



# 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
-----------	------------	------------	--------------	----------	----------	------------------	-------	------------------	--------	--------

**HIDALGO COUNTY Total 209**

**\$41,221.48**

**ORG1 DESC :** HEADSTART 5450

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

**HEADSTART 5450 Total 32**

**\$4,761.78**

**Hidalgo County Total: 241**

**\$45,983.26**

**Grand Total: 241**

**\$45,983.26**

### 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 (PROCESSED_DATE >= to_date('01/16/2023 00:00:00', 'mm/dd/yyyy hh24:mi:ss')) AND PROCESSED_DATE <= to_date('01/31/2023 23:59:59', 'mm/dd/yyyy hh24:mi:ss')) AND (1=1)