

Provider Name  
 Provider PID  
 Physical Address

**APPENDIX H**

**Self Disclosure Audit (SDA) Analysis Worksheet**

***Please note: If Multiple Providers are listed on the same Self Disclosure, each provider must have a separate SDA 1 SDA Analysis Worksheet.***

Claims Count	Mbr MHN ID	Mbr Name	Proc Cd	Service From DT	Service to DT	Billed Amt	Paid Amt	Paid Dt	Refund Amt	Clm TCN
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
						Total Billed	Total Paid		Total Refund	
Please indicate the reason this error occurred										