



**HEALTH PAID**

**Group: 00607379 Florida I**

**Selecti**

<b>Report Type:</b> All	<b>Member ID:</b> N
<b>Paid Date Range:</b> Jan 01, 2021 to Dec 31, 2023	<b>Claim Types:</b> A
<b>Incurred Date Range:</b> Return Any Dates	<b>Claim ID:</b> Not
<b>Subgroups:</b> All	<b>Claim Amount:</b>
<b>Classes:</b> All	<b>Column Sortin</b>
<b>Plans:</b> All	

<b>CLAIMS REPORT</b>				
<b>Keys Mosquito Control District</b>				
<b>on Criteria</b>				
Not Entered				
All				
: Entered				
t: Not Entered				
ng: Subgroup, Member Last Name, Relationship, Paid Date				

**Report Run Date:03/26/2024**