

R&S Report: Summary

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

PAYMENT SUMMARY FOR TAX ID 123456789

	*** AFFECTING PAYMENT THIS CYCLE ***		*** AMOUNT AFFECTING 1099 EARNINGS ***	
	AMOUNT	COUNT	THIS CYCLE	YEAR TO DATE
CLAIMS PAID	3,738.10	9	3,738.10	35,676.72
SYSTEM PAYOUTS	2,437.19		2,437.19	2,437.19
MANUAL PAYOUTS (REMITTED BY SEPARATE CHECK OR EFT)			9,242.00	9,242.00
AMOUNT PAID TO IRS FOR LEVIES	-554.00			
AMOUNT PAID TO IRS FOR BACKUP WITHHOLDING	-1,363.93			
ACCOUNTS RECEIVABLE RECOUPMENTS	-3,149.88		-3,149.88	-9,314.02
AMOUNTS STOPPED/VOIDED			-310.99	-310.99
SYSTEM REISSUES	20,350.91			
CLAIM RELATED REFUNDS			-57.81	-57.81
NON-CLAIM RELATED REFUNDS			-6.19	-6.19
HELD AMOUNT	-4,291.67			
PAYMENT AMOUNT	17,166.72		11,892.42	37,666.90
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PENDING CLAIMS	54,913.83			

THE AMOUNT OF \$4,291.67 WAS HELD AT THE DIRECTION OF THE STATE MEDICAID AGENCY.

*****PAYMENT TOTAL FOR DIRECT DEPOSIT BY EFT 00000099999999 IN THE AMOUNT OF 17,166.72.*****