

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	4796351	DD	529	115539.00
Document Number	Invoice Number	Invoice Description	Invoice Amount	Interest Amount	
9SA07766	PC1274C VOUCHERID:12264	MEDICAID ADMINISTRATIVE CLAIMS (MAC) OCTOBER - DECEMBER 2014	-140.90	0.00	
9SA07766	PC1274C VOUCHERID:12264	MEDICAID ADMINISTRATIVE CLAIMS (MAC) OCTOBER - DECEMBER 2014	2,818.00	0.00	
9SA07766	PC1274C VOUCHERID:12264	MEDICAID ADMINISTRATIVE CLAIMS (MAC) OCTOBER - DECEMBER 2014	-5,940.10	0.00	
9SA07766	PC1274C VOUCHERID:12264	MEDICAID ADMINISTRATIVE CLAIMS (MAC) OCTOBER - DECEMBER 2014	118,802.00	0.00	

05-05-2015

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

AJE 5101 REC 10-12/14 MAC BILLG

Minerva Diaz 05/06/2015