

R&S Report: Accounts Receivables Page

Texas Medicaid & Healthcare Partnership
Remittance and Status Report
Date: 02/01/2016

Mail original claim to:
Texas Medicaid & Healthcare Partnership
P.O. Box 200555
Austin, Texas 78720-0555

Texas Provider
P.O. BOX 848484
Dallas, TX 75888-1234
(214) 555-4141

Mail all other correspondence to:
Texas Medicaid & Healthcare Partnership
12357-B Riata Trace Parkway
Austin, Texas 78727-6422

TPI: 1234567-01
NPI/API: 1234567890
Taxonomy: 193400000X
Benefit Code:
Report Seq. Number: 33
R&S Number: 99999999

(800) 925-9126

CONTROL NUMBER	RECOUPMENT RATE MAXIMUM PERIODIC RECOUPMENT AMOUNT	ORIGINAL DATE ORIGINAL AMOUNT	PRIOR DATE PRIOR BALANCE	MEDICAL RECORD NUMBER APPLIED AMOUNT	PROGRAM	FYE	EOB	PATIENT NAME CLAIM NUMBER
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***** FINANCIAL TRANSACTIONS *****

ACCOUNTS RECEIVABLE

YOUR PAYMENT WAS REDUCED BY THE APPLIED AMOUNTS SHOWN BELOW FOR THE REASONS INDICATED.

2016299999999	50%	01/01/2016	01/01/2016					
	67,281.00	67,281.00	65,417.90	926.34	MGD CARE		06022	
\$1,597.00 WAS RECOVERED ON THIS ACCOUNT RECEIVABLE FROM AN AFFILIATED PROVIDER.								
2016299999999	50%	01/01/2016	01/01/2016					
	67,281.00	67,281.00	64,491.56	550.29	MEDICAID		06022	
\$1,597.00 WAS RECOVERED ON THIS ACCOUNT RECEIVABLE FROM AN AFFILIATED PROVIDER.								
2016299999999	25%	01/15/2016	01/15/2016					
	2,700.00	2,700.00	2,700.00	137.57	MEDICAID		06022	
2016299999999	25%	01/15/2016	01/15/2016					
	2,700.00	2,700.00	2,562.43	231.58	MGD CARE		06022	
2016299999999	100%	01/15/2016	01/15/2016					DOE, JANE
	96.98	96.98	96.98	96.98	MEDICAID	2015 06065		10003103020169999999999
2016299999999	100%	01/15/2016	01/15/2016					DOE, JANE
	1,080.44	1,080.44	1,080.44	1,080.44	MGD CARE	2015 06065		20003103020169999999999
2016299999999	100%	01/15/2016	01/15/2016					DOE, JANE
	126.68	126.68	126.68	126.68	MGD CARE	2015 06065		20003103020169999999999

TOTAL RECOUPED:

\$ 3,149.88