ Carriers present numerous arguments, both procedural and substantive, in opposition to Vista's approach to billing for its services and its reliance on the Hospital Outpatient Guideline. Because the arguments did not impact the rationale underlying the ALJs' decision, however, they are not discussed.

The absence of a fee guideline when the services were provided in each case required the ALJs to derive a methodology for determining fair and reasonable reimbursement. Having considered the parties' evidence and arguments, the ALJs conclude that the methodology underlying the Hospital Outpatient Guideline, including the methodology's provisions for calculating outlier reimbursement, produces a fair and reasonable reimbursement for Vista's claims in accordance with Labor Code requirements.

The Division adopted the Hospital Outpatient Guideline by rule in order to comply with § 413.011 of the Act, which requires fair and reasonable reimbursement guidelines.⁵ The provision requires standardization of the reimbursement structure by adoption of "the most current reimbursement methodologies, models, and values or weights used by the federal Centers for Medicare and Medicaid Services [(CMS)],"⁶ as modified by "one or more conversion factors or other payment adjustment factors, taking into account economic indicators in health care and the requirements of [Act § 413.011(d)]."⁷

The Hospital Outpatient Guideline is based on nationally-recognized studies. The Division specified that it used published studies and data from a number of sources, including other state systems, to develop the Hospital Outpatient Guideline.⁸ The Division also noted the "enormous amount of research" by CMS into "determining facility reimbursements in the

³ 28 Tex. Admin. Code § 134.1(d)(1)-(3). Effective March 1, 2008, it became 28 Tex. Admin. Code § 134.1(f)(1)-(3).

⁴ 28 Tex. Admin. Code § 134.403.

⁵ See 33 Tex. Reg. 400 (Jan. 11, 2008).

⁶ Act § 413.011(a).

⁷ Act § 413.011(b).

⁸ See 33 Tex. Reg. 401-403 (Jan. 11, 2008) (citing the use of Division data, as well as information from the Texas Health Care Information Collection/Center for Health Statistics (THCIC); Milliman Consultants; the Texas Hospital Association (THA); and Ingenix, Inc.). The Division obtained data sets from THCIC for calendar years 2003, 2004, and 2005.)

Medicare System.”⁹ By adjusting the Medicare reimbursement methodologies to account for economic indicators, address medical cost containment, and ensure access to care, the Division arrived at a Payment Adjustment Factor (PAF) for outpatient hospital fees of 200%, to be effective March 1, 2008.¹⁰

In support of their decision to employ the methodology underlying the Hospital Outpatient Guideline in determining the amount of reimbursement to which Vista is entitled, the ALJs make the following findings of fact and conclusions of law.

IV. FINDINGS OF FACT

1. On various dates, hospital outpatient procedures and services (the services) were performed at Vista Medical Center Hospital, Vista Hospital of Dallas, or Surgery Specialty Hospitals of America (referred to jointly as “Vista”) for injured workers.
2. The carriers specified on Attachment A (Carriers) were the responsible workers’ compensation insurers for the respective injured workers.
3. Vista billed each Carrier for the services it provided to the injured worker in each case.
4. The responsible Carrier reimbursed Vista the amount specified in the column denominated “Carrier Payment” on Attachment B for the services provided to the injured worker in each case.
5. Vista requested additional reimbursement in each of the cases, and in each case the responsible Carrier denied the request.
6. Vista timely filed requests for medical fee dispute resolution with the Texas Department of Insurance, Division of Workers’ Compensation (Division).
7. The Division issued its Medical Fee Dispute Resolution Findings and Decision (MRD Decision) in each case.
8. In each case, the Division denied Vista’s request for additional reimbursement. Vista timely requested a hearing before the State Office of Administrative Hearings (SOAH) to contest the MRD Decision in each case.

⁹ 33 Tex. Reg. 401 (Jan. 11, 2008).

¹⁰ 33 Tex. Reg. 408 (Jan. 11, 2008).

9. A Notice of Hearing informed the parties of the date, time, and location of the hearing; the matters to be considered; the legal authority under which the hearing would be held; and the statutory provisions applicable to the matters to be considered.
10. On April 6-7, 2015, the consolidated hearings convened before Administrative Law Judges Howard S. Seitzman, Holly Vandrovec, and Gary Elkins at SOAH's facilities in Austin, Texas. Vista was represented by attorney David F. Bragg. Carriers were represented by attorney Steven M. Tipton. The record closed on September 17, 2015.
11. At the time Vista provided the services at issue in each case, there was no applicable fee guideline.
12. The Division adopted a Hospital Facility Fee Guideline – Outpatient (the Hospital Outpatient Guideline), found at 28 Texas Administrative Code § 134.403, effective March 1, 2008.
13. The Hospital Outpatient Guideline was adopted in order to provide fair and reasonable reimbursement for hospital outpatient services.
14. The Hospital Outpatient Guideline is based on nationally-recognized studies, including data from other state systems, and research conducted by the federal Centers for Medicare and Medicaid Services (CMS).
15. Pursuant to the Hospital Outpatient Guideline, the Division adopted a Payment Adjustment Factor (PAF) for outpatient hospital fees of 200%, effective March 1, 2008.
16. The Hospital Outpatient Guideline methodology provides a reliable method for calculating fair and reasonable reimbursement for the services at issue.

V. CONCLUSIONS OF LAW

1. SOAH has jurisdiction over this proceeding, including the authority to issue a decision and order. Tex. Lab. Code § 413.031; Tex. Gov't Code ch. 2003.
2. Adequate and timely notice of the hearing was provided as required. Tex. Gov't Code §§ 2001.051, .052.
3. The services provided to the injured workers were not covered by a fee guideline issued by the Division, so the services provided by Vista were required to be reimbursed by Carriers at a fair and reasonable rate. Tex. Lab. Code § 413.011.

4. For the cases on Attachment B that show an additional amount due to Vista from a Carrier, Vista met its burden of proving by a preponderance of the evidence that it had not been reimbursed a fair and reasonable amount by Carriers for the services provided.
5. For the cases on Attachment B that show no additional amount due to Vista from a Carrier, Vista either failed to meet its burden of proving by a preponderance of the evidence that it had not been reimbursed a fair and reasonable amount by Carriers for the outpatient services provided, or failed to prove that the services provided were outpatient services.
6. The methodology from the Hospital Outpatient Guideline, applied to the relevant payment data from the Medicare Outpatient Prospective Payment System, provides a reliable method for calculating a fair and reasonable payment amount for the services at issue.

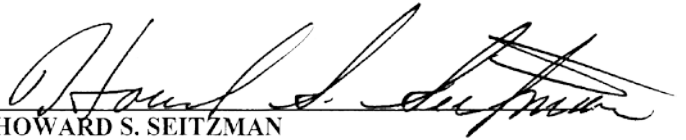
ORDER

IT IS ORDERED that the Carriers shall make payments to Vista in the amounts listed for each case in the column denominated “Additional Reimbursement Owed” on Attachment B to this Decision and Order, together with all interest as required by law.

SIGNED November 6, 2015.



HOLLY VANDROVEC
ADMINISTRATIVE LAW JUDGE
STATE OFFICE OF ADMINISTRATIVE HEARINGS



HOWARD S. SEITZMAN
ADMINISTRATIVE LAW JUDGE
STATE OFFICE OF ADMINISTRATIVE HEARINGS



GARY W. BLKINS
ADMINISTRATIVE LAW JUDGE
STATE OFFICE OF ADMINISTRATIVE HEARINGS

**Outpatient
Attachment A**

SOAH Docket	MR No.	Requestor	Respondent
454-10-0972.M4	09-5609	Vista Hospital of Dallas	Facility Insurance Corp.
454-11-4061.M4	06-6787	Vista Medical Center Hospital	Metropolitan Transit Authority
454-11-4906.M4	04-3367	Vista Medical Center Hospital	Zurich American Insurance Co.
454-11-5181.M4	04-4651	Vista Medical Center Hospital	American Zurich Insurance Co.
454-11-5296.M4	04-6231	Vista Medical Center Hospital	Zurich American Insurance Co.
454-11-5318.M4	04-3951	Vista Medical Center Hospital	Am. Cas. Co. of Reading, PA
454-11-5422.M4	04-6519	Vista Medical Center Hospital	American Zurich Insurance Co.
454-11-5478.M4	04-5725	Vista Medical Center Hospital	Zurich American Insurance Co.
454-11-5487.M4	04-5749	Vista Medical Center Hospital	American Zurich Insurance Co.
454-11-5492.M4	04-6078	Vista Medical Center Hospital	Zurich American Insurance Co.
454-11-5564.M4	04-5785	Vista Medical Center Hospital	Zurich American Insurance Co.
454-11-5571.M4	04-6459	Vista Medical Center Hospital	Gray Insurance Co.
454-11-5675.M4	04-3943	Vista Medical Center Hospital	American Zurich Insurance Co.
454-11-5677.M4	04-5482	Vista Medical Center Hospital	Zurich American Insurance Co.
454-11-5678.M4	04-5483	Vista Medical Center Hospital	Zurich American Insurance Co.
454-11-5740.M4	04-6445	Vista Medical Center Hospital	Royal Indemnity Co.
454-11-5745.M4	04-6531	Vista Medical Center Hospital	Zurich American Insurance Co.
454-11-5750.M4	04-A686	Vista Medical Center Hospital	Connecticut Indemnity Co.
454-11-5780.M4	04-4344	Vista Medical Center Hospital	American Zurich Insurance Co.
454-11-5788.M4	04-6489	Vista Medical Center Hospital	Zurich American Insurance Co.
454-11-5802.M4	05-3826	Vista Medical Center Hospital	Continental Western Insurance Co.
454-11-5807.M4	05-8910	Vista Hospital of Dallas	Zurich American Insurance Co.
454-11-5866.M4	04-5511	Vista Medical Center Hospital	American Zurich Insurance Co.
454-11-5876.M4	04-7805	Vista Medical Center Hospital	(Carrier)
454-11-5880.M4	04-7867	Vista Medical Center Hospital	Zurich American Insurance Co.
454-11-5889.M4	04-7838	Vista Medical Center Hospital	Zurich American Insurance Co.
454-11-5890.M4	04-9892	Vista Medical Center Hospital	Zurich American Insurance Co.
454-11-5942.M4	04-B078	Vista Medical Center Hospital	Zurich American Insurance Co.
454-11-5945.M4	04-B087	Vista Medical Center Hospital	American Zurich Insurance Co.
454-11-5947.M4	04-B107	Vista Medical Center Hospital	Zurich American Insurance Co.
454-11-6036.M4	04-3986	Vista Medical Center Hospital	American Manufacturers Mutual Ins.
454-11-6041.M4	04-5018	Vista Medical Center Hospital	Zurich American Insurance Co.
454-11-6048.M4	04-9249	Vista Medical Center Hospital	Facility Insurance Corp.
454-11-6052.M4	04-A597	Vista Medical Center Hospital	Zurich American Insurance Co.
454-11-6057.M4	04-A982	Vista Medical Center Hospital	Zurich American Insurance Co.
454-11-6105.M4	04-5595	Vista Medical Center Hospital	Zurich American Insurance Co.
454-11-6125.M4	04-9174	Vista Medical Center Hospital	ZC Insurance Co.
454-11-6136.M4	04-A600	Vista Medical Center Hospital	Indiana Lumbermens Mutual
454-11-6141.M4	04-A764	Vista Medical Center Hospital	Illinois National Insurance Co.
454-11-6146.M4	04-A792	Vista Medical Center Hospital	Zurich American Insurance Co.
454-11-6150.M4	04-A995	Vista Medical Center Hospital	Advantage Workers Compensation
454-11-6162.M4	05-0975	Vista Medical Center Hospital	Zurich American Insurance Co.
454-11-6163.M4	05-0985	Vista Medical Center Hospital	Employers General Insurance

Outpatient Attachment A (cont'd...)			
SOAH Docket	MR No.	Requestor	Respondent
454-11-6167.M4	05-3913	Vista Medical Center Hospital	American Zurich Insurance Co.
454-11-6423.M4	05-4171	Vista Medical Center Hospital	(Carrier)
454-11-6455.M4	05-0097	Vista Medical Center Hospital	Zurich American Insurance Co.
454-11-6456.M4	05-0101	Vista Medical Center Hospital	Zurich American Insurance Co.
454-11-6464.M4	05-0103	Vista Medical Center Hospital	American Home Assurance Co.
454-11-6542.M4	05-0213	Vista Medical Center Hospital	Zurich American Insurance Co.
454-11-6551.M4	05-2258	Vista Medical Center Hospital	Metropolitan Transit Authority
454-11-6555.M4	05-2354	Vista Hospital of Dallas	United States Fidelity & Guaranty Co.
454-11-6559.M4	05-2469	Vista Medical Center Hospital	Zurich American Insurance Co.
454-11-6568.M4	05-2450	Vista Hospital of Dallas	Zurich American Insurance Co.
454-11-6569.M4	05-2459	Vista Hospital of Dallas	Royal Insurance Co. of America
454-11-6571.M4	05-2462	Vista Hospital of Dallas	Lumbermens Underwriting Alliance
454-11-6575.M4	05-2760	Vista Hospital of Dallas	American Zurich Insurance Co.
454-11-6577.M4	05-3097	Vista Medical Center Hospital	Midwest Employers Casualty Co.
454-11-6600.M4	04-A250	Vista Medical Center Hospital	Zurich American Insurance Co.
454-11-6613.M4	04-5612	Vista Medical Center Hospital	Zurich American Insurance Co.
454-11-6623.M4	05-0156	Vista Medical Center Hospital	American Zurich Insurance Co.
454-11-6627.M4	04-B162	Vista Medical Center Hospital	American Home Assurance Co.
454-11-6632.M4	04-B173	Vista Medical Center Hospital	Zurich American Insurance Co.
454-11-6643.M4	05-0536	Vista Medical Center Hospital	Zurich American Insurance Co.
454-11-6646.M4	05-0537	Vista Medical Center Hospital	Phoenix Assurance Co. of New York
454-11-6647.M4	05-0527	Vista Medical Center Hospital	American Guarantee & Liability Ins.
454-11-6648.M4	05-0540	Vista Medical Center Hospital	American Zurich Insurance Co.
454-11-6791.M4	05-0198	Vista Medical Center Hospital	Zurich American Insurance Co.
454-11-6795.M4	04-9914	Vista Medical Center Hospital	American Zurich Insurance Co.
454-11-6796.M4	04-9945	Vista Medical Center Hospital	American Guarantee & Liability Ins.
454-11-6798.M4	04-B024	Vista Medical Center Hospital	American Home Assurance Co.
454-11-6799.M4	04-B038	Vista Medical Center Hospital	Metropolitan Transit Authority
454-11-6804.M4	05-0221	Vista Medical Center Hospital	American Zurich Insurance Co.
454-11-6805.M4	05-0968	Vista Medical Center Hospital	Bancinsure Inc.
454-11-6806.M4	05-1003	Vista Medical Center Hospital	Zurich American Insurance Co.
454-11-6812.M4	05-2495	Vista Hospital of Dallas	American Zurich Insurance Co.
454-11-6814.M4	05-5320	Vista Medical Center Hospital	American Zurich Insurance Co.
454-11-6816.M4	05-6603	Vista Medical Center Hospital	Zurich American Insurance Co.
454-11-6817.M4	05-3439	Vista Medical Center Hospital	American Home Assurance Co.
454-11-6865.M4	05-0222	Vista Medical Center Hospital	Zurich American Insurance Co.
454-11-6877.M4	05-1771	Vista Medical Center Hospital	Zurich American Insurance Co.
454-11-6898.M4	05-6629	Vista Medical Center Hospital	Insurance Co. of the State of PA
454-11-6901.M4	05-6744	Vista Medical Center Hospital	Insurance Co. of the State of PA
454-11-6904.M4	05-6733	Vista Medical Center Hospital	Fidelity & Guaranty Insurance Co.
454-11-6906.M4	05-8019	Vista Medical Center Hospital	American Home Assurance Co.
454-11-6908.M4	05-7942	Vista Medical Center Hospital	(Carrier)
454-11-6909.M4	05-7991	Vista Medical Center Hospital	Ace American Insurance Co.

Outpatient Attachment A (cont'd...)			
SOAH Docket	MR No.	Requestor	Respondent
454-11-6925.M4	05-0199	Vista Medical Center Hospital	Houston General Insurance Co.
454-11-6941.M4	05-2464	Vista Hospital of Dallas	Royal Indemnity Co.
454-11-6944.M4	05-5376	Vista Medical Center Hospital	Universal Underwriters Insurance Co.
454-11-6946.M4	05-3495	Vista Medical Center Hospital	Phoenix Assurance Co. of New York
454-11-6996.M4	05-2405	Vista Hospital of Dallas	(Carrier)
454-11-7190.M4	05-6725	Vista Medical Center Hospital	American Guarantee & Liability Ins.
454-11-7192.M4	05-6201	Vista Hospital of Dallas	Royal Indemnity Co.
454-11-7217.M4	05-B219	Vista Medical Center Hospital	Zurich American Insurance Co.
454-11-7222.M4	05-8736	Vista Hospital of Dallas	Trinity Universal Insurance Co.
454-11-7374.M4	05-4824	Vista Medical Center Hospital	Zurich American Insurance Co.
454-11-7390.M4	05-8935	Vista Hospital of Dallas	American Zurich Insurance Co.
454-11-7391.M4	05-8938	Vista Hospital of Dallas	Facility Insurance Corp.
454-11-7401.M4	05-9187	Vista Hospital of Dallas	Zurich American Insurance Co.
454-11-7402.M4	05-9249	Vista Hospital of Dallas	Zurich American Insurance Co.
454-11-7414.M4	05-A465	Vista Medical Center Hospital	American Guarantee & Liability Ins.
454-11-7420.M4	05-B561	Vista Hospital of Dallas	American Home Assurance Co.
454-11-7421.M4	05-B565	Vista Hospital of Dallas	American Zurich Insurance Co.
454-11-7429.M4	05-B542	Vista Medical Center Hospital	Insurance Co. of the State of PA
454-11-7507.M4	05-1639	Vista Medical Center Hospital	Zurich American Insurance Co.
454-11-7510.M4	04-B025	Vista Medical Center Hospital	Lumbermens Underwriting Alliance
454-11-7515.M4	05-1143	Vista Hospital of Dallas	Old Republic Insurance Co.
454-11-7516.M4	05-1695	Vista Medical Center Hospital	American Zurich Insurance Co.
454-11-7519.M4	05-1651	Vista Medical Center Hospital	Zurich American Insurance Co.
454-11-7529.M4	05-4870	Vista Medical Center Hospital	Fidelity & Guaranty Insurance Co.
454-11-7530.M4	05-4812	Vista Medical Center Hospital	Zurich American Insurance Co.
454-11-7542.M4	05-8284	Vista Medical Center Hospital	American Home Assurance Co.
454-11-7550.M4	05-A470	Vista Hospital of Dallas	Royal Insurance Co. of America
454-11-7552.M4	05-A481	Vista Hospital of Dallas	Royal Indemnity Co.
454-11-7553.M4	05-A578	Vista Medical Center Hospital	Star Insurance Co.
454-11-7559.M4	05-A542	Vista Medical Center Hospital	(Carrier)
454-11-7574.M4	05-B015	Vista Medical Center Hospital	Insurance Co. of the State of PA
454-11-7581.M4	05-B069	Vista Hospital of Dallas	Zurich American Insurance Co.
454-11-7585.M4	05-B076	Vista Hospital of Dallas	American Zurich Insurance Co.
454-11-7597.M4	05-B269	Vista Medical Center Hospital	Security Insurance Co. of Hartford
454-11-7721.M4	05-4786	Vista Medical Center Hospital	Insurance Co. of the State of PA
454-11-7723.M4	05-5201	Vista Hospital of Dallas	American Zurich Insurance Co.
454-11-7727.M4	05-5295	Vista Medical Center Hospital	Insurance Co. of the State of PA
454-11-7735.M4	05-8955	Vista Hospital of Dallas	(Carrier)
454-11-7749.M4	05-9041	Vista Hospital of Dallas	American Home Assurance Co.
454-11-7768.M4	06-0454	Vista Hospital of Dallas	Zurich American Insurance Co.
454-11-7779.M4	06-0420	Vista Hospital of Dallas	Old Republic Insurance Co.
454-11-7786.M4	05-8215	Vista Medical Center Hospital	Fidelity & Guaranty Insurance Co.
454-11-7803.M4	05-A475	Vista Hospital of Dallas	Zurich American Insurance Co.
454-11-7807.M4	05-A454	Vista Medical Center Hospital	Old Republic Insurance Co.

Outpatient Attachment A (cont'd...)			
SOAH Docket	MR No.	Requestor	Respondent
454-11-7829.M4	05-A974	Vista Medical Center Hospital	Zurich American Insurance Co.
454-11-7833.M4	05-B101	Vista Medical Center Hospital	Hartford Casualty Insurance Co.
454-11-7835.M4	05-B013	Vista Medical Center Hospital	Old Republic Insurance Co.
454-11-7847.M4	06-0443	Vista Hospital of Dallas	(Carrier)
454-11-7849.M4	06-0421	Vista Hospital of Dallas	Old Republic Insurance Co.
454-11-7850.M4	06-0428	Vista Hospital of Dallas	American Home Assurance Co.
454-11-7858.M4	06-0600	Vista Medical Center Hospital	Old Republic Insurance Co.
454-11-7860.M4	06-1361	Vista Medical Center Hospital	Pacific Employers Insurance Co.
454-11-7867.M4	06-1803	Vista Medical Center Hospital	WC Solutions
454-11-7941.M4	06-3529	Vista Hospital of Dallas	Zurich American Insurance Co.
454-11-7947.M4	06-3547	Vista Hospital of Dallas	(Carrier)
454-11-7949.M4	06-3542	Vista Medical Center Hospital	Facility Insurance Corp.
454-11-7954.M4	06-3478	Vista Hospital of Dallas	Indiana Lumbermens Mutual
454-11-7955.M4	06-3476	Vista Hospital of Dallas	American Home Assurance Co.
454-11-7961.M4	06-3502	Vista Medical Center Hospital	Zurich American Insurance Co.
454-11-7962.M4	06-3501	Vista Medical Center Hospital	Twin City Fire Insurance Co.
454-11-7966.M4	06-2483	Vista Medical Center Hospital	Gray Insurance Co.
454-11-7968.M4	06-3472	Vista Hospital of Dallas	(Carrier)
454-11-7969.M4	06-3471	Vista Hospital of Dallas	New Hampshire Insurance Co.
454-11-7970.M4	06-3467	Vista Hospital of Dallas	(Carrier)
454-11-7972.M4	06-3458	Vista Hospital of Dallas	Fidelity & Guaranty Insurance Co.
454-11-7977.M4	06-2556	Vista Medical Center Hospital	Zurich American Insurance Co.
454-11-7981.M4	06-2479	Vista Medical Center Hospital	American Zurich Insurance Co.
454-11-7985.M4	06-2376	Vista Hospital of Dallas	Zurich American Insurance Co.
454-11-7987.M4	06-2327	Vista Hospital of Dallas	Zurich American Insurance Co.
454-11-7989.M4	06-2132	Vista Hospital of Dallas	Bituminous Casualty Corporation
454-11-8000.M4	06-0902	Vista Hospital of Dallas	Zurich American Insurance Co.
454-11-8001.M4	06-0623	Vista Medical Center Hospital	American Home Assurance Co.
454-11-8003.M4	06-0445	Vista Hospital of Dallas	American Home Assurance Co.
454-11-8006.M4	06-0409	Vista Hospital of Dallas	Zurich American Insurance Co.
454-11-8036.M4	04-7831	Vista Medical Center Hospital	Metropolitan Transit Authority
454-11-8037.M4	04-6251	Vista Medical Center Hospital	Insurance Co. of the State of PA
454-11-8038.M4	04-6070	Vista Medical Center Hospital	Twin City Fire Insurance Co.
454-11-8094.M4	06-1498	Vista Medical Center Hospital	Old Republic Insurance Co.
454-11-8108.M4	05-B239	Vista Medical Center Hospital	Old Republic Insurance Co.
454-11-8145.M4	06-2133	Vista Medical Center Hospital	Ace American Insurance Co.
454-11-8165.M4	06-3490	Vista Hospital of Dallas	Poly America Inc.
454-11-8488.M4	06-5058	Vista Medical Center Hospital	Fidelity & Guaranty Insurance Co.
454-11-8500.M4	06-5088	Vista Hospital of Dallas	Zurich American Insurance Co.
454-11-8501.M4	06-5065	Vista Medical Center Hospital	Zurich American Insurance Co.
454-11-8506.M4	06-5079	Vista Hospital of Dallas	(Carrier)
454-11-8510.M4	06-5089	Vista Hospital of Dallas	Zurich American Insurance Co.
454-11-8513.M4	06-5104	Vista Hospital of Dallas	New Hampshire Insurance Co.
454-11-8514.M4	06-5106	Vista Hospital of Dallas	Facility Insurance Corp.

Outpatient Attachment A (cont'd...)			
SOAH Docket	MR No.	Requestor	Respondent
454-11-8521.M4	06-5125	Vista Medical Center Hospital	Zurich American Insurance Co.
454-11-8526.M4	06-5149	Vista Medical Center Hospital	British American Insurance Co.
454-11-8532.M4	06-5191	Vista Medical Center Hospital	Insurance Co. of the State of PA
454-11-8533.M4	06-5225	Vista Medical Center Hospital	Zurich American Insurance Co.
454-11-8534.M4	06-5226	Vista Medical Center Hospital	Metropolitan Transit Authority
454-11-8540.M4	06-5855	Vista Medical Center Hospital	Facility Insurance Corp.
454-11-8543.M4	06-5892	Vista Medical Center Hospital	Insurance Co. of the State of PA
454-11-8552.M4	06-5069	Vista Hospital of Dallas	Old Republic Insurance Co.
454-11-8566.M4	06-2968	Vista Hospital of Dallas	Ace American Insurance Co.
454-11-8568.M4	06-3544	Vista Medical Center Hospital	Insurance Co. of the State of PA
454-11-8570.M4	06-3548	Vista Hospital of Dallas	Zurich American Insurance Co.
454-11-8571.M4	06-3555	Vista Hospital of Dallas	Zurich American Insurance Co.
454-11-8574.M4	06-3505	Vista Medical Center Hospital	Zurich American Insurance Co.
454-11-8575.M4	06-3514	Vista Medical Center Hospital	Insurance Co. of the State of PA
454-11-8577.M4	06-3537	Vista Medical Center Hospital	American Guarantee & Liability Ins.
454-11-8603.M4	06-3567	Vista Medical Center Hospital	Insurance Co. of the State of PA
454-11-8606.M4	06-3570	Vista Medical Center Hospital	Zurich American Insurance Co.
454-11-8607.M4	06-3583	Vista Hospital of Dallas	Zurich American Insurance Co.
454-11-8611.M4	06-2135	Vista Hospital of Dallas	American Home Assurance Co.
454-11-8624.M4	06-2310	Vista Hospital of Dallas	Zurich American Insurance Co.
454-11-8630.M4	06-2289	Vista Hospital of Dallas	Insurance Co. of the State of PA
454-11-8632.M4	06-2440	Vista Medical Center Hospital	American Home Assurance Co.
454-11-8795.M4	05-4546	Vista Hospital of Dallas	Indiana Lumbermens Mutual
454-11-8798.M4	05-4568	Vista Hospital of Dallas	Clarendon National Insurance Co.
454-11-8805.M4	06-2129	Vista Medical Center Hospital	Insurance Co. of the State of PA
454-11-8806.M4	06-2155	Vista Hospital of Dallas	American Home Assurance Co.
454-11-8808.M4	06-2304	Vista Hospital of Dallas	Zurich American Insurance Co.
454-11-8812.M4	06-2645	Vista Medical Center Hospital	Metropolitan Transit Authority
454-11-8814.M4	06-2913	Vista Hospital of Dallas	Zurich American Insurance Co.
454-11-8816.M4	06-3325	Vista Hospital of Dallas	Bituminous Casualty Corporation
454-11-8817.M4	06-3545	Vista Medical Center Hospital	Houston General Insurance Co.
454-11-8825.M4	06-5053	Vista Hospital of Dallas	American Zurich Insurance Co.
454-11-8826.M4	06-5057	Vista Hospital of Dallas	Illinois National Insurance Co.
454-11-8829.M4	06-5075	Vista Hospital of Dallas	Insurance Co. of the State of PA
454-11-8830.M4	06-5083	Vista Medical Center Hospital	Insurance Co. of the State of PA
454-11-8833.M4	06-5091	Vista Hospital of Dallas	American Zurich Insurance Co.
454-11-8858.M4	06-5854	Vista Medical Center Hospital	St. Paul Fire & Marine Insurance Co.
454-11-8863.M4	06-5891	Vista Medical Center Hospital	American Guarantee & Liability Ins.
454-11-8868.M4	06-6099	Vista Hospital of Dallas	(Carrier)
454-11-8870.M4	06-6105	Vista Medical Center Hospital	Insurance Co. of the State of PA
454-11-8875.M4	06-6121	Vista Hospital of Dallas	Sentry Insurance Co.
454-11-8876.M4	06-6122	Vista Hospital of Dallas	Zurich American Insurance Co.
454-11-8877.M4	06-6125	Vista Medical Center Hospital	Zurich American Insurance Co.
454-11-8878.M4	06-6166	Vista Hospital of Dallas	Zurich American Insurance Co.

**Outpatient
Attachment A (cont'd...)**

SOAH Docket	MR No.	Requestor	Respondent
454-11-8883.M4	06-6756	Vista Medical Center Hospital	Zurich American Insurance Co.
454-11-8887.M4	06-6227	Vista Hospital of Dallas	Dolgenercorp of Texas, Inc.
454-11-8889.M4	06-6362	Vista Hospital of Dallas	New Hampshire Insurance Co.
454-11-8894.M4	06-6735	Vista Medical Center Hospital	Zurich American Insurance Co.
454-11-8934.M4	06-6178	Vista Hospital of Dallas	Ace American Insurance Co.
454-11-8938.M4	06-6192	Vista Hospital of Dallas	(Carrier)
454-11-8939.M4	06-6195	Vista Hospital of Dallas	Zurich American Insurance Co.
454-11-8942.M4	06-6833	Vista Medical Center Hospital	Gray Insurance Co.
454-11-8945.M4	06-6764	Vista Medical Center Hospital	Zurich American Insurance Co.
454-11-8951.M4	06-6825	Vista Medical Center Hospital	Zurich American Insurance Co.
454-11-8958.M4	06-6891	Vista Hospital of Dallas	American Zurich Insurance Co.
454-11-8962.M4	06-6930	Vista Hospital of Dallas	American Zurich Insurance Co.
454-11-8973.M4	06-6980	Vista Hospital of Dallas	Insurance Co. of the State of PA
454-11-8974.M4	06-7013	Vista Hospital of Dallas	Facility Insurance Corp.
454-11-8979.M4	06-7503	Vista Hospital of Dallas	Old Republic Insurance Co.
454-11-8983.M4	06-7520	Vista Hospital of Dallas	Lumbermens Mutual Casualty Co.
454-11-8992.M4	06-7610	Vista Hospital of Dallas	Ace American Insurance Co.
454-11-8993.M4	06-7612	Vista Medical Center Hospital	Old Republic Insurance Co.
454-11-8996.M4	06-7624	Vista Medical Center Hospital	Metropolitan Transit Authority
454-11-9007.M4	06-7665	Vista Hospital of Dallas	Facility Insurance Corp.
454-11-9010.M4	06-7680	Vista Medical Center Hospital	Zurich American Insurance Co.
454-11-9012.M4	06-7683	Vista Medical Center Hospital	Metropolitan Transit Authority
454-11-9013.M4	06-7684	Vista Medical Center Hospital	Metropolitan Transit Authority
454-11-9026.M4	06-7772	Vista Hospital of Dallas	Arch Insurance Co.
454-11-9034.M4	07-1464	Vista Medical Center Hospital	Zurich American Insurance Co.
454-11-9035.M4	07-1470	Vista Medical Center Hospital	(Carrier)
454-11-9041.M4	07-1018	Vista Hospital of Dallas	Gray Insurance Co.
454-11-9046.M4	07-0150	Vista Medical Center Hospital	Twin City Fire Insurance Co.
454-11-9049.M4	07-0953	Vista Medical Center Hospital	Zurich American Insurance Co.
454-11-9225.M4	07-1567	Vista Medical Center Hospital	Hartford Insurance Co. of the Midwest
454-11-9277.M4	07-1681	Vista Medical Center Hospital	Old Republic Insurance Co.
454-11-9320.M4	07-1566	Vista Medical Center Hospital	Zurich American Insurance Co.
454-11-9323.M4	07-1502	Vista Medical Center Hospital	Fidelity & Guaranty Insurance Co.
454-11-9326.M4	07-1506	Vista Medical Center Hospital	Zurich American Insurance Co.
454-11-9327.M4	07-1511	Vista Medical Center Hospital	Zurich American Insurance Co.
454-11-9329.M4	07-1539	Vista Medical Center Hospital	Zurich American Insurance Co.
454-11-9333.M4	07-1562	Vista Medical Center Hospital	Gray Insurance Co.
454-11-9339.M4	07-1627	Vista Medical Center Hospital	Fidelity & Guaranty Insurance Co.
454-11-9341.M4	07-1650	Vista Medical Center Hospital	Facility Insurance Corp.
454-11-9343.M4	07-1657	Vista Medical Center Hospital	Fidelity & Guaranty Insurance Co.
454-11-9344.M4	07-1662	Vista Medical Center Hospital	Metropolitan Transit Authority
454-11-9345.M4	07-1664	Vista Medical Center Hospital	Zurich American Insurance Co.
454-11-9346.M4	07-1671	Vista Medical Center Hospital	American Guarantee & Liability Ins.
454-11-9353.M4	07-1819	Vista Medical Center Hospital	Zurich American Insurance Co.

Outpatient Attachment A (cont'd...)			
SOAH Docket	MR No.	Requestor	Respondent
454-11-9357.M4	07-1832	Vista Medical Center Hospital	American Zurich Insurance Co.
454-11-9358.M4	07-1860	Vista Medical Center Hospital	(Carrier)
454-11-9365.M4	07-7212	Vista Medical Center Hospital	Facility Insurance Corp.
454-11-9368.M4	07-2147	Vista Medical Center Hospital	Zurich American Insurance Co.
454-11-9370.M4	07-2588	Vista Medical Center Hospital	Zurich American Insurance Co.
454-11-9371.M4	07-2590	Vista Medical Center Hospital	Zurich American Insurance Co.
454-11-9374.M4	07-2678	Vista Medical Center Hospital	Zurich American Insurance Co.
454-11-9375.M4	07-2870	Vista Medical Center Hospital	British American Insurance Co.
454-11-9376.M4	07-1744	Vista Medical Center Hospital	Zurich American Insurance Co.
454-11-9381.M4	07-1769	Vista Medical Center Hospital	Fidelity & Guaranty Insurance Co.
454-11-9383.M4	07-1811	Vista Medical Center Hospital	Lumbermens Underwriting Alliance
454-11-9536.M4	06-3521	Vista Medical Center Hospital	St. Paul Fire & Marine Insurance Co.
454-11-9538.M4	06-6118	Vista Hospital of Dallas	Williamsburg National Insurance
454-11-9585.M4	07-5405	Vista Hospital of Dallas	Old Republic Insurance Co.
454-11-9592.M4	07-4047	Vista Medical Center Hospital	Old Republic Insurance Co.
454-12-0392.M4	06-6555	Vista Hospital of Dallas	American Zurich Insurance Co.
454-12-0406.M4	06-7023	Vista Medical Center Hospital	Insurance Co. of the State of PA
454-12-0418.M4	06-7721	Vista Medical Center Hospital	Facility Insurance Corp.
454-12-0419.M4	07-0061	Vista Hospital of Dallas	Arch Insurance Co.
454-12-0421.M4	07-0053	Vista Medical Center Hospital	British American Insurance Co.
454-12-0425.M4	07-0070	Vista Medical Center Hospital	Facility Insurance Corp.
454-12-0426.M4	07-0076	Vista Medical Center Hospital	Zurich American Insurance Co.
454-12-0428.M4	07-0088	Vista Medical Center Hospital	Zurich American Insurance Co.
454-12-0432.M4	07-4142	Vista Medical Center Hospital	Gray Insurance Co.
454-12-0435.M4	07-4310	Vista Medical Center Hospital	(Carrier)
454-12-0439.M4	07-0118	Vista Medical Center Hospital	Indemnity Insurance Co. of North
454-12-0440.M4	07-0090	Vista Medical Center Hospital	Zurich American Insurance Co.
454-12-0456.M4	07-1032	Vista Hospital of Dallas	(Carrier)
454-12-0486.M4	08-1291	Vista Medical Center Hospital	Ace American Insurance Co.
454-12-0490.M4	08-1442	Vista Hospital of Dallas	Employers Insurance Co. of Wausau
454-12-0498.M4	08-1856	Vista Medical Center Hospital	Zurich American Insurance Co.
454-12-0536.M4	05-B513	Vista Hospital of Dallas	American Zurich Insurance Co.
454-12-0537.M4	06-2136	Vista Hospital of Dallas	(Carrier)
454-12-0540.M4	06-3571	Vista Medical Center Hospital	Insurance Co. of the State of PA
454-12-0541.M4	06-3655	Vista Medical Center Hospital	Metropolitan Transit Authority
454-12-0542.M4	06-5074	Vista Hospital of Dallas	(Carrier)
454-12-0545.M4	06-5283	Vista Hospital of Dallas	Zurich American Insurance Co.
454-12-0548.M4	06-5879	Vista Medical Center Hospital	Zurich American Insurance Co.
454-12-0549.M4	06-6103	Vista Hospital of Dallas	New Hampshire Insurance Co.
454-12-0551.M4	06-6880	Vista Medical Center Hospital	Zurich American Insurance Co.
454-12-0552.M4	06-7779	Vista Medical Center Hospital	Zurich American Insurance Co.
454-12-0554.M4	07-1776	Vista Medical Center Hospital	Zurich American Insurance Co.
454-12-0555.M4	07-1777	Vista Medical Center Hospital	Zurich American Insurance Co.
454-12-0558.M4	07-1886	Vista Medical Center Hospital	(Carrier)

Outpatient Attachment A (cont'd...)			
SOAH Docket	MR No.	Requestor	Respondent
454-12-0559.M4	07-3587	Vista Medical Center Hospital	Fidelity & Guaranty Insurance Co.
454-12-0563.M4	07-2561	Vista Medical Center Hospital	Zurich American Insurance Co.
454-12-0568.M4	07-2904	Vista Medical Center Hospital	American Home Assurance Co.
454-12-0570.M4	07-3040	Vista Medical Center Hospital	American Zurich Insurance Co.
454-12-0571.M4	07-3132	Vista Medical Center Hospital	(Carrier)
454-12-0573.M4	07-5276	Vista Medical Center Hospital	American Zurich Insurance Co.
454-12-0578.M4	07-4154	Vista Medical Center Hospital	Zurich American Insurance Co.
454-12-0579.M4	07-4273	Vista Medical Center Hospital	American Zurich Insurance Co.
454-12-0580.M4	07-4535	Vista Medical Center Hospital	Facility Insurance Corp.
454-12-0929.M4	07-3320	Vista Medical Center Hospital	Fidelity & Guaranty Insurance Co.
454-12-0932.M4	07-3411	Vista Medical Center Hospital	Zurich American Insurance Co.
454-12-0936.M4	07-1446	Vista Medical Center Hospital	Facility Insurance Corp.
454-12-0937.M4	07-1486	Vista Medical Center Hospital	New Hampshire Insurance Co.
454-12-0939.M4	07-2722	Vista Hospital of Dallas	Arch Insurance Co.
454-12-0941.M4	07-3073	Vista Hospital of Dallas	America First Insurance Co.
454-12-0944.M4	07-4117	Vista Medical Center Hospital	Zurich American Insurance Co.
454-12-0946.M4	07-4190	Vista Medical Center Hospital	Metropolitan Transit Authority
454-12-0947.M4	07-4316	Vista Medical Center Hospital	Fidelity & Guaranty Insurance Co.
454-12-0949.M4	07-3563	Vista Medical Center Hospital	American Guarantee & Liability Ins.
454-12-0951.M4	07-3974	Vista Hospital of Dallas	Arch Insurance Co.
454-12-0953.M4	07-3981	Vista Hospital of Dallas	Insurance Co. of the State of PA
454-12-0954.M4	07-3986	Vista Medical Center Hospital	Zurich American Insurance Co.
454-12-0957.M4	07-7166	Vista Medical Center Hospital	American Guarantee & Liability Ins.
454-12-0958.M4	07-7298	Vista Medical Center Hospital	Insurance Co. of the State of PA
454-12-0961.M4	08-0822	Vista Medical Center Hospital	Gray Insurance Co.
454-12-0963.M4	07-5861	Vista Medical Center Hospital	Zurich American Insurance Co.
454-12-0964.M4	07-7066	Vista Medical Center Hospital	Zurich American Insurance Co.
454-12-0965.M4	07-7109	Vista Medical Center Hospital	Zurich American Insurance Co.
454-12-0966.M4	07-4891	Vista Medical Center Hospital	American Zurich Insurance Co.
454-12-0967.M4	07-5353	Vista Medical Center Hospital	(Carrier)
454-12-0968.M4	07-5374	Vista Hospital of Dallas	American Guarantee & Liability Ins.
454-12-0970.M4	07-5584	Vista Medical Center Hospital	Zurich American Insurance Co.
454-12-0975.M4	07-4791	Vista Hospital of Dallas	Zurich American Insurance Co.
454-12-1003.M4	06-0651	Vista Medical Center Hospital	American Zurich Insurance Co.
454-12-1010.M4	07-4298	Vista Hospital of Dallas	Sentry Insurance Co.
454-12-1014.M4	07-7403	Vista Medical Center Hospital	Insurance Co. of the State of PA
454-12-1018.M4	07-7522	Vista Medical Center Hospital	New Hampshire Insurance Co.
454-12-1022.M4	07-7147	Vista Medical Center Hospital	American Guarantee & Liability Ins.
454-12-1027.M4	08-0991	Vista Medical Center Hospital	Gray Insurance Co.
454-12-1038.M4	08-1786	Vista Hospital of Dallas	Comppac Trust of Texas
454-12-1043.M4	08-1403	Vista Hospital of Dallas	Lumbermens Underwriting Alliance
454-12-1045.M4	08-1570	Vista Hospital of Dallas	Arch Insurance Co.
454-12-1054.M4	08-2766	Vista Hospital of Dallas	Netherlands Insurance Co.
454-12-1059.M4	08-1862	Vista Hospital of Dallas	Insurance Co. of the State of PA

Outpatient Attachment A (cont'd...)			
SOAH Docket	MR No.	Requestor	Respondent
454-12-1063.M4	08-6634	Vista Hospital of Dallas	New Hampshire Insurance Co.
454-12-1069.M4	08-6600	Vista Hospital of Dallas	Zurich American Insurance Co.
454-12-1089.M4	09-3442	Vista Hospital of Dallas	XL Specialty Insurance Co.
454-12-1242.M4	07-3106	Vista Medical Center Hospital	Facility Insurance Corp.
454-12-1243.M4	07-3140	Vista Medical Center Hospital	(Carrier)
454-12-1245.M4	07-3182	Vista Medical Center Hospital	Zurich American Insurance Co.
454-12-1247.M4	07-3254	Vista Medical Center Hospital	(Carrier)
454-12-1251.M4	06-2956	Vista Hospital of Dallas	American Home Assurance Co.
454-12-1253.M4	07-8218	Vista Medical Center Hospital	Zurich American Insurance Co.
454-12-1254.M4	07-8220	Vista Medical Center Hospital	Zurich American Insurance Co.
454-12-1258.M4	07-7072	Vista Medical Center Hospital	Zurich American Insurance Co.
454-12-1259.M4	07-7117	Vista Medical Center Hospital	Zurich American Insurance Co.
454-12-1260.M4	07-7118	Vista Medical Center Hospital	Zurich American Insurance Co.
454-12-1263.M4	07-7299	Vista Medical Center Hospital	Zurich American Insurance Co.
454-12-1264.M4	07-7511	Vista Medical Center Hospital	Zurich American Insurance Co.
454-12-1265.M4	08-0637	Vista Medical Center Hospital	New Hampshire Insurance Co.
454-12-1266.M4	08-0644	Vista Medical Center Hospital	Fidelity & Guaranty Insurance Co.
454-12-1267.M4	08-0773	Vista Medical Center Hospital	Zurich American Insurance Co.
454-12-1269.M4	08-0791	Vista Medical Center Hospital	Zurich American Insurance Co.
454-12-1273.M4	08-0945	Vista Medical Center Hospital	Zurich American Insurance Co.
454-12-1274.M4	08-0071	Vista Medical Center Hospital	Zurich American Insurance Co.
454-12-1275.M4	08-0620	Vista Medical Center Hospital	Zurich American Insurance Co.
454-12-1277.M4	08-2892	Vista Hospital of Dallas	Facility Insurance Corp.
454-12-1278.M4	08-2901	Vista Hospital of Dallas	American Home Assurance Co.
454-12-1279.M4	08-6581	Vista Hospital of Dallas	Insurance Co. of the State of PA
454-12-1280.M4	08-1870	Vista Hospital of Dallas	Zurich American Insurance Co.
454-12-1282.M4	08-2795	Vista Medical Center Hospital	American Zurich Insurance Co.
454-12-1336.M4	07-5183	Vista Medical Center Hospital	American Home Assurance Co.
454-12-1342.M4	08-0990	Vista Medical Center Hospital	Zurich American Insurance Co.
454-12-1343.M4	07-7291	Vista Medical Center Hospital	Zurich American Insurance Co.
454-12-1345.M4	08-0652	Vista Medical Center Hospital	Zurich American Insurance Co.
454-12-1349.M4	07-4145	Vista Medical Center Hospital	Fidelity & Guaranty Insurance Co.
454-12-1352.M4	07-7318	Vista Medical Center Hospital	Ace American Insurance Co.
454-12-1367.M4	08-1347	Vista Hospital of Dallas	Zurich American Insurance Co.
454-12-1397.M4	08-6571	Vista Hospital of Dallas	Zurich American Insurance Co.
454-12-1562.M4	07-7533	Vista Medical Center Hospital	Security National Insurance Co.
454-12-1575.M4	08-5429	Surgery Specialty Hospital of America	Zurich American Insurance Co.
454-12-1583.M4	08-1907	Vista Medical Center Hospital	Security National Insurance Co.
454-12-1584.M4	08-6863	Surgery Specialty Hospital of America	American Home Assurance Co.
454-12-1596.M4	08-6611	Surgery Specialty Hospital of America	American Zurich Insurance Co.

Outpatient Attachment A (cont'd...)			
SOAH Docket	MR No.	Requestor	Respondent
454-12-1597.M4	08-6615	Surgery Specialty Hospital of America	New Hampshire Insurance Co.
454-12-1599.M4	09-4578	Surgery Specialty Hospital of America	Zurich American Insurance Co.
454-12-1600.M4	09-4582	Surgery Specialty Hospital of America	Zurich American Insurance Co.
454-12-1602.M4	09-3769	Surgery Specialty Hospital of America	Zurich American Insurance Co.
454-12-1603.M4	09-3989	Surgery Specialty Hospital of America	Zurich American Insurance Co.
454-12-1760.M4	08-1506	Vista Hospital of Dallas	XL Specialty Insurance Co.
454-12-1765.M4	08-1685	Vista Hospital of Dallas	New Hampshire Insurance Co.
454-12-1768.M4	08-1763	Vista Hospital of Dallas	Old Republic Insurance Co.
454-12-1772.M4	08-5003	Vista Hospital of Dallas	Hartford Insurance Co. of the Midwest
454-12-1773.M4	08-5048	Vista Hospital of Dallas	(Carrier)
454-12-1775.M4	08-5057	Vista Hospital of Dallas	Facility Insurance Corp.
454-12-1776.M4	08-5059	Vista Medical Center Hospital	Old Republic Insurance Co.
454-12-1780.M4	08-2150	Vista Hospital of Dallas	(Carrier)
454-12-1787.M4	09-4580	Surgery Specialty Hospital of America	Arch Insurance Co.
454-12-1799.M4	08-6567	Vista Hospital of Dallas	New Hampshire Insurance Co.
454-12-1802.M4	08-0658	Vista Medical Center Hospital	Continental Cas. Co.
454-12-1812.M4	07-7552	Vista Medical Center Hospital	Continental Cas. Co.
454-12-1815.M4	07-3202	Vista Hospital of Dallas	Old Republic Insurance Co.
454-12-1874.M4	08-0603	Vista Medical Center Hospital	(Carrier)
454-12-1881.M4	08-2811	Vista Hospital of Dallas	Old Republic Insurance Co.
454-12-1975.M4	06-2458	Vista Medical Center Hospital	Phoenix Assurance Co. of New York
454-12-1977.M4	06-2460	Vista Medical Center Hospital	TPCIGA for Reliance National
454-12-2000.M4	08-0201	Vista Medical Center Hospital	Houston General Insurance Co.
454-12-2013.M4	08-2020	Vista Hospital of Dallas	Ace American Insurance Co.
454-12-2020.M4	09-6434	Surgery Specialty Hospital of America	Ace American Insurance Co.
454-12-2024.M4	06-1771	Vista Medical Center Hospital	Hartford Fire Insurance Co.
454-12-2039.M4	07-4014	Vista Medical Center Hospital	Hartford Insurance Co. of the Midwest
454-12-2047.M4	07-7111	Vista Medical Center Hospital	Continental Cas. Co.
454-12-2048.M4	07-7145	Vista Medical Center Hospital	Am. Cas. Co. of Reading, PA
454-12-2049.M4	07-7226	Vista Medical Center Hospital	Hartford Casualty Insurance Co.
454-12-2050.M4	07-7531	Vista Medical Center Hospital	Zurich American Insurance Co.
454-12-2054.M4	08-0744	Vista Medical Center Hospital	Twin City Fire Insurance Co.
454-12-2521.M4	07-1565	Vista Medical Center Hospital	Fidelity & Guaranty Insurance Co.
454-12-2532.M4	07-7149	Vista Medical Center Hospital	Fidelity & Guaranty Insurance Co.
454-12-2536.M4	08-1889	Vista Medical Center Hospital	Security National Insurance Co.
454-12-2541.M4	08-4999	Vista Medical Center Hospital	Indemnity Insurance Co. of North
454-12-2551.M4	08-6447	Vista Hospital of Dallas	Old Republic Insurance Co.

Outpatient Attachment A (cont'd...)			
SOAH Docket	MR No.	Requestor	Respondent
454-12-2552.M4	08-6525	Vista Hospital of Dallas	Illinois National Insurance Co.
454-12-2561.M4	09-3982	Surgery Specialty Hospital of America	Zurich American Insurance Co.
454-12-2562.M4	09-4109	Surgery Specialty Hospital of America	Zurich American Insurance Co.
454-12-2565.M4	09-4514	Surgery Specialty Hospital of America	American Home Assurance Co.
454-12-2566.M4	09-4561	Surgery Specialty Hospital of America	New Hampshire Insurance Co.
454-12-2571.M4	09-4589	Surgery Specialty Hospital of America	Facility Insurance Corp.
454-12-2572.M4	09-4590	Surgery Specialty Hospital of America	New Hampshire Insurance Co.
454-12-2575.M4	09-4595	Vista Hospital of Dallas	Ace American Insurance Co.
454-12-2580.M4	09-4617	Vista Hospital of Dallas	Zurich American Insurance Co.
454-12-2583.M4	09-4683	Surgery Specialty Hospital of America	Zurich American Insurance Co.
454-12-2585.M4	09-5533	Surgery Specialty Hospital of America	Zurich American Insurance Co.
454-12-2590.M4	09-6084	Vista Hospital of Dallas	Zurich American Insurance Co.
454-12-2632.M4	09-4119	Surgery Specialty Hospital of America	Fire & Casualty Insurance Co.
454-12-2657.M4	05-9741	Vista Hospital of Dallas	American Home Assurance Co.
454-12-2658.M4	05-521	Vista Hospital of Dallas	(Carrier)
454-12-2660.M4	06-5850	Vista Medical Center Hospital	Fidelity & Guaranty Insurance Co.
454-12-2669.M4	05-5327	Vista Medical Center Hospital	Zurich American Insurance Co.
454-12-2697.M4	07-3110	Vista Medical Center Hospital	TPCIGA for Atlantic Mutual Insurance
454-12-2702.M4	09-6426	Vista Hospital of Dallas	TPCIGA for Reliance National Insurance
454-12-2706.M4	09-5969	Surgery Specialty Hospital of America	New Hampshire Insurance Co.
454-12-2709.M4	09-4601	Surgery Specialty Hospital of America	Bituminous Casualty Corporation
454-12-2710.M4	09-4605	Vista Hospital of Dallas	(Carrier)
454-12-2713.M4	09-5257	Surgery Specialty Hospital of America	Insurance Co. of the State of PA
454-12-2714.M4	09-5340	Surgery Specialty Hospital of America	Insurance Co. of the State of PA
454-12-2717.M4	09-5455	Surgery Specialty Hospital of America	New Hampshire Insurance Co.
454-12-2718.M4	09-5516	Vista Hospital of Dallas	Facility Insurance Corp.
454-12-2720.M4	06-2299	Vista Hospital of Dallas	Zurich American Insurance Co.
454-12-2724.M4	06-5192	Vista Medical Center Hospital	(Carrier)
454-12-2726.M4	04-B160	Vista Medical Center Hospital	Zurich American Insurance Co.

Outpatient Attachment A (cont'd...)			
SOAH Docket	MR No.	Requestor	Respondent
454-12-2731.M4	05-9188	Vista Hospital of Dallas	(Carrier)
454-12-2733.M4	08-1727	Vista Hospital of Dallas	Sentry Insurance Co.
454-12-2736.M4	08-1738	Vista Hospital of Dallas	Hartford Insurance Co. of the Midwest
454-12-2738.M4	08-1751	Vista Hospital of Dallas	Facility Insurance Corp.
454-12-2743.M4	09-2403	Surgery Specialty Hospital of America	Zurich American Insurance Co.
454-12-2744.M4	09-4596	Vista Hospital of Dallas	New Hampshire Insurance Co.
454-12-2745.M4	09-6053	Surgery Specialty Hospital of America	New Hampshire Insurance Co.
454-12-2747.M4	09-6059	Surgery Specialty Hospital of America	Zurich American Insurance Co.
454-12-2748.M4	09-6064	Surgery Specialty Hospital of America	New Hampshire Insurance Co.
454-12-2749.M4	09-6065	Surgery Specialty Hospital of America	Zurich American Insurance Co.
454-12-2753.M4	09-6306	Surgery Specialty Hospital of America	Zurich American Insurance Co.
454-12-2757.M4	09-6359	Vista Hospital of Dallas	Zurich American Insurance Co.
454-12-2770.M4	04-7970	Vista Medical Center Hospital	TPCIGA for Atlantic Mutual Insurance
454-12-2774.M4	07-2715	Vista Medical Center Hospital	Centre Insurance Co.
454-12-2775.M4	08-4474	Surgery Specialty Hospital of America	New Hampshire Insurance Co.
454-12-3328.M4	04-A791	Vista Medical Center Hospital	Zurich American Insurance Co.
454-12-3336.M4	05-1612	Vista Medical Center Hospital	Metropolitan Transit Authority
454-12-3359.M4	06-0920	Vista Medical Center Hospital	Ace American Insurance Co.
454-12-3369.M4	07-5294	Vista Medical Center Hospital	(Carrier)
454-12-3373.M4	08-1709	Vista Hospital of Dallas	Zurich American Insurance Co.
454-12-3902.M4	05-2672	Vista Hospital of Dallas	Zurich American Insurance Co.
454-12-3909.M4	07-0059	Vista Medical Center Hospital	Zurich American Insurance Co.
454-12-4280.M4	06-7653	Vista Hospital of Dallas	(Carrier)
454-12-4284.M4	04-B005	Vista Medical Center Hospital	Zurich American Insurance Co.
454-12-4287.M4	06-6182	Vista Hospital of Dallas	Zurich American Insurance Co.
454-12-4360.M4	06-2325	Vista Hospital of Dallas	Zurich American Insurance Co.
454-12-4704.M4	05-6378	Vista Medical Center Hospital	American Guarantee & Liability Ins.
454-12-4921.M4	06-3469	Vista Hospital of Dallas	Insurance Co. of the State of PA
454-12-4951.M4	06-2907	Vista Hospital of Dallas	Am. Cas. Co. of Reading, PA
454-12-4953.M4	06-7770	Vista Medical Center Hospital	Facility Insurance Corp.
454-12-5943.M4	08-0185	Vista Medical Center Hospital	Houston General Insurance Co.
454-12-7321.M4	08-0941	Vista Medical Center Hospital	Old Republic Insurance Co.
454-13-0957.M4	07-3203	Vista Medical Center Hospital	Indemnity Insurance Co. of North
454-13-0974.M4	06-6206	Vista Hospital of Dallas	American Home Assurance Co.
454-13-0978.M4	06-5904	Vista Medical Center Hospital	Hartford Underwriters Insurance Co.
454-13-0981.M4	06-5078	Vista Hospital of Dallas	(Carrier)
454-13-1360.M4	05-1118	Vista Medical Center Hospital	Zurich American Insurance Co.

Outpatient Attachment A (cont'd...)			
SOAH Docket	MR No.	Requestor	Respondent
454-13-1458.M4	07-5298	Vista Medical Center Hospital	Zurich American Insurance Co.
454-13-2134.M4	07-1715	Vista Medical Center Hospital	Illinois National Insurance Co.
454-13-2199.M4	12-3676	Vista Hospital of Dallas	Ace American Insurance Co.
454-13-2449.M4	08-2826	Vista Medical Center Hospital	Fidelity & Guaranty Insurance Co.
454-13-2518.M4	05-B559	Vista Hospital of Dallas	Zurich American Insurance Co.
454-13-2536.M4	05-B613	Vista Hospital of Dallas	Zurich American Insurance Co.
454-13-2561.M4	05-1128	Vista Hospital of Dallas	American Zurich Insurance Co.
454-13-2582.M4	04-6083	Vista Medical Center Hospital	(Carrier)
454-13-2583.M4	07-0174	Vista Medical Center Hospital	American Home Assurance Co.
454-13-2586.M4	04-4900	Vista Medical Center Hospital	Metropolitan Transit Authority
454-13-2771.M4	06-5176	Vista Hospital of Dallas	(Carrier)
454-13-3355.M4	06-6187	Vista Hospital of Dallas	American Home Assurance Co.
454-13-3684.M4	06-2904	Vista Hospital of Dallas	Fidelity & Guaranty Insurance Co.
454-13-4065.M4	05-5292	Vista Medical Center Hospital	Connecticut Indemnity Co.
454-13-4207.M4	06-5219	Vista Medical Center Hospital	Zurich American Insurance Co.
454-13-4434.M4	06-7674	Vista Hospital of Dallas	Fidelity & Guaranty Insurance Co.
454-13-4764.M4	06-5072	Vista Hospital of Dallas	Insurance Co. of the State of PA
454-13-4810.M5	05-0881	Vista Medical Center Hospital	Houston General Insurance Co.
454-13-5166.M4	08-6541	Vista Hospital of Dallas	Zurich American Insurance Co.
454-14-0085.M4	05-B523	Vista Medical Center Hospital	Universal Underwriters Insurance Co.

ATTACHMENT B

Item No.	SOAH Docket No.	Notes	Carrier Payment	Total Fair & Reasonable Reimbursement	Additional Reimbursement Owed
1	454-10-0972.M4		\$597.66	\$887.14	\$289.48
2	454-11-4061.M4		\$2,465.49	\$3,565.64	\$1,100.15
3	454-11-4906.M4		\$799.20	\$1,284.03	\$484.43
4	454-11-5181.M4		\$2,178.40	\$2,178.40	\$0.00
5	454-11-5296.M4		\$1,470.00	\$1,875.48	\$405.48
6	454-11-5318.M4		\$1,118.00	\$1,275.92	\$157.92
7	454-11-5422.M4		\$3,666.00	\$5,414.12	\$1,748.12
8	454-11-5478.M4		\$1,118.00	\$1,276.56	\$158.56
9	454-11-5487.M4		\$5,153.00	\$5,598.88	\$445.48
10	454-11-5492.M4		\$2,124.00	\$2,786.38	\$662.38
11	454-11-5564.M4		\$399.60	\$1,278.76	\$879.16
12	454-11-5571.M4		\$737.50	\$2,739.08	\$2,001.58
13	454-11-5675.M4		\$2,584.80	\$4,811.12	\$2,226.32
14	454-11-5677.M4		\$934.80	\$2,739.08	\$1,804.28
15	454-11-5678.M4		\$399.60	\$833.60	\$434.00
16	454-11-5740.M4		\$2,236.00	\$2,786.38	\$550.38
17	454-11-5745.M4		\$1,368.00	\$6,942.31	\$5,574.31
18	454-11-5750.M4		\$2,236.00	\$2,707.06	\$471.06
19	454-11-5780.M4		\$4,472.40	\$7,199.22	\$2,726.82
20	454-11-5788.M4		\$1,903.20	\$2,747.24	\$844.04
21	454-11-5802.M4		\$583.27	\$1,595.75	\$1,012.48
22	454-11-5807.M4		\$3,483.75	\$8,885.20	\$5,401.45
23	454-11-5866.M4		\$2,706.00	\$4,060.60	\$1,354.60
24	454-11-5876.M4		\$2,236.00	\$3,409.94	\$1,173.94
25	454-11-5880.M4		\$799.20	\$1,700.62	\$901.42
26	454-11-5889.M4		\$1,070.40	\$3,042.60	\$1,972.20
27	454-11-5890.M4		\$399.60	\$1,340.48	\$940.88
28	454-11-5942.M4		\$850.00	\$1,600.98	\$750.98
29	454-11-5945.M4		\$1,224.51	\$2,229.98	\$1,005.47
30	454-11-5947.M4		\$850.00	\$153.73	\$153.73
31	454-11-6036.M4		\$0.00	\$1,802.36	\$1,802.36
32	454-11-6041.M4		\$399.60	\$796.48	\$396.88
33	454-11-6048.M4		\$421.00	\$2,677.95	\$2,256.95
34	454-11-6052.M4		\$1,115.00	\$1,781.44	\$666.44

ATTACHMENT B (cont'd...)

Item No.	SOAH Docket No.	Notes	Carrier Payment	Total Fair & Reasonable Reimbursement	Additional Reimbursement Owed
35	454-11-6057.M4		\$2,213.75	\$5,579.27	\$3,365.52
36	454-11-6105.M4		\$535.20	\$1,638.71	\$1,103.51
37	454-11-6125.M4		\$1,118.00	\$1,651.00	\$533.00
38	454-11-6136.M4		\$587.50	\$830.94	\$243.44
39	454-11-6141.M4		\$1,118.00	\$1,499.20	\$381.20
40	454-11-6146.M4		\$832.50	\$1,109.44	\$276.94
41	454-11-6150.M4		\$583.27	\$1,626.95	\$1,043.68
42	454-11-6162.M4		\$1,118.00	\$1,449.60	\$331.60
43	454-11-6163.M4		\$1,118.00	\$1,555.79	\$437.79
44	454-11-6167.M4		\$1,137.50	\$2,401.74	\$1,264.24
45	454-11-6423.M4		\$2,236.00	\$4,046.37	\$1,810.37
46	454-11-6455.M4		\$850.00	\$1,435.56	\$585.56
47	454-11-6456.M4		\$850.00	\$1,462.72	\$612.72
48	454-11-6464.M4		\$1,118.00	\$1,447.48	\$329.48
49	454-11-6542.M4		\$850.00	\$939.22	\$89.22
50	454-11-6551.M4		\$598.32	\$981.84	\$383.52
51	454-11-6555.M4	DOS 03-26-2004	\$474.06	\$1,908.00	\$1,433.94
52	454-11-6555.M4	DOS 04-26-2004	\$473.45	\$1,852.80	\$1,379.35
53	454-11-6559.M4		\$850.00	\$1,415.34	\$565.34
54	454-11-6568.M4		\$4,561.25	\$4,824.81	\$263.56
55	454-11-6569.M4		\$2,236.00	\$4,886.88	\$2,650.88
56	454-11-6571.M4		\$2,236.00	\$7,077.75	\$4,841.75
57	454-11-6575.M4		\$650.00	\$4,357.42	\$3,707.42
58	454-11-6577.M4		\$1,118.00	\$6,133.34	\$5,015.34
59	454-11-6600.M4		\$1,623.60	\$11,377.53	\$9,753.93
60	454-11-6613.M4		\$1,806.00	\$4,245.35	\$2,439.35
61	454-11-6623.M4		\$1,968.00	\$5,579.27	\$3,611.27
62	454-11-6627.M4		\$1,118.00	\$1,611.52	\$493.50
63	454-11-6632.M4		\$850.00	\$1,598.06	\$748.06
64	454-11-6643.M4		\$850.00	\$1,467.82	\$617.82
65	454-11-6646.M4		\$1,118.00	\$1,482.72	\$364.72
66	454-11-6647.M4		\$1,987.50	\$3,272.66	\$1,285.16

ATTACHMENT B (cont'd...)

Item No.	SOAH Docket No.	Notes	Carrier Payment	Total Fair & Reasonable Reimbursement	Additional Reimbursement Owed
67	454-11-6648.M4		\$996.75	\$2,750.27	\$1,753.52
68	454-11-6791.M4		\$850.00	\$1,437.80	\$587.80
69	454-11-6795.M4		\$1,198.80	\$1,258.12	\$59.32
70	454-11-6796.M4		\$1,198.80	\$1,262.02	\$63.22
71	454-11-6798.M4		\$1,118.00	\$1,663.56	\$545.56
72	454-11-6799.M4		\$922.38	\$1,557.81	\$655.43
73	454-11-6804.M4		\$1,118.00	\$1,642.17	\$524.17
74	454-11-6805.M4		\$2,575.60	\$2,697.58	\$121.98
75	454-11-6806.M4		\$850.00	\$1,449.30	\$599.30
76	454-11-6812.M4		\$803.75	\$4,685.40	\$3,881.65
77	454-11-6814.M4		\$1,118.00	\$1,855.18	\$737.18
78	454-11-6816.M4		\$1,248.75	\$1,567.75	\$319.00
79	454-11-6817.M4		\$1,118.00	\$1,616.32	\$498.32
80	454-11-6865.M4		\$744.26	\$1,863.48	\$1,119.22
81	454-11-6877.M4		\$850.00	\$932.92	\$82.92
82	454-11-6898.M4		\$473.45	\$1,628.04	\$1,154.59
83	454-11-6901.M4		\$473.45	\$1,567.75	\$1,094.30
84	454-11-6904.M4		\$473.45	\$1,583.84	\$1,110.39
85	454-11-6906.M4		\$1,118.00	\$1,606.38	\$488.38
86	454-11-6908.M4		\$2,236.00	\$8,286.92	\$6,050.92
87	454-11-6909.M4	143%	\$8,216.62	\$11,532.28	\$3,315.66
88	454-11-6925.M4		\$671.27	\$1,346.08	\$674.81
89	454-11-6941.M4		\$2,236.00	\$4,109.75	\$1,873.75
90	454-11-6944.M4		\$832.50	\$1,658.52	\$826.02
91	454-11-6946.M4		\$1,118.00	\$1,601.39	\$483.39
92	454-11-6996.M4	DOS 02-23-2004	\$647.15	\$2,359.74	\$1,712.59
93	454-11-6996.M4	DOS 03-12-2004	\$537.33	\$2,151.49	\$1,614.16
94	454-11-6996.M4	DOS 04-05-2004	\$596.22	\$2,160.51	\$1,564.29
95	454-11-6996.M4	DOS 04-09-2004	\$596.22	\$2,213.41	\$1,617.19
96	454-11-6996.M4	DOS 04-16-2004	\$473.45	\$1,055.41	\$581.96

ATTACHMENT B (cont'd...)

Item No.	SOAH Docket No.	Notes	Carrier Payment	Total Fair & Reasonable Reimbursement	Additional Reimbursement Owed
97	454-11-7190.M4		\$832.50	\$5,048.98	\$4,216.48
98	454-11-7192.M4		\$2,236.00	\$8,317.38	\$6,081.38
99	454-11-7217.M4		\$1,118.00	\$2,498.14	\$1,380.14
100	454-11-7222.M4		\$1,100.00	\$8,292.68	\$7,192.68
101	454-11-7374.M4		\$850.00	\$1,044.21	\$194.21
102	454-11-7390.M4		\$4,344.13	\$10,923.32	\$6,579.19
103	454-11-7391.M4		\$899.36	\$2,224.08	\$1,324.72
104	454-11-7401.M4		\$1,118.00	\$15,139.22	\$14,021.22
105	454-11-7402.M4	CPT Code Issue	\$0.00	\$0.00	\$0.00
106	454-11-7414.M4		\$832.50	\$1,607.01	\$774.51
107	454-11-7420.M4		\$1,118.00	\$6,212.88	\$5,094.88
108	454-11-7421.M4		\$1,985.10	\$6,756.48	\$4,771.38
109	454-11-7429.M4		\$1,118.00	\$2,055.24	\$937.24
110	454-11-7507.M4		\$1,607.50	\$3,118.00	\$1,510.50
111	454-11-7510.M4		\$2,236.00	\$4,906.97	\$2,670.97
112	454-11-7515.M4		\$1,301.10	\$4,474.28	\$3,173.18
113	454-11-7516.M4		\$850.00	\$1,512.31	\$662.31
114	454-11-7519.M4		\$850.00	\$937.46	\$87.46
115	454-11-7529.M4		\$347.34	\$1,644.99	\$1,297.65
116	454-11-7530.M4		\$473.45	\$1,569.16	\$1,095.71
117	454-11-7542.M4		\$1,118.00	\$1,580.96	\$462.96
118	454-11-7550.M4		\$2,236.00	\$13,928.96	\$11,692.96
119	454-11-7552.M4		\$2,236.00	\$3,176.28	\$940.28
120	454-11-7553.M4		\$900.00	\$1,046.32	\$146.32
121	454-11-7559.M4		\$2,236.00	\$2,401.74	\$165.74
122	454-11-7574.M4		\$1,118.00	\$2,083.83	\$965.83
123	454-11-7581.M4		\$947.22	\$1,927.72	\$980.50
124	454-11-7585.M4		\$951.23	\$2,122.05	\$1,170.82
125	454-11-7597.M4		\$2,236.00	\$2,401.74	\$165.74
126	454-11-7721.M4		\$473.45	\$1,027.31	\$553.86
127	454-11-7723.M4		\$1,118.00	\$1,917.98	\$799.98
128	454-11-7727.M4		\$473.45	\$1,601.39	\$1,127.94
129	454-11-7735.M4		\$2,799.60	\$9,434.78	\$6,635.18
130	454-11-7749.M4		\$1,118.00	\$9,742.76	\$8,624.76

ATTACHMENT B (cont'd...)

Item No.	SOAH Docket No.	Notes	Carrier Payment	Total Fair & Reasonable Reimbursement	Additional Reimbursement Owed
131	454-11-7768.M4		\$2,932.87	\$10,418.60	\$7,485.73
132	454-11-7779.M4		\$2,236.00	\$17,208.12	\$14,972.12
133	454-11-7786.M4		\$1,144.07	\$2,194.82	\$1,050.75
134	454-11-7803.M4		\$1,118.00	\$2,044.68	\$926.68
135	454-11-7807.M4		\$1,118.00	\$1,470.18	\$352.18
136	454-11-7829.M4		\$0.00	\$2,083.04	\$2,083.04
137	454-11-7833.M4		\$3,543.05	\$6,133.34	\$2,590.29
138	454-11-7835.M4		\$1,118.00	\$1,890.50	\$772.50
139	454-11-7847.M4		\$2,236.00	\$8,738.48	\$6,502.48
140	454-11-7849.M4		\$2,236.00	\$8,190.72	\$5,954.72
141	454-11-7850.M4		\$1,118.00	\$1,764.16	\$646.16
142	454-11-7858.M4		\$1,118.00	\$2,057.84	\$939.84
143	454-11-7860.M4	DOS 01-10-2005	\$636.73	\$1,821.35	\$1,184.62
144	454-11-7860.M4	DOS 03-11-2005	\$636.73	\$1,796.52	\$1,159.79
145	454-11-7867.M4		\$1,336.11	\$3,684.78	\$2,348.67
146	454-11-7941.M4		\$1,877.77	\$9,325.16	\$7,447.39
147	454-11-7947.M4	>23 hours; inpatient	\$1,000.00	\$0.00	\$0.00
148	454-11-7949.M4		\$1,496.69	\$5,018.90	\$3,522.21
149	454-11-7954.M4		\$1,886.02	\$7,883.84	\$5,997.82
150	454-11-7955.M4		\$3,363.24	\$15,960.14	\$12,596.90
151	454-11-7961.M4		\$1,837.61	\$2,127.36	\$289.75
152	454-11-7962.M4		\$1,118.00	\$3,437.27	\$2,319.27
153	454-11-7966.M4		\$2,163.20	\$5,911.00	\$3,747.80
154	454-11-7968.M4		\$2,236.00	\$23,234.06	\$20,998.06
155	454-11-7969.M4		\$1,118.00	\$15,726.55	\$14,608.55
156	454-11-7970.M4		\$2,236.00	\$10,078.73	\$7,842.73
157	454-11-7972.M4		\$572.85	\$2,126.13	\$1,553.28
158	454-11-7977.M4		\$2,704.17	\$3,864.12	\$1,159.95
159	454-11-7981.M4		\$1,876.91	\$3,526.97	\$1,650.06
160	454-11-7985.M4		\$2,330.28	\$11,040.20	\$8,709.92
161	454-11-7987.M4		\$3,259.73	\$15,969.89	\$12,710.16
162	454-11-7989.M4		\$4,736.00	\$15,978.20	\$11,242.20

ATTACHMENT B (cont'd...)

Item No.	SOAH Docket No.	Notes	Carrier Payment	Total Fair & Reasonable Reimbursement	Additional Reimbursement Owed
163	454-11-8000.M4		\$5,600.86	\$17,133.38	\$11,532.52
164	454-11-8001.M4		\$3,599.84	\$3,793.84	\$194.00
165	454-11-8003.M4		\$1,118.00	\$15,392.82	\$14,274.82
166	454-11-8006.M4		\$1,118.00	\$16,223.56	\$15,105.56
167	454-11-8036.M4		\$3,167.21	\$4,139.92	\$972.21
168	454-11-8037.M4		\$6,773.74	\$7,470.54	\$696.80
169	454-11-8038.M4		\$2,118.00	\$2,707.06	\$589.06
170	454-11-8094.M4		\$1,118.00	\$2,389.83	\$1,271.83
171	454-11-8108.M4	DOS 10-01-2004	\$1,118.00	\$1,906.32	\$788.32
172	454-11-8108.M4	DOS 10-08-2004	\$1,118.00	\$1,280.70	\$162.70
173	454-11-8145.M4		\$1,622.40	\$6,611.68	\$4,989.28
174	454-11-8165.M4		\$1,118.00	\$7,797.92	\$6,679.92
175	454-11-8488.M4		\$925.11	\$1,846.70	\$921.58
176	454-11-8500.M4		\$1,630.28	\$8,511.72	\$6,881.44
177	454-11-8501.M4		\$1,336.11	\$4,251.25	\$2,915.14
178	454-11-8506.M4		\$900.00	\$1,272.70	\$372.70
179	454-11-8510.M4		\$898.05	\$2,045.45	\$1,147.40
180	454-11-8513.M4		\$1,118.00	\$7,728.25	\$6,610.25
181	454-11-8514.M4		\$709.65	\$1,992.54	\$1,282.89
182	454-11-8521.M4		\$1,336.12	\$4,353.06	\$3,016.94
183	454-11-8526.M4	DOS 07-22-2005	\$1,906.05	\$5,856.06	\$3,950.01
184	454-11-8526.M4	DOS 06-20-2005	\$2,960.98	\$3,442.36	\$481.38
185	454-11-8532.M4		\$859.28	\$1,128.16	\$268.88
186	454-11-8533.M4		\$945.88	\$2,991.44	\$2,045.56
187	454-11-8534.M4		\$2,799.03	\$3,581.62	\$782.59
188	454-11-8540.M4		\$945.88	\$2,413.70	\$1,467.82
189	454-11-8543.M4		\$2,366.78	\$2,980.30	\$613.52
190	454-11-8552.M4		\$2,236.00	\$8,909.96	\$6,673.96
191	454-11-8566.M4		\$3,164.33	\$10,770.52	\$7,606.19
192	454-11-8568.M4		\$859.28	\$2,125.88	\$1,266.60
193	454-11-8570.M4		\$1,118.00	\$12,810.14	\$11,692.14

ATTACHMENT B (cont'd...)

Item No.	SOAH Docket No.	Notes	Carrier Payment	Total Fair & Reasonable Reimbursement	Additional Reimbursement Owed
194	454-11-8571.M4		\$2,862.39	\$7,119.94	\$4,257.55
195	454-11-8574.M4		\$1,876.91	\$3,580.26	\$1,703.35
196	454-11-8575.M4	DOS 04-25-2005	\$1,118.00	\$1,624.44	\$506.44
197	454-11-8575.M4	DOS 06-06-2005	\$572.85	\$1,636.44	\$1,063.59
198	454-11-8575.M4	DOS 06-13-2005	\$422.10	\$2,038.31	\$1,616.21
199	454-11-8577.M4	DOS 05-13-2005	\$1,497.07	\$4,582.26	\$3,085.19
200	454-11-8577.M4	DOS 08-26-2005	\$1,137.61	\$6,374.48	\$5,236.87
201	454-11-8603.M4		\$1,118.00	\$4,825.98	\$3,707.98
202	454-11-8606.M4		\$2,004.17	\$4,825.98	\$2,821.81
203	454-11-8607.M4		\$890.10	\$2,232.70	\$1,342.60
204	454-11-8611.M4		\$783.17	\$1,782.35	\$999.18
205	454-11-8624.M4		\$1,118.00	\$11,883.39	\$10,765.39
206	454-11-8630.M4		\$1,118.00	\$1,785.25	\$667.25
207	454-11-8632.M4		\$1,118.00	\$1,845.78	\$727.78
208	454-11-8795.M4		\$4,390.40	\$8,855.12	\$4,464.72
209	454-11-8798.M4		\$2,843.15	\$13,637.18	\$10,794.03
210	454-11-8805.M4		\$2,824.06	\$4,972.50	\$2,148.44
211	454-11-8806.M4		\$1,118.00	\$10,506.42	\$9,388.42
212	454-11-8808.M4		\$4,942.88	\$16,049.71	\$11,106.83
213	454-11-8812.M4		\$2,517.73	\$6,611.68	\$4,093.95
214	454-11-8814.M4		\$955.54	\$2,282.14	\$1,326.60
215	454-11-8816.M4		\$2,236.00	\$10,322.92	\$8,086.92
216	454-11-8817.M4		\$1,118.00	\$2,261.92	\$1,143.92
217	454-11-8825.M4		\$2,586.03	\$9,775.00	\$7,188.97
218	454-11-8826.M4		\$1,118.00	\$19,313.54	\$18,195.54
219	454-11-8829.M4		\$816.06	\$5,306.18	\$4,490.12
220	454-11-8830.M4	DOS 06-02-2005	\$716.06	\$1,971.16	\$1,255.10
221	454-11-8830.M4	DOS 08-04-2005	\$1,096.96	\$2,235.88	\$1,138.92

ATTACHMENT B (cont'd...)

Item No.	SOAH Docket No.	Notes	Carrier Payment	Total Fair & Reasonable Reimbursement	Additional Reimbursement Owed
222	454-11-8830.M4	DOS 10-06-2005	\$1,669.75	\$2,472.88	\$803.13
223	454-11-8833.M4		\$1,185.04	\$2,267.40	\$1,082.36
224	454-11-8858.M4	DOS 08-01-2005	\$1,025.10	\$1,918.64	\$893.54
225	454-11-8858.M4	DOS 09-09-2005	\$1,103.64	\$1,667.18	\$563.54
226	454-11-8863.M4		\$2,200.85	\$5,191.55	\$2,990.70
227	454-11-8868.M4		\$1,100.00	\$7,991.29	\$6,891.29
228	454-11-8870.M4		\$616.74	\$2,072.26	\$1,455.52
229	454-11-8875.M4		\$2,690.68	\$16,519.70	\$13,829.02
230	454-11-8876.M4		\$3,158.29	\$15,884.90	\$12,726.61
231	454-11-8877.M4		\$4,571.25	\$6,993.28	\$2,422.03
232	454-11-8878.M4		\$2,071.43	\$15,677.06	\$13,605.63
233	454-11-8883.M4		\$2,004.17	\$4,825.98	\$2,821.81
234	454-11-8887.M4		\$4,774.12	\$7,052.48	\$2,278.36
235	454-11-8889.M4		\$900.00	\$9,752.82	\$8,852.82
236	454-11-8894.M4		\$974.63	\$1,624.44	\$649.81
237	454-11-8934.M4		\$1,118.00	\$5,760.76	\$4,642.76
238	454-11-8938.M4		\$1,000.00	\$5,277.90	\$4,277.90
239	454-11-8939.M4		\$1,886.03	\$3,720.44	\$1,834.41
240	454-11-8942.M4		\$706.24	\$1,413.48	\$707.24
241	454-11-8945.M4		\$947.27	\$1,663.88	\$716.61
242	454-11-8951.M4		\$811.85	\$3,927.67	\$3,115.82
243	454-11-8958.M4		\$1,100.00	\$5,754.00	\$4,654.00
244	454-11-8962.M4		\$950.46	\$1,997.46	\$1,047.00
245	454-11-8973.M4		\$1,118.00	\$3,462.86	\$2,344.86
246	454-11-8974.M4	DOS 10-11-2005	\$868.61	\$1,307.36	\$438.75
247	454-11-8974.M4	DOS 01-03-2006	\$706.95	\$1,360.26	\$653.31
248	454-11-8974.M4	DOS 04-11-2006	\$738.38	\$273.38	\$0.00
249	454-11-8979.M4		\$2,236.00	\$3,236.48	\$1,000.48
250	454-11-8983.M4		\$1,342.60	\$4,412.87	\$3,070.27

ATTACHMENT B (cont'd...)

Item No.	SOAH Docket No.	Notes	Carrier Payment	Total Fair & Reasonable Reimbursement	Additional Reimbursement Owed
251	454-11-8992.M4		\$1,118.00	\$5,284.06	\$4,166.06
252	454-11-8993.M4	DOS 10-11-2005	\$1,118.00	\$2,151.16	\$1,033.16
253	454-11-8993.M4	DOS 11-15-2005	\$1,118.00	\$2,198.04	\$1,080.04
254	454-11-8993.M4	DOS 01-10-2006	\$1,118.00	\$2,109.82	\$991.82
255	454-11-8996.M4		\$3,728.74	\$16,963.42	\$13,234.68
256	454-11-9007.M4		\$1,305.29	\$5,188.84	\$3,883.55
257	454-11-9010.M4		\$1,175.95	\$6,186.44	\$5,010.49
258	454-11-9012.M4	DOS 10-17-2005	\$1,289.09	\$1,514.50	\$225.41
259	454-11-9012.M4	DOS 12-02-2005	\$1,459.61	\$1,943.54	\$483.93
260	454-11-9013.M4		\$1,583.01	\$2,411.21	\$828.20
261	454-11-9026.M4	DOS 02-16-2006	\$2,018.00	\$3,745.42	\$1,727.42
262	454-11-9026.M4	DOS 02-28-2006	\$900.00	\$1,383.03	\$483.03
263	454-11-9034.M4		\$2,705.26	\$4,718.33	\$2,013.07
264	454-11-9035.M4	DOS 02-21-2006	\$2,236.00	\$2,772.77	\$536.77
265	454.11.9035.M4	DOS 03-28-2006	\$2,236.00	\$5,108.35	\$2,872.35
266	454-11-9041.M4		\$1,086.85	\$5,337.28	\$4,250.43
267	454-11-9046.M4		\$816.06	\$2,066.32	\$1,250.26
268	454-11-9049.M4	DOS 11-29-2005	\$1,348.83	\$1,419.10	\$70.27
269	454-11-9049.M4	DOS 12-20-2005	\$1,348.83	\$1,644.28	\$295.45
270	454-11-9225.M4	DOS 02-03-2006	\$1,118.00	\$1,418.58	\$300.58
271	454-11-9225.M4	DOS 03-10-2006	\$1,118.00	\$2,046.92	\$928.92
272	454-11-9277.M4		\$1,118.00	\$2,051.42	\$933.42
273	454-11-9320.M4		\$1,622.40	\$3,332.76	\$1,710.36

ATTACHMENT B (cont'd...)

Item No.	SOAH Docket No.	Notes	Carrier Payment	Total Fair & Reasonable Reimbursement	Additional Reimbursement Owed
274	454-11-9323.M4		\$1,088.98	\$2,101.14	\$1,012.16
275	454-11-9326.M4	DOS 12-09-2005	\$1,568.78	\$1,888.60	\$319.82
276	454-11-9326.M4	DOS 03-17-2006	\$1,164.97	\$1,462.54	\$297.57
277	454-11-9327.M4		\$1,843.73	\$2,437.12	\$593.39
278	454-11-9329.M4		\$1,876.91	\$3,332.76	\$1,455.85
279	454-11-9333.M4	DOS 11-15-2005	\$773.28	\$2,180.84	\$1,407.56
280	454-11-9333.M4	DOS 01-17-2006	\$706.24	\$2,187.32	\$1,481.08
281	454-11-9333.M4	DOS 05-16-2006	\$706.24	\$2,140.46	\$1,434.22
282	454-11-9339.M4		\$1,118.00	\$1,352.00	\$234.00
283	454-11-9341.M4		\$945.88	\$2,772.77	\$1,826.89
284	454-11-9343.M4		\$3,698.40	\$4,954.74	\$1,256.34
285	454-11-9344.M4		\$3,744.26	\$7,873.54	\$4,129.28
286	454-11-9345.M4		\$1,689.23	\$3,332.76	\$1,643.53
287	454-11-9346.M4		\$1,520.62	\$3,773.58	\$2,252.96
288	454-11-9353.M4		\$1,547.25	\$5,780.34	\$4,233.09
289	454-11-9357.M4		\$784.67	\$1,383.60	\$598.93
290	454-11-9358.M4		\$2,236.00	\$2,772.77	\$536.77
291	454-11-9365.M4		\$1,412.48	\$2,269.74	\$857.26
292	454-11-9368.M4		\$1,100.00	\$7,573.01	\$6,473.01
293	454-11-9370.M4		\$2,602.22	\$5,976.51	\$3,374.29
294	454-11-9371.M4		\$4,079.66	\$5,249.03	\$1,169.37
295	454-11-9374.M4		\$2,544.97	\$5,965.20	\$3,420.23
296	454-11-9375.M4		\$934.65	\$1,962.80	\$1,028.15
297	454-11-9376.M4		\$1,000.00	\$1,571.22	\$571.22
298	454-11-9381.M4		\$1,456.67	\$2,102.12	\$645.45
299	454-11-9383.M4		\$2,236.00	\$3,332.76	\$1,096.76
300	454-11-9536.M4		\$2,035.13	\$3,217.32	\$1,182.19
301	454-11-9538.M4		\$1,100.00	\$8,811.12	\$7,711.12
302	454-11-9585.M4		\$2,236.00	\$4,088.94	\$1,852.94
303	454-11-9592.M4		\$2,236.00	\$5,436.36	\$3,200.36

ATTACHMENT B (cont'd...)

Item No.	SOAH Docket No.	Notes	Carrier Payment	Total Fair & Reasonable Reimbursement	Additional Reimbursement Owed
304	454-12-0392.M4		\$3,006.55	\$9,888.56	\$6,882.01
305	454-12-0406.M4	DOS 08-19-2005	\$683.40	\$1,664.42	\$981.02
306	454-12-0406.M4	DOS 09-12-2005	\$683.40	\$1,366.39	\$682.99
307	454-12-0418.M4		\$706.24	\$1,552.50	\$846.26
308	454-12-0419.M4		\$900.00	\$1,404.25	\$504.25
309	454-12-0421.M4		\$811.16	\$1,468.84	\$657.68
310	454-12-0425.M4		\$1,059.36	\$1,365.98	\$306.62
311	454-12-0426.M4		\$1,081.60	\$3,342.46	\$2,260.86
312	454-12-0428.M4		\$1,689.23	\$3,186.27	\$1,497.04
313	454-12-0432.M4		\$1,581.25	\$6,098.26	\$4,517.01
314	454-12-0435.M4		\$1,185.23	\$1,979.82	\$794.59
315	454-12-0439.M4		\$735.76	\$1,431.80	\$696.04
316	454-12-0440.M4	>23 hours; inpatient	\$1,118.00	\$0.00	\$0.00
317	454-12-0456.M4		\$900.00	\$1,625.38	\$725.38
318	454-12-0486.M4		\$1,118.00	\$2,975.56	\$1,857.56
319	454-12-0490.M4		\$1,379.21	\$5,271.18	\$3,891.97
320	454-12-0498.M4		\$1,118.00	\$1,994.38	\$876.38
321	454-12-0536.M4		\$2,977.47	\$10,130.58	\$7,153.11
322	454-12-0537.M4		\$870.00	\$2,410.54	\$1,540.54
323	454-12-0540.M4	DOS 05-23-2005	\$572.85	\$1,692.04	\$1,119.19
324	454-12-0540.M4	DOS 07-25-2005	\$616.74	\$1,624.44	\$1,007.70
325	454-12-0541.M4		\$1,129.86	\$1,470.64	\$340.78
326	454-12-0542.M4		\$900.00	\$2,660.02	\$1,760.02
327	454-12-0545.M4		\$1,528.00	\$11,907.14	\$10,379.14
328	454-12-0548.M4		\$2,923.13	\$3,332.76	\$409.63
329	454-12-0549.M4		\$616.74	\$668.68	\$51.94
330	454-12-0551.M4	DOS 09-13-2005	\$843.41	\$1,501.36	\$657.95
331	454-12-0551.M4	DOS 01-24-2006	\$1,088.98	\$1,490.39	\$401.41

ATTACHMENT B (cont'd...)

Item No.	SOAH Docket No.	Notes	Carrier Payment	Total Fair & Reasonable Reimbursement	Additional Reimbursement Owed
332	454-12-0552.M4	DOS 10-21-2005	\$1,997.37	\$5,799.54	\$3,802.17
333	454-12-0552.M4	DOS 02-24-2006	\$1,497.07	\$5,125.69	\$3,628.62
334	454-12-0554.M4		\$890.10	\$1,367.88	\$477.78
335	454-12-0555.M4		\$1,869.30	\$2,082.46	\$213.16
336	454-12-0558.M4		\$1,185.23	\$1,387.94	\$202.71
337	454-12-0559.M4		\$900.00	\$2,881.55	\$1,981.55
338	454-12-0563.M4		\$1,970.19	\$5,113.89	\$3,143.70
339	454-12-0568.M4	DOS 06-23-2006	\$1,185.23	\$1,391.57	\$206.34
340	454-12-0568.M4	DOS 07-07-2006	\$1,118.00	\$1,979.76	\$861.76
341	454-12-0570.M4		\$1,301.30	\$1,388.56	\$87.26
342	454-12-0571.M4		\$2,236.00	\$4,429.63	\$2,193.63
343	454-12-0573.M4		\$4,354.54	\$6,756.97	\$2,402.43
344	454-12-0578.M4		\$1,100.00	\$6,591.26	\$5,491.26
345	454-12-0579.M4		\$1,667.46	\$3,064.82	\$1,397.36
346	454-12-0580.M4		\$1,418.82	\$5,494.54	\$4,075.72
347	454-12-0929.M4		\$900.00	\$1,956.20	\$1,056.20
348	454-12-0932.M4		\$906.38	\$2,777.57	\$1,871.19
349	454-12-0936.M4	DOS 12-02-2005	\$1,418.82	\$6,033.56	\$4,614.74
350	454-12-0936.M4	DOS 05-01-2006	\$1,059.36	\$3,556.24	\$2,496.88
351	454-12-0937.M4	DOS 02-24-2006	\$1,118.00	\$2,122.56	\$1,004.56
352	454-12-0937.M4	DOS 03-24-2006	\$1,118.00	\$2,068.28	\$950.28
353	454-12-0937.M4	DOS 04-21-2006	\$1,118.00	\$2,075.99	\$957.99
354	454-12-0937.M4	DOS 06-30-2015	\$1,118.00	\$2,007.29	\$889.29
355	454-12-0939.M4		\$900.00	\$1,088.00	\$188.00
356	454-12-0941.M4		\$0.00	\$5,128.23	\$5,128.23

ATTACHMENT B (cont'd...)

Item No.	SOAH Docket No.	Notes	Carrier Payment	Total Fair & Reasonable Reimbursement	Additional Reimbursement Owed
357	454-12-0944.M4		\$1,434.72	\$3,690.40	\$2,255.68
358	454-12-0946.M4		\$1,763.13	\$2,848.60	\$1,085.47
359	454-12-0947.M4		\$900.00	\$1,983.77	\$1,083.77
360	454-12-0949.M4		\$1,857.69	\$2,906.73	\$1,049.04
361	454-12-0951.M4		\$900.00	\$1,072.22	\$172.22
362	454-12-0953.M4		\$1,118.00	\$2,473.48	\$1,355.48
363	454-12-0954.M4		\$1,118.00	\$1,967.14	\$849.14
364	454-12-0957.M4		\$1,081.60	\$5,377.91	\$4,296.31
365	454-12-0958.M4		\$1,647.16	\$1,957.34	\$310.18
366	454-12-0961.M4		\$1,336.11	\$5,207.32	\$3,871.21
367	454-12-0963.M4		\$1,336.11	\$3,829.56	\$2,493.45
368	454-12-0964.M4		\$799.88	\$2,939.06	\$2,139.18
369	454-12-0965.M4		\$1,118.00	\$2,941.68	\$1,823.68
370	454-12-0966.M4		\$900.00	\$2,150.22	\$1,250.22
371	454-12-0967.M4		\$2,236.00	\$5,160.57	\$2,924.57
372	454-12-0968.M4		\$2,557.32	\$3,433.48	\$876.16
373	454-12-0970.M4		\$1,816.97	\$2,051.03	\$234.06
374	454-12-0975.M4		\$2,685.20	\$3,336.16	\$650.96
375	454-12-1003.M4		\$1,304.20	\$2,038.10	\$733.90
376	454-12-1010.M4		\$2,236.00	\$5,053.84	\$2,817.84
377	454-12-1014.M4		\$1,465.87	\$3,002.96	\$1,537.09
378	454-12-1018.M4		\$2,151.05	\$2,822.65	\$671.60
379	454-12-1022.M4		\$1,376.96	\$3,101.50	\$1,724.54
380	454-12-1027.M4		\$1,336.11	\$6,038.88	\$4,702.77
381	454-12-1038.M4		\$1,118.00	\$3,514.12	\$2,396.12
382	454-12-1043.M4		\$2,236.00	\$2,498.16	\$262.16
383	454-12-1045.M4		\$900.00	\$2,307.77	\$1,407.77
384	454-12-1054.M4		\$2,857.06	\$5,419.99	\$2,562.93
385	454-12-1059.M4		\$4,058.15	\$5,586.20	\$1,528.05
386	454-12-1063.M4		\$1,100.00	\$5,357.79	\$4,257.79
387	454-12-1069.M4		\$1,105.95	\$3,133.78	\$2,027.83
388	454-12-1089.M4		\$2,236.00	\$7,741.46	\$5,505.46
389	454-12-1242.M4	DOS 10-06-2006	\$1,418.82	\$5,198.83	\$3,780.01

ATTACHMENT B (cont'd...)

Item No.	SOAH Docket No.	Notes	Carrier Payment	Total Fair & Reasonable Reimbursement	Additional Reimbursement Owed
390	454-12-1242.M4	DOS 10-09-2006	\$706.24	\$2,338.18	\$1,631.94
391	454-12-1243.M4		\$1,196.43	\$1,982.02	\$785.59
392	454-12-1245.M4		\$1,118.00	\$1,906.46	\$788.46
393	454-12-1247.M4		\$1,118.00	\$1,985.26	\$867.26
394	454-12-1251.M4	DOS 02-22-2005	\$1,137.25	\$2,361.90	\$1,224.65
395	454-12-1251.M4	DOS 03-01-2005	\$1,138.00	\$2,297.54	\$1,159.54
396	454-12-1253.M4		\$900.00	\$2,140.14	\$1,240.14
397	454-12-1254.M4		\$1,100.00	\$3,849.84	\$2,749.84
398	454-12-1258.M4		\$900.00	\$2,980.14	\$2,080.14
399	454-12-1259.M4		\$951.08	\$2,001.94	\$1,050.86
400	454-12-1260.M4		\$900.00	\$4,438.06	\$3,538.06
401	454-12-1263.M4		\$1,336.11	\$5,625.46	\$4,289.35
402	454-12-1264.M4		\$900.00	\$2,019.28	\$1,119.28
403	454-12-1265.M4		\$1,100.00	\$5,849.79	\$4,749.79
404	454-12-1266.M4		\$1,707.07	\$1,975.74	\$268.67
405	454-12-1267.M4		\$900.00	\$1,935.00	\$1,035.00
406	454-12-1269.M4		\$2,602.22	\$5,900.16	\$3,297.94
407	454-12-1273.M4		\$900.00	\$2,099.66	\$1,199.66
408	454-12-1274.M4		\$784.67	\$1,890.85	\$1,106.18
409	454-12-1275.M4		\$1,398.70	\$2,711.29	\$1,312.59
410	454-12-1277.M4		\$1,982.18	\$3,694.43	\$1,712.25
411	454-12-1278.M4		\$900.00	\$3,698.92	\$2,798.92
412	454-12-1279.M4		\$1,100.00	\$5,792.36	\$4,692.36
413	454-12-1280.M4		\$950.46	\$2,458.70	\$1,508.24
414	454-12-1282.M4		\$799.15	\$1,954.16	\$1,155.01
415	454-12-1336.M4		\$900.00	\$1,957.66	\$1,057.66
416	454-12-1342.M4		\$1,336.11	\$4,333.23	\$2,997.12
417	454-12-1343.M4		\$1,118.00	\$2,944.60	\$1,826.60
418	454-12-1345.M4		\$1,304.20	\$2,017.18	\$712.98
419	454-12-1349.M4		\$2,704.30	\$4,845.62	\$2,141.32
420	454-12-1352.M4		\$2,656.13	\$3,569.16	\$913.03
421	454-12-1367.M4		\$0.00	\$4,087.90	\$4,087.90

ATTACHMENT B (cont'd...)

Item No.	SOAH Docket No.	Notes	Carrier Payment	Total Fair & Reasonable Reimbursement	Additional Reimbursement Owed
422	454-12-1397.M4		\$2,614.85	\$5,533.14	\$2,918.29
423	454-12-1562.M4		\$900.00	\$1,944.98	\$1,044.98
424	454-12-1575.M4	Wrong Outlier Fixed Dollar Threshold	\$1,925.29	\$0.00	\$0.00
425	454-12-1583.M4		\$900.00	\$2,095.74	\$1,195.74
426	454-12-1584.M4		\$1,118.00	\$3,047.46	\$1,929.46
427	454-12-1596.M4		\$2,236.00	\$12,638.34	\$10,402.34
428	454-12-1597.M4		\$1,118.00	\$2,142.81	\$1,024.81
429	454-12-1599.M4		\$1,219.77	\$2,036.07	\$816.30
430	454-12-1600.M4		\$1,100.00	\$4,175.47	\$3,075.47
431	454-12-1602.M4		\$1,059.36	\$3,426.16	\$2,366.80
432	454-12-1603.M4		\$2,236.00	\$2,635.09	\$399.09
433	454-12-1760.M4		\$1,118.00	\$3,176.67	\$2,058.67
434	454-12-1765.M4		\$1,547.00	\$5,100.74	\$3,553.74
435	454-12-1768.M4		\$2,236.00	\$2,361.34	\$125.34
436	454-12-1772.M4		\$1,118.00	\$3,514.12	\$2,396.12
437	454-12-1773.M4		\$2,236.00	\$4,956.84	\$2,720.84
438	454-12-1775.M4		\$1,037.51	\$6,171.04	\$5,133.53
439	454-12-1776.M4		\$2,236.00	\$6,594.86	\$4,358.86
440	454-12-1780.M4		\$2,236.00	\$5,691.74	\$3,455.74
441	454-12-1787.M4		\$1,100.00	\$4,226.10	\$3,126.10
442	454-12-1799.M4		\$1,118.00	\$5,225.97	\$5,225.97
443	454-12-1802.M4		\$0.00	\$1,872.52	\$1,872.52
444	454-12-1812.M4		\$1,118.00	\$2,965.14	\$1,847.14
445	454-12-1815.M4		\$2,236.00	\$5,128.23	\$2,892.23
446	454-12-1874.M4		\$2,236.00	\$4,043.70	\$1,807.70
447	454-12-1881.M4		\$2,236.00	\$2,874.11	\$638.11
448	454-12-1975.M4	DOS 04-08-2005	\$1,118.00	\$1,803.18	\$685.18
449	454-12-1975.M4	DOS 05-09-2005	\$1,118.00	\$2,539.21	\$1,421.21
450	454-12-1975.M4	DOS 06-20-2005	\$1,118.00	\$1,805.84	\$687.84

ATTACHMENT B (cont'd...)

Item No.	SOAH Docket No.	Notes	Carrier Payment	Total Fair & Reasonable Reimbursement	Additional Reimbursement Owed
451	454-12-1977.M4	DOS 04-07-2005	\$1,291.99	\$3,040.32	\$1,748.33
452	454-12-1977.M4	DOS 05-12-2005	\$1,291.99	\$5,547.04	\$4,255.05
453	454-12-2000.M4		\$7,336.47	\$23,891.74	\$16,555.27
454	454-12-2013.M4		\$1,118.00	\$2,442.57	\$1,324.57
455	454-12-2020.M4		\$1,118.00	\$3,800.11	\$2,682.11
456	454-12-2024.M4		\$1,118.00	\$3,929.92	\$2,811.92
457	454-12-2039.M4		\$1,118.00	\$2,174.62	\$1,056.62
458	454-12-2047.M4		\$1,118.00	\$2,772.78	\$1,654.78
459	454-12-2048.M4		\$1,118.00	\$3,072.84	\$1,954.84
460	454-12-2049.M4		\$1,118.00	\$1,907.60	\$789.60
461	454-12-2050.M4		\$1,118.00	\$2,140.14	\$1,022.14
462	454-12-2054.M4		\$1,118.00	\$3,833.38	\$2,715.38
463	454-12-2521.M4	DOS 02-14-2006	\$1,342.40	\$1,833.95	\$491.55
464	454-12-2521.M4	DOS 02-21-2006	\$1,341.01	\$2,426.07	\$1,085.06
465	454-12-2532.M4		\$1,495.61	\$1,992.18	\$496.57
466	454-12-2536.M4		\$900.00	\$2,014.96	\$1,114.96
467	454-12-2541.M4		\$2,236.00	\$3,226.11	\$990.11
468	454-12-2551.M4		\$1,118.00	\$1,448.84	\$330.84
469	454-12-2552.M4		\$1,118.00	\$7,160.12	\$6,042.12
470	454-12-2561.M4		\$2,236.00	\$3,467.86	\$1,231.86
471	454-12-2562.M4		\$2,236.00	\$2,572.22	\$336.22
472	454-12-2565.M4		\$1,118.00	\$2,128.51	\$1,010.51
473	454-12-2566.M4		\$1,100.00	\$5,247.25	\$4,147.25
474	454-12-2571.M4		\$6,410.00	\$8,021.30	\$1,611.30
475	454-12-2572.M4		\$1,100.00	\$4,632.86	\$3,532.86
476	454-12-2575.M4		\$1,118.00	\$3,821.30	\$2,703.30
477	454-12-2580.M4		\$2,616.56	\$3,619.18	\$1,002.62
478	454-12-2583.M4		\$866.65	\$2,160.68	\$1,294.03
479	454-12-2585.M4		\$2,067.40	\$6,332.97	\$4,265.57
480	454-12-2590.M4		\$950.46	\$3,565.11	\$2,614.65
481	454-12-2632.M4		\$33,454.00	\$46,054.59	\$12,600.59

ATTACHMENT B (cont'd...)

Item No.	SOAH Docket No.	Notes	Carrier Payment	Total Fair & Reasonable Reimbursement	Additional Reimbursement Owed
482	454-12-2657.M4		\$1,118.00	\$22,678.48	\$21,560.48
483	454-12-2658.M4		\$2,008.92	\$14,124.50	\$12,115.58
484	454-12-2660.M4		\$1,118.00	\$2,345.08	\$1,227.08
485	454-12-2669.M4		\$832.50	\$1,045.41	\$212.91
486	454-12-2697.M4		\$900.00	\$5,556.60	\$4,656.60
487	454-12-2702.M4		\$2,236.00	\$30,294.61	\$28,058.61
488	454-12-2706.M4		\$1,118.00	\$2,162.70	\$1,044.70
489	454-12-2709.M4		\$2,236.00	\$4,967.96	\$2,731.96
490	454-12-2710.M4		\$1,118.00	\$5,747.78	\$4,629.78
491	454-12-2713.M4		\$2,236.00	\$3,789.48	\$1,553.48
492	454-12-2714.M4		\$1,948.62	\$5,305.56	\$3,356.94
493	454-12-2717.M4		\$1,118.00	\$3,899.26	\$2,781.26
494	454-12-2718.M4		\$1,496.23	\$2,398.22	\$901.99
495	454-12-2720.M4		\$416.11	\$2,268.56	\$1,852.45
496	454-12-2724.M4		\$2,236.00	\$4,061.14	\$1,825.14
497	454-12-2726.M4		\$1,118.00	\$1,522.61	\$404.61
498	454-12-2731.M4		\$3,082.08	\$14,283.58	\$11,201.50
499	454-12-2733.M4		\$2,236.00	\$2,421.58	\$185.58
500	454-12-2736.M4		\$1,118.00	\$3,514.12	\$2,396.12
501	454-12-2738.M4		\$730.71	\$780.82	\$50.11
502	454-12-2743.M4		\$1,100.00	\$4,373.54	\$3,273.54
503	454-12-2744.M4		\$1,118.00	\$5,357.20	\$4,239.20
504	454-12-2745.M4		\$900.00	\$5,821.49	\$4,921.49
505	454-12-2747.M4		\$900.00	\$2,732.82	\$1,832.82
506	454-12-2748.M4		\$1,118.00	\$2,397.34	\$1,279.34
507	454-12-2749.M4		\$1,100.00	\$40,727.82	\$39,627.82
508	454-12-2753.M4		\$1,914.58	\$5,530.32	\$3,615.74
509	454-12-2757.M4		\$1,342.60	\$3,764.86	\$2,422.26
510	454-12-2770.M4		\$671.27	\$1,443.98	\$772.71
511	454-12-2774.M4		\$3,778.18	\$5,420.76	\$1,642.58
512	454-12-2775.M4		\$900.00	\$2,772.03	\$1,872.03
513	454-12-3328.M4		\$1,275.00	\$4,245.35	\$2,970.35
514	454-12-3336.M4		\$699.44	\$1,073.28	\$373.84
515	454-12-3359.M4		\$572.85	\$2,077.42	\$1,504.57
516	454-12-3369.M4		\$2,236.00	\$5,075.21	\$2,839.21

ATTACHMENT B (cont'd...)

Item No.	SOAH Docket No.	Notes	Carrier Payment	Total Fair & Reasonable Reimbursement	Additional Reimbursement Owed
517	454-12-3373.M4		\$709.65	\$780.82	\$71.17
518	454-12-3902.M4		\$787.50	\$6,609.05	\$5,821.55
519	454-12-3909.M4	DOS 10-25-2005	\$1,118.00	\$2,047.72	\$929.72
520	454-12-3909.M4	DOS 01-10-2006	\$1,118.00	\$2,023.56	\$905.56
521	454-12-3909.M4	DOS 02-14-2006	\$1,118.00	\$1,420.06	\$302.06
522	454-12-4280.M4		\$702.31	\$1,393.03	\$690.72
523	454-12-4284.M4		\$2,682.50	\$4,437.30	\$1,754.80
524	454-12-4287.M4		\$1,118.00	\$1,981.08	\$863.08
525	454-12-4360.M4		\$2,061.42	\$17,395.94	\$15,334.52
526	454-12-4704.M4		\$1,275.00	\$1,934.44	\$659.44
527	454-12-4921.M4		\$2,242.16	\$12,418.42	\$10,176.26
528	454-12-4951.M4	DOS 03-15-2005	\$1,118.00	\$2,187.23	\$1,069.23
529	454-12-4951.M4	DOS 05-03-2005	\$1,118.00	\$2,187.29	\$1,069.29
530	454-12-4953.M4		\$1,059.36	\$1,740.70	\$681.34
531	454-12-5943.M4		\$2,236.00	\$36,441.74	\$34,205.74
532	454-12-7321.M4		\$2,236.00	\$5,591.81	\$3,355.81
533	454-13-0957.M4		\$1,711.90	\$3,429.88	\$1,717.98
534	454-13-0974.M4		\$2,548.11	\$3,526.87	\$978.76
535	454-13-0978.M4	DOS 09-12-2005	\$1,168.00	\$1,855.88	\$687.88
536	454-13-0978.M4	DOS 10-31-2005	\$1,118.00	\$1,456.44	\$338.44
537	454-13-0981.M4		\$900.00	\$2,663.88	\$1,763.88
538	454-13-1360.M4		\$2,120.38	\$5,579.27	\$3,458.89
539	454-13-1458.M4		\$2,352.45	\$5,884.62	\$3,532.17
540	454-13-2134.M4		\$945.09	\$970.96	\$25.87
541	454-13-2199.M4		\$1,118.00	\$1,384.08	\$266.08
542	454-13-2449.M4	143%	\$10,592.99	\$25,718.85	\$15,125.86
543	454-13-2518.M4		\$3,607.74	\$15,489.64	\$11,881.90
544	454-13-2536.M4		\$3,143.02	\$14,127.80	\$10,984.78

ATTACHMENT B (cont'd...)

Item No.	SOAH Docket No.	Notes	Carrier Payment	Total Fair & Reasonable Reimbursement	Additional Reimbursement Owed
545	454-13-2561.M4		\$1,118.00	\$3,359.62	\$2,241.62
546	454-13-2582.M4		\$2,236.00	\$6,117.00	\$3,881.00
547	454-13-2583.M4		\$900.00	\$1,932.55	\$1,032.55
548	454-13-2586.M4		\$2,835.37	\$4,060.60	\$1,225.23
549	454-13-2771.M4		\$900.00	\$2,869.86	\$1,969.86
550	454-13-3355.M4		\$1,100.00	\$20,233.58	\$19,133.58
551	454-13-3684.M4	DOS 03-18-2005	\$679.09	\$1,929.70	\$1,250.61
552	454-13-3684.M4	DOS 05-20-2005	\$1,118.00	\$2,248.24	\$1,130.24
553	454-13-3684.M4	DOS 07-22-2005	\$1,118.00	\$2,206.06	\$1,088.06
554	454-13-4065.M4		\$2,236.00	\$4,654.24	\$2,418.24
555	454-13-4207.M4	DOS 07-12-2005	\$1,426.36	\$2,636.62	\$1,210.26
556	454-13-4207.M4	DOS 11-01-2005	\$1,185.04	\$1,507.30	\$322.26
557	454-13-4434.M4		\$720.12	\$1,437.88	\$717.76
558	454-13-4764.M4		\$3,698.40	\$5,003.02	\$1,304.62
559	454-13-4810.M5		\$646.12	\$1,449.60	\$803.48
560	454-13-5166.M4		\$2,292.00	\$4,986.50	\$2,694.50
561	454-14-0085.M4		\$656.43	\$1,068.02	\$411.59