

Exhibit 27-7

SAMPLE REMITTANCE ADVICE –NON-FACILITY CLAIMS IN PROCESS

REPORT ID: FI04W400
PROGRAM ID: FI04L400

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
NON-FACILITY REMITTANCE ADVICE - ACUTE
CLAIMS IN PROCESS

PAGE: 14
RUN: 11/29/2003

BILLING PROVIDER: 654321 01 HOLLIDAY, DOC
SERVICE PROVIDER: 654321 01 HOLLIDAY, DOC

TAX ID: 999999999
FORM TYPE: FORM 1500

AHCCS ID	RECIPIENT	NAME	PATIENT ACCOUNT NBR	CRN	SERVICE CD/ MODIFIER	DATES OF SERVICE	BILLED AMOUNT	BILLED UNITS
A15116678	A15116678	BONNEY, WILLIAM	BTK96007	03310000102301	90828	10/22/2003	160.00	1.00
A12003210	A12003210	CLANCY, IKE	96-007L	03310000100801	99245	10/17/2003	96.00	1.00
A21110770	A21110770	EARP, WYATT	XYX96089	0331000020170	99233	10/02/2003	255.00	3.00
A12345678	A12345678	JANE, CALAMITY	ABC96027	03310000100801	99223	10/12/2003	150.00	1.00
A12345678	A12345678	JANE, CALAMITY	ABC96027	03310000100802	99233	10/13/2003	85.00	1.00
A12007007	A12007007	BOND, JAMES	XYX96033	03310000100801	99233	10/15/2003	85.00	1.00

• There is no SCORE DATE field because claims have not reached adjudicated status of Paid, Denied, Adjusted, or Voided
• Section includes claims reported as in process in previous Remittances
• Last page of Claims In Process section lists totals

NUMBER OF CLAIMS: 6
TOTAL BILLED AMOUNT: 831.00