

Lump Sum/Rate Change Summary

RE: Provider: SEDGWICK COUNTY HEALTH CENTER
 Provider Number: 061310
 Fiscal Year End: 12/31/2024
 Subunit Name: VALLEY MEDICAL CLINIC
 Subunit Number: 0633995

Payment Type	Effective Date	New Rate	Current Rate	LSA	Determination Date
Part B Per Visit	*	246.17	246.17	n/a	
TOTAL				n/a	08/15/2024

* = No Change

