

# 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	5449420	DD	529	77071.60
Document Number	Invoice Number	Invoice Description	Invoice Amount	Interest Amount	
9SA06758	PC1274C VOUCHERID:11148	MEDICAID ADMINISTRATIVE CLAIMS (MAC) JANUARY - MARCH 2014	-37.40	0.00	
9SA06758	PC1274C VOUCHERID:11148	MEDICAID ADMINISTRATIVE CLAIMS (MAC) JANUARY - MARCH 2014	748.00	0.00	
9SA06758	PC1274C VOUCHERID:11148	MEDICAID ADMINISTRATIVE CLAIMS (MAC) JANUARY - MARCH 2014	-4,019.00	0.00	
9SA06758	PC1274C VOUCHERID:11148	MEDICAID ADMINISTRATIVE CLAIMS (MAC) JANUARY - MARCH 2014	80,380.00	0.00	

**09-08-2014**

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

JE-42731 REC 1-3/14 MAC BILLG

Cindy Paslak 09/08/2014