

R&S Report: System Payouts

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

PAYOUT CONTROL NUMBER	PAYOUT AMOUNT	FYE	EOB	----- REFUND CHECK -----	AMOUNT	PATIENT NAME	PCN	DOS
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***** FINANCIAL TRANSACTIONS *****

SYSTEM PAYOUTS

YOUR PAYMENT FOR MEDICAID HAS BEEN INCREASED FOR THE REASON INDICATED BELOW.

2016999999999	6.19		06135	22152	222.00
2016999999999	1,442.00		06135		
TOTAL FOR MEDICAID:	\$ 1,448.19				

YOUR PAYMENT FOR MANAGED CARE HAS BEEN INCREASED FOR THE REASON INDICATED BELOW.

2016999999999	989.00		00330	
TOTAL FOR MANAGED CARE:	\$ 989.00			
