## **R&S Report: IRS Levy**

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

Mail all other correspondence to:
Texas Medicaid & Healthcare Partnership

12357-B Riata Trace Parkway Austin, Texas 78727-6422

(800) 925-9126

Texas Provider P.O. BOX 848484 Dallas, TX 75888-1234

(214) 555-4141

TPI: 1234567-01 NPI/API: 1234567890 Taxonomy: 193400000X

Benefit Code:

Report Seq. Number: 33 R&S Number: 99999999

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		M RECOUPMENT						
CONTROL NUMBER	RATE	AMOUNT	ORIGINAL DATE	ORIGINAL AMOUNT	PRIOR BALANCE	PRIOR DATE	CURRENT AMOUNT	REMAINING BALANCE
					<del></del>			
******	*****	* * * * * * * * * * * * * * *	********	FINANCIAL TRANSACTI	ONS *******	* * * * * * * * * * * * * * *	******	******
IRS LEVY INFORMATI	ON FOR MEDICA	ID:						
2016299999999	20%	554.00	01/01/2016	554.00	554.00	01/01/2016	.00	554.00
IRS LEVY INFORMATI	ON FOR MANAGE	D CARE:						
2016999999999	20%	554.00	01/01/2016	554.00	554.00	01/01/2016	554.00	.00
PAYMENT(S) TOTALIN	G \$554.00 WER	E REMITTED ON Y	OUR BEHALF TO	THE INTERNAL REVENU	JE SERVICE DUE	TO THE LEVY THA	T IS DESCRIBED A	BOVE.
******	*****	*****	*****	*****	******	******	******	*****