



# Payment Total

**Insurer:** Hidalgo County  
**ORG1 DESC :** HIDALGO COUNTY

Processed	Check Date	Chk/Vchr #	Claim Number	Claimant	Incident	Transaction Type	Payee	Dates of Service	Method	Amount
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**HIDALGO COUNTY Total 166**

**\$36,137.32**

**ORG1 DESC :** HEADSTART 5450

Processed	Check Date	Chk/Vchr #	Claim Number	Claimant	Incident	Transaction Type	Payee	Dates of Service	Method	Amount
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**HEADSTART 5450 Total 10**

**\$3,194.34**

**Hidalgo County Total: 176**

**\$39,331.66**

**Grand Total: 176**

**\$39,331.66**

**Report Parameters**

Insurer	805
Insured	-1
Insurance Type	ORG1 DESC
Claim Status	
Claimant Type	
<b>Additional Report Parameters</b>	
Additional Parameter	Amount <> 0 AND PAYMENT_METHOD_DESC IN ('Check','Stop','Void','Paper Transaction') AND (1=1)