

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	4051002	DD	529	135837.65
Document Number	Invoice Number	Invoice Description	Invoice Amount	Interest Amount	
9SA06426	PC1274C VOUCHERID:10780	MEDICAID ADMINISTRATIVE CLAIMS (MAC) OCTOBER - DECEMBER 2013	-256.10	0.00	
9SA06426	PC1274C VOUCHERID:10780	MEDICAID ADMINISTRATIVE CLAIMS (MAC) OCTOBER - DECEMBER 2013	5,122.00	0.00	
9SA06426	PC1274C VOUCHERID:10780	MEDICAID ADMINISTRATIVE CLAIMS (MAC) OCTOBER - DECEMBER 2013	-6,893.25	0.00	
9SA06426	PC1274C VOUCHERID:10780	MEDICAID ADMINISTRATIVE CLAIMS (MAC) OCTOBER - DECEMBER 2013	137,865.00	0.00	

06-24-2014

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

AJE 4047 REC 10-12/13 MAC BILLG

Cindy Paslak 6/27/2014