

# 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	2869925	DD	529	81512.85
Document Number	Invoice Number	Invoice Description	Invoice Amount	Interest Amount	
9SA07427	PC1274C VOUCHERID:11889	MEDICAID ADMINISTRATIVE CLAIMS (MAC) JULY - SEPTEMBER 2014	-44.55	0.00	
9SA07427	PC1274C VOUCHERID:11889	MEDICAID ADMINISTRATIVE CLAIMS (MAC) JULY - SEPTEMBER 2014	891.00	0.00	
9SA07427	PC1274C VOUCHERID:11889	MEDICAID ADMINISTRATIVE CLAIMS (MAC) JULY - SEPTEMBER 2014	-4,245.60	0.00	
9SA07427	PC1274C VOUCHERID:11889	MEDICAID ADMINISTRATIVE CLAIMS (MAC) JULY - SEPTEMBER 2014	84,912.00	0.00	

02-17-2015

5-1293-126-20-000-013-0-000

JE146664 REC 7-9/14 MAC BILLG

CINDY PASLAK 02/17/2015