

Texas					
Identification Number	Mail Code	Payment Number	Payment Type	Paying Agency	Total
17460007176	060	1665192	DD	<u>529</u>	212681.25
Document Number	Invoice Number	Invoice Description	Invoice Amount	Interest Amount	
9SA21060	PC1274C VOUCHERID:25729	MEDICAID ADMINISTRATIVE CLAIMS (MAC) OCTOBER-DECEMBER 2023	223,875.00	0.00	
9SA21060	PC1274C VOUCHERID:25729	MEDICAID ADMINISTRATIVE CLAIMS (MAC) OCTOBER-DECEMBER 2023	-11,193.75	0.00	

08/02/2024 State date

08/06/2024

4-1293-126-10-340-059-0-000

AJE230018 REC 10-12/23 MAC BILLG