

Texas Identification Number	Mail Code	Payment Number	Payment Type	Paying Agency	Total
	060	1473590	DD	<u>529</u>	230599.20

Document Number	Invoice Number	Invoice Description	Invoice Amount	Interest Amount
9SA16990	PC1274C VOUCHERID:21659	MEDICAID ADMINISTRATIVE CLAIMS (MAC) OCTOBER - DECEMBER 2020	242,736.00	0.00
9SA16990	PC1274C VOUCHERID:21659	MEDICAID ADMINISTRATIVE CLAIMS (MAC) OCTOBER - DECEMBER 2020	-12,136.80	0.00

08-26-2021 state issue date

08-30-2021

1-1293-126-10-340-059-0-000

AJE-21187 REC 10-12/20 MAC BILLG

LILLIAN HERNANDEZ 08-30-2021