

# 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 ***	THIS CYCLE	*** AMOUNT AFFECTING 1099 EARNINGS ***	YEAR TO DATE
	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
MISCELLANEOUS LEVIES	-1,065.00		-310.99	-310.99
AMOUNTS STOPPED/VOIDED				
SYSTEM REISSUES	20,350.91		-57.81	-57.81
CLAIM RELATED REFUNDS			-6.19	-6.19
NON-CLAIM RELATED REFUNDS				
HELD AMOUNT	-4,291.67			
PAYMENT AMOUNT	17,166.72		11,892.42	37,666.90
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.\*\*\*\*\*