

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH  
POST PAYMENT RECOVERY SYSTEM

***Pending Pharmacy Reversals/Voids***

**NPI: XXXXXXXXXX**

**Report Date: 02-02-2009**

**Provider Name:**

**Provider Address:**

**Beneficiary ID:**

**Beneficiary Name:**

**PPRS ID:10698614**

**Medicaid Paid Amount: \$ 24.03**

**CRN: 200826324380800**

**Rx Number: XXXXXXXXXX**

**DOS 09/19/2008**

**NDC: XXXXXXXXXX**

**BENEFICIARY TOTAL Number of Claims: 1**

**Total Amount: \$ 24.03**

**PROVIDER TOTAL Number of Claims: 1**

**Total Amount: \$ 24.03**