

R&S Report: Refunds for Medicaid

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 MEDICAID

YOUR REFUND CHECK #99999999 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
10002302120169999999999	LAST, FIRST NAME	123456789	05/31/2015	25.00	6.19	00124
					13.60	00124
Subtotal Claim Specific					\$ 19.79	

NON-CLAIM-SPECIFIC:

PAYOUT CASH CONTROL NUMBER	FYE	EOB	AMOUNT APPLIED THIS CYCLE
2013999999999	0000	06067	6.19
Subtotal Non-Claim Specific			\$ 6.19

TOTAL FOR MEDICAID: \$ 25.98

REFUNDS FOR MANAGED CARE