

# Payment Information

## Tips:

- \* Both the **Invoice Number** and **Invoice Description** fields display information provided by the paying agency. Contact the paying agency for additional information if needed.

[Paying Agency Contact List](#)

Texas Identification Number	Mail Code	Payment Number	Payment Type	Paying Agency	Total
17460007176	060	3203966	DD	529	89642.00
Document Number	Invoice Number	Invoice Description	Invoice Amount	Interest Amount	
9SA05442	PC1274C VOUCHERID:9688	MEDICAID ADMINISTRATIVE CLAIMS (MAC) JANUARY - MARCH 2013	-248.40	0.00	
9SA05442	PC1274C VOUCHERID:9688	MEDICAID ADMINISTRATIVE CLAIMS (MAC) JANUARY - MARCH 2013	4,968.00	0.00	
9SA05442	PC1274C VOUCHERID:9688	MEDICAID ADMINISTRATIVE CLAIMS (MAC) JANUARY - MARCH 2013	-4,469.60	0.00	
9SA05442	PC1274C VOUCHERID:9688	MEDICAID ADMINISTRATIVE CLAIMS (MAC) JANUARY - MARCH 2013	89,392.00	0.00	

08-05-2013

3-1293-126-20-000-013-0-000  
JE-32837 1-3/13 MAC

Debbie T.

8/7/13