

R&S Report: Refunds for Managed Care

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

***** FINANCIAL TRANSACTIONS *****

REFUNDS FOR MANAGED CARE

YOUR REFUND CHECK #000022152 DATED 01/13/2016 WAS RECEIVED BY TMHP AND APPLIED AS FOLLOWS:

CLAIM-SPECIFIC:

ICN	PATIENT NAME	CLIENT NUMBER	DATE OF SERVICE	TOTAL BILLED	AMOUNT APPLIED THIS CYCLE	EOB
200023020201699999999999	LAST, FIRST NAME	999999999	01/01/2016	124.33	27.02	00124
					11.00	00124
Subtotal Claim Specific					\$ 38.02	
TOTAL FOR MANAGED CARE:					\$ 38.02	
