

<b>Texas Identification Number</b>	<b>Mail Code</b>	<b>Payment Number</b>	<b>Payment Type</b>	<b>Paying Agency</b>	<b>Total</b>
17460007176	060	2056439	DD	<a href="#">529</a>	256701.40

  

<b>Document Number</b>	<b>Invoice Number</b>	<b>Invoice Description</b>	<b>Invoice Amount</b>	<b>Interest Amount</b>
9SA21729	PC1274C VOUCHERID:26398	MEDICAID ADMINISTRATIVE CLAIMS (MAC) APRIL-JUNE 2024	270,212.00	0.00
9SA21729	PC1274C VOUCHERID:26398	MEDICAID ADMINISTRATIVE CLAIMS (MAC) APRIL-JUNE 2024	-13,510.60	0.00

03/07/2025 State date

03/11/2025

5-1293-126-10-340-059-0-000

JE243484 REC 04-06/24 MAC BILLG

3/11/25