

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	0708958	DD	529	128043.85
Document Number	Invoice Number	Invoice Description	Invoice Amount	Interest Amount	
9SA07087	PC1274C VOUCHERID:11513	MEDICAID ADMINISTRATIVE CLAIMS (MAC) APRIL - JUNE 2014	-66.30	0.00	
9SA07087	PC1274C VOUCHERID:11513	MEDICAID ADMINISTRATIVE CLAIMS (MAC) APRIL - JUNE 2014	1,326.00	0.00	
9SA07087	PC1274C VOUCHERID:11513	MEDICAID ADMINISTRATIVE CLAIMS (MAC) APRIL - JUNE 2014	-6,672.85	0.00	
9SA07087	PC1274C VOUCHERID:11513	MEDICAID ADMINISTRATIVE CLAIMS (MAC) APRIL - JUNE 2014	133,457.00	0.00	

10-28-2014

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

JE144210 REC 04-06/14 MAC BILLG

Cindy Paslak 10/29/2014