

# R&S Report: Paid or Denied Claims Hospital

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 \*\*\*\*\*

MANUAL PAYOUTS

A CHECK FOR MEDICAID HAS BEEN SENT SEPARATELY AS PAYMENT FOR THE ITEM(S) LISTED BELOW.

2016999999999	1,442.00	2016	06005	
TOTAL FOR MEDICAID:	\$ 1,442.00			

A CHECK FOR MANAGED CARE HAS BEEN SENT SEPARATELY AS PAYMENT FOR THE ITEM(S) LISTED BELOW.

2016999999999	7,800.00	2016	06012	
TOTAL FOR MANAGED CARE:	\$ 7,800.00			

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