

Payment Information

Texas Identification Number	Mail Code	Payment Number	Payment Type	Paying Agency	Total
17460007176	060	2227494	DD	529	128951.10
Document Number	Invoice Number	Invoice Description	Invoice Amount	Interest Amount	
9SA10111	PC1274C VOUCHERID:14780	MEDICAID ADMINISTRATIVE CLAIMS (MAC) APRIL - JUNE 2016	-159.10	0.00	
9SA10111	PC1274C VOUCHERID:14780	MEDICAID ADMINISTRATIVE CLAIMS (MAC) APRIL - JUNE 2016	3,182.00	0.00	
9SA10111	PC1274C VOUCHERID:14780	MEDICAID ADMINISTRATIVE CLAIMS (MAC) APRIL - JUNE 2016	-6,627.80	0.00	
9SA10111	PC1274C VOUCHERID:14780	MEDICAID ADMINISTRATIVE CLAIMS (MAC) APRIL - JUNE 2016	132,556.00	0.00	

02-28-2017