



State of Maryland Department of  
Human Resources Social  
Services Administration 311 W  
Saratoga Street Baltimore, MD  
21201

**SOCIAL SERVICES ADMINISTRATION**  
**Revised Maintenance Payment Statement**

Provider Name and Address

Provider Phone: ( Extn):

Payment ID:

Statement Date: 4/14/11

Service Period : 3/1/2011 to 3/31/2011

Provider ID:

**Payment Summary**

**Gross Amount: \$485,241.49 Offset:**  
**\$89,798.56 Net Amount: \$395,442.93**

	Number of Children	Gross Amount
Provider Facility #1	5	\$79,299.55
Provider Facility #2	2	\$10,476.96
Provider Facility #3	5	\$77,764.72
Provider Facility #4	2	\$17,025.06
Minor Child	1	\$8,928.62
Provider Facility #5	4	\$73,256.72
Provider Facility #6	4	\$73,256.72
Provider Facility #7	3	\$54,942.54
Provider Facility #8	5	\$44,643.10
Provider Facility #9	2	\$36,628.36
Minor Child	1	\$9,019.14
<b>Total</b>	<b>34</b>	<b>\$485,241.49</b>

PROVIDER CERTIFICATION: Unless Provider contacts the DHR Hotline at 1-877-DHR2PAY (1-877-347-2729) regarding the client/s whose information is incorrect or for whom services have been previously paid, the provider certifies that the information on this statement is true and correct.