

Sample Agency
Remittance

Date 06/30/06
Time 14:51:51

Claim #	Program	Client Code	Client Name	Medicaid ID	Billing Prov.	Claim Status	File #	File Date	Svc Begin	Svc End	A/R Bal. Due	Pay Amount	Remit Status
M0000001	CLINIC	BOHRMGA001	Bohrman, Gary	YG48710P	12378941	Submitted	000001	07/03/05	07/01/05	07/01/05	40.00	40.00	Pay
M0000002	CLINIC	CICERAN001	Cicero, Angela	HG63907S	12378941	Submitted	000001	07/03/05	07/02/05	07/02/05	40.00	0.00	Deny
M0000003	CLINIC	NORTHJO001	Northland, Joseph	FJ83387Y	12378941	Submitted	000001	07/03/05	07/03/05	07/03/05	40.00	40.00	Pay
M0000004	ICF	CLEMSAN001	Clemson, Andrew	CP93564R	12378941	Submitted	000002	07/31/05	07/01/05	07/31/05	6,510.00	0.00	Pend
M0000005	ICF	LUNDEJU001	Lunden, Julie	HG99932T	12378941	Submitted	000002	07/31/05	07/01/05	07/31/05	6,510.00	6,510.00	Pay
M0000006	WRESHAB	ANDERBR001	Anderson, Bruce	JJ77643Z	12378941	Submitted	000003	07/31/05	07/01/05	07/31/05	1,008.12	1,008.12	Pay
M0000007	CMCM	COLEMDA001	Coleman, David	YA21398G	12378941	Submitted	000003	07/31/05	07/03/05	07/03/05	6.52	6.52	Pay Adj
M0000008	CMCM	BOHRMGA001	Bohrman, Gary	YG48710P	12378941	Submitted	000003	07/31/05	07/03/05	07/03/05	6.52	6.52	Pay Open
M0000009	CMCM	SMITHMA001	Smith, Margaret	JK44016U	12378941	Submitted	000003	07/31/05	07/03/05	07/03/05	6.52	6.52	Pay

Claim Totals	
Paid Open:	0.00
Pended:	0.00
Submitted:	14,167.68
Total:	14,167.68

Remittance Totals	
Close:	0.00
Deny:	40.00
Pend:	6,510.00
Total:	6,550.00
Pay:	7,604.64
Pay Adj:	6.52
Pay Open:	6.52
Total to Pay:	7,617.68