

Payment Information

Texas Identification Number	Mail Code	Payment Number	Payment Type	Paying Agency	Total
17460007176	060	0147016	DD	529	85880.00
Document Number	Invoice Number	Invoice Description	Invoice Amount	Interest Amount	
9SA10062	PC1274C VOUCHERID:14731	MEDICAID ADMINISTRATIVE CLAIMS (MAC) JANUARY - MARCH 2016	-184.90	0.00	
9SA10062	PC1274C VOUCHERID:14731	MEDICAID ADMINISTRATIVE CLAIMS (MAC) JANUARY - MARCH 2016	3,698.00	0.00	
9SA10062	PC1274C VOUCHERID:14731	MEDICAID ADMINISTRATIVE CLAIMS (MAC) JANUARY - MARCH 2016	-4,335.10	0.00	
9SA10062	PC1274C VOUCHERID:14731	MEDICAID ADMINISTRATIVE CLAIMS (MAC) JANUARY - MARCH 2016	86,702.00	0.00	

12-06-2016