



# Payment Total

**Insurer:** Hidalgo County  
**ORG1 DESC :** HEADSTART 5450

Processed	Check Date	Chk/Vchr #	Claim Number	Claimant	Incident	Transaction Type	Payee	Dates of Service	Method	Amount
-----------	------------	------------	--------------	----------	----------	------------------	-------	------------------	--------	--------

<b>HEADSTART 5450 Total 8</b>									<b>\$2,092.64</b>
-------------------------------	--	--	--	--	--	--	--	--	-------------------

**ORG1 DESC :** HIDALGO COUNTY

Processed	Check Date	Chk/Vchr #	Claim Number	Claimant	Incident	Transaction Type	Payee	Dates of Service	Method	Amount
-----------	------------	------------	--------------	----------	----------	------------------	-------	------------------	--------	--------

<b>HIDALGO COUNTY Total 176</b>									<b>\$35,044.63</b>
---------------------------------	--	--	--	--	--	--	--	--	--------------------

<b>Hidalgo County Total: 184</b>									<b>\$37,137.27</b>
----------------------------------	--	--	--	--	--	--	--	--	--------------------

<b>Grand Total: 184</b>									<b>\$37,137.27</b>
-------------------------	--	--	--	--	--	--	--	--	--------------------

### 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)