

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	5012744	DD	<u>529</u>	106712.55

Document Number	Invoice Number	Invoice Description	Invoice Amount	Interest Amount
9SA05772	PC1274C VOUCHERID:10054	MEDICAID ADMINISTRATIVE CLAIMS (MAC) APRIL - JUNE 2013	-49.95	0.00
9SA05772	PC1274C VOUCHERID:10054	MEDICAID ADMINISTRATIVE CLAIMS (MAC) APRIL - JUNE 2013	999.00	0.00
9SA05772	PC1274C VOUCHERID:10054	MEDICAID ADMINISTRATIVE CLAIMS (MAC) APRIL - JUNE 2013	-5,566.50	0.00
9SA05772	PC1274C VOUCHERID:10054	MEDICAID ADMINISTRATIVE CLAIMS (MAC) APRIL - JUNE 2013	111,330.00	0.00

10-22-2013

3-1293-126-20-000-013-0-000

J/E 34393 REC 4-6/13 MAC BILLG

Cindy Paslak

10/29/2013