

Payment Information

Texas Identification Number	Mail Code	Payment Number	Payment Type	Paying Agency	Total
17460007176	060	4427074	DD	529	153320.50
Document Number	Invoice Number	Invoice Description	Invoice Amount	Interest Amount	
9SA10509	PC1274C VOUCHERID:15178	MEDICAID ADMINISTRATIVE CLAIMS (MAC) JULY - SEPTEMBER 2016	-268.30	0.00	
9SA10509	PC1274C VOUCHERID:15178	MEDICAID ADMINISTRATIVE CLAIMS (MAC) JULY - SEPTEMBER 2016	5,366.00	0.00	
9SA10509	PC1274C VOUCHERID:15178	MEDICAID ADMINISTRATIVE CLAIMS (MAC) JULY - SEPTEMBER 2016	-7,801.20	0.00	
9SA10509	PC1274C VOUCHERID:15178	MEDICAID ADMINISTRATIVE CLAIMS (MAC) JULY - SEPTEMBER 2016	156,024.00	0.00	

06-06-2017