

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	2831202	DD	529	70604.00

Document Number	Invoice Number	Invoice Description	Invoice Amount	Interest Amount
9SA06121	PC1274C VOUCHERID:10464	MEDICAID ADMINISTRATIVE CLAIMS (MAC) JULY - SEPTEMBER 2013	-29.75	0.00
9SA06121	PC1274C VOUCHERID:10464	MEDICAID ADMINISTRATIVE CLAIMS (MAC) JULY - SEPTEMBER 2013	595.00	0.00
9SA06121	PC1274C VOUCHERID:10464	MEDICAID ADMINISTRATIVE CLAIMS (MAC) JULY - SEPTEMBER 2013	-3,686.25	0.00
9SA06121	PC1274C VOUCHERID:10464	MEDICAID ADMINISTRATIVE CLAIMS (MAC) JULY - SEPTEMBER 2013	73,725.00	0.00

05-02-2014

4-1293-126-20-000-013-0-000

AJE 4043

REC 7-9/13 MAC BILLG

Cindy Paslak

5/5/2014