

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	2827171	DD	529	70835.80

Document Number	Invoice Number	Invoice Description	Invoice Amount	Interest Amount
9SA08143	PC1274C VOUCHERID:12702	MEDICAID ADMINISTRATIVE CLAIMS (MAC) JANUARY - MARCH 2015	-3,728.20	0.00
9SA08143	PC1274C VOUCHERID:12702	MEDICAID ADMINISTRATIVE CLAIMS (MAC) JANUARY - MARCH 2015	74,564.00	0.00

10-20-2015

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

JE152426 REC 1-3/15 MAC BILLG

MINERVA DIAZ 10/20/2015