



# 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 316**

**\$66,364.32**

**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 41**

**\$6,544.72**

**Hidalgo County Total: 357**

**\$72,909.04**

**Grand Total: 357**

**\$72,909.04**

### 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('02/01/2024 00:00:00', 'mm/dd/yyyy hh24:mi:ss')) AND PROCESSED_DATE <= to_date('02/15/2024 23:59:59', 'mm/dd/yyyy hh24:mi:ss')) AND (1=1)