

<b>Texas Identification Number</b>	<b>Mail Code</b>	<b>Payment Number</b>	<b>Payment Type</b>	<b>Paying Agency</b>	<b>Total</b>
17460007176	060	5253935	DD	<a href="#">529</a>	119969.80
<b>Document Number</b>	<b>Invoice Number</b>	<b>Invoice Description</b>	<b>Invoice Amount</b>	<b>Interest Amount</b>	
9SA12232	PC1274C VOUCHERID:16901	MEDICAID ADMINISTRATIVE CLAIMS (MAC) OCTOBER - DECEMBER 2017	124,538.00	0.00	
9SA12232	PC1274C VOUCHERID:16901	MEDICAID ADMINISTRATIVE CLAIMS (MAC) OCTOBER - DECEMBER 2017	-6,226.90	0.00	
9SA12232	PC1274C VOUCHERID:16901	MEDICAID ADMINISTRATIVE CLAIMS (MAC) OCTOBER - DECEMBER 2017	1,746.00	0.00	
9SA12232	PC1274C VOUCHERID:16901	MEDICAID ADMINISTRATIVE CLAIMS (MAC) OCTOBER - DECEMBER 2017	-87.30	0.00	

11-13-2018

8-1293-126-20-000-013-0-000

AJE 18023                      REC 10-13/17 MAC BILLG

MINERVA DIAZ                11-14-2018