


Order approving payment in the total amount of \$868.16 to Gulf Guaranty Employee Benefit Service, Inc., Invoice No. 170725081301, for the services listed for the period 6/23/2017 through 7/25/2017, payable form 001 223 552.

- a) \$586.16 for Juvenile Detention inmate medical claims paid
- b) \$282.00 for administrative fee

agenda
8/17/17


Gulf Guaranty Employee Benefit Services, Inc

INVOICE

P.O. Box 14977
Jackson, MS 39236
(601)981-9505 | Phone
(601)981-6805 | Fax
gbrown@ggebs.com

Date: July 25, 2017
Invoice #: 170725081301

HARRISON COUNTY JUVENILE DEPT
P O DRAWER CC
GULFPORT, MS 39502

DESCRIPTION		AMOUNT TO PAY
Number of Claims Processed: 2		
Claims Register for dates: 06/23/2017 - 07/25/2017		
Total billed medical charges	\$6,226.20	
Less medical claims paid	\$586.16	\$586.16
Medical Claims Savings	\$5,640.04	
Administration Fee (5% of Savings)	\$282.00	\$282.00
	INVOICE TOTAL	\$868.16

Please make all checks payable to:

Gulf Guaranty Employee Benefit Services, Inc
P.O. Box 14977
Jackson, MS 39236

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Paid Claims by Member
Location: All Groups
Check Dates: 06/23/2017 - 07/25/2017
Coverage: 2

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PaidClaimMember
Prepared On: 7/25/2017

Group Name	Patient Name	UIN	Amount Charged	Savings	Amount Ineligible	Amount Covered	Amount Paid
HARRISON COUNTY JUVENILE DEPT	MCCARTHY, SYKLINN	*9046	5,858.20	5,281.26	864.50	576.94	576.94
HARRISON COUNTY JUVENILE DEPT	RODOLFICH, CHELSEA	*9024	368.00	358.78	0.00	9.22	9.22
Total			\$6,226.20	\$5,640.04	\$864.50	\$586.16	\$586.16