

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	5721974	DD	529	137290.20
Document Number	Invoice Number	Invoice Description	Invoice Amount	Interest Amount	
9SA08898	PC1274C VOUCHERID:13499	MEDICAID ADMINISTRATIVE CLAIMS (MAC) APRIL - JUNE 2015	-418.25	0.00	
9SA08898	PC1274C VOUCHERID:13499	MEDICAID ADMINISTRATIVE CLAIMS (MAC) APRIL - JUNE 2015	8,365.00	0.00	
9SA08898	PC1274C VOUCHERID:13499	MEDICAID ADMINISTRATIVE CLAIMS (MAC) APRIL - JUNE 2015	-6,807.55	0.00	
9SA08898	PC1274C VOUCHERID:13499	MEDICAID ADMINISTRATIVE CLAIMS (MAC) APRIL - JUNE 2015	136,151.00	0.00	

03-07-2016

6-1293-126-20-000-013-0-000

JE155642 REC 04-06/15 MAC BILLG

MINERVA DIAZ 03-08-2016