

Payment Information

Texas Identification Number	Mail Code	Payment Number	Payment Type	Paying Agency	Total
17460007176	060	3218991	DD	529	159917.30
Document Number	Invoice Number	Invoice Description	Invoice Amount	Interest Amount	
9SA09295	PC1274C VOUCHERID:13964	MEDICAID ADMINISTRATIVE CLAIMS (MAC) OCTOBER - DECEMBER 2015	-224.90	0.00	
9SA09295	PC1274C VOUCHERID:13964	MEDICAID ADMINISTRATIVE CLAIMS (MAC) OCTOBER - DECEMBER 2015	4,498.00	0.00	
9SA09295	PC1274C VOUCHERID:13964	MEDICAID ADMINISTRATIVE CLAIMS (MAC) OCTOBER - DECEMBER 2015	-8,191.80	0.00	
9SA09295	PC1274C VOUCHERID:13964	MEDICAID ADMINISTRATIVE CLAIMS (MAC) OCTOBER - DECEMBER 2015	163,836.00	0.00	

08-02-2016

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

AJE16017 REC 10-12/15 MAC BILLG

MINERVA DIAZ 08-04-2016